

Part I. New York State Laws and Regulations

PRENATAL CARE ASSISTANCE PROGRAM (i.e., implementing regs on newborn testing program)

(SEE NY Public Health Law 2500f for HIV testing of newborns FOR STATUTE)

Effective Date: 05/31/2000

Title: Section 85.40 - Prenatal Care Assistance Program

85.40 Prenatal Care Assistance Program (a) Applicability. To qualify for Prenatal Care Assistance Program (PCAP) Medicaid reimbursement rates under Section 86-4.36 of this Title or PCAP Medicaid fees, providers of comprehensive ambulatory prenatal care services operating under Article 28 of the Public Health Law as general hospitals or diagnostic and treatment centers including birth centers and certified to provide prenatal, obstetric or maternity and newborn services or physicians or licensed midwives shall have an approved provider agreement with the Department of Health to provide such services in accordance with the requirements of PCAP. Such PCAP providers shall provide care and services, either directly or through subcontract with qualified agents or agencies, in accordance with generally accepted standards of practice and patient services and in accordance with the minimum requirements established in subdivisions (b) - (m) of this section.

(b) General Requirements. (1) The PCAP provider shall act as a "qualified provider" as required by the Department of Social Services (see 18 NYCRR 360-3.7(d)).

(2) Following the determination of a pregnant woman's presumptive eligibility for Medicaid benefits, the PCAP provider shall act as a pregnant woman's authorized representative in the completion of the Medicaid application process if the woman provides consent for such action.

(3) The PCAP provider shall permit on-site program review by representatives of the Department of Health at any facilities where PCAP care and services are provided.

(4) The PCAP provider shall make available to representatives of the Department of Health, upon request, any records and reports directly related to the PCAP.

(5) Any subcontracts between PCAP providers and other agents or agencies providing care and services shall:

(i) be available for review and inspection by the Department of Health;

(ii) include assurances that the Department of Health has access to agent or agency sites and records to conduct on-site program compliance reviews; and

(iii) require that the subcontractors provide contracted care and services that meet the minimum standards established in this section and are provided in accordance with generally accepted standards of practice and patient care services.

(c) Outreach. PCAP providers shall engage in community outreach activities which, as a minimum:

(1) facilitate early entry into maternity services including the provision of on-site pregnancy screening;

(2) reflect linkages with community-based resources commonly utilized by pregnant women; and

(3) disseminate, through local media and community channels, information concerning available services and initial enrollment procedures.

(d) Risk assessment. Every pregnant woman shall receive ongoing assessment of both maternal and fetal risk throughout the prenatal period. Such risk assessment shall include, but not be limited to, an analysis of individual characteristics affecting pregnancy, such as genetic, nutritional, psychosocial, and historical and emerging obstetrical/fetal and medical-surgical risk factors. At the time of registration, a standardized written risk assessment shall be conducted using established criteria for determining high risk pregnancies, based upon generally accepted standards of practice. This risk assessment shall be:

(1) reviewed at each visit;

(2) formally repeated early in the third trimester; and

(3) linked to the plan of care and clearly documented in the medical record.

(e) Development of care plan and coordination of care.

(1) A care plan which addresses the proper implementation and coordination of all services required by the pregnant woman shall be developed, routinely updated, and implemented jointly by the pregnant woman and her family where mutually agreeable to the woman and all appropriate members of the health care team.

(2) Care shall be coordinated to:

- (i) ensure that relevant information is exchanged between the prenatal care provider and other providers or sites of care including the anticipated birthing site;
- (ii) ensure that the pregnant woman and her family, with her consent, have continued access to information resources and are encouraged to participate in decisions involving the scope and nature of care and services being provided;
- (iii) encourage and assist the pregnant woman in obtaining necessary medical, nutritional, psychosocial, drug and substance abuse services appropriate to her identified needs and provide follow-up to ensure ongoing access to services;
- (iv) provide the pregnant woman with an opportunity to receive prenatal or postpartum home visitation when the woman may derive medical or psychosocial benefit from such visits. The visit shall identify familial and environmental factors which may produce increased risk to the woman or fetus and the relevant findings shall be incorporated into the care plan; (v) provide to or refer the pregnant woman for needed services including:
 - (a) inpatient care, specialty physician and clinic services which are necessary to ensure a healthy delivery and recovery;
 - (b) genetic services;
 - (c) drug treatment and screening services;
 - (d) dental services;
 - (e) mental health and related social services;
 - (f) emergency room services;
 - (g) home care;
 - (h) pharmaceuticals; and
 - (i) transportation;
- (vi) provide for the pregnant woman special tests and services as may be recommended or required by the Commissioner of Health, who shall require such tests and/or services when necessary to protect maternal and/or fetal health. Women shall be provided appropriate medical care, counseling and education based on test results; and

(vii) encourage continuity of care and client follow-up including rescheduling of missed visits throughout the prenatal and postpartum period.

(f) Nutrition services. The PCAP provider shall establish and implement a program of nutrition screening and counseling which includes:

(1) individual nutrition risk assessment including screening for specific nutritional risk conditions at the initial prenatal care visit and continuing reassessment as needed;

(2) professional nutrition counseling, monitoring and follow-up of all pregnant women at nutritional risk by a nutritionist or registered dietitian;

(3) documentation of nutrition assessment, risk status and nutrition care plan in the patient medical record;

(4) arrangements for services with funded nutrition programs available in the community including provision for enrollment of all eligible women and infants in the Supplemental Food Program for Women, Infants and Children (WIC), at the initial visit; and

(5) provision of basic nutrition education and counseling for each pregnant woman which includes the following topics:

(i) appropriate dietary intake and recommended dietary allowances during normal pregnancy;

(ii) appropriate weight gain; and

(iii) infant feeding choices including individualized counseling regarding the advantages and disadvantages of breastfeeding.

(g) Health education. Health and childbirth education services shall be given to each pregnant woman based on an assessment of her individual needs. Appropriate educational materials, including video and written information, shall be used, taking into account cultural and language factors including the ability of the pregnant woman to comprehend the information. Such services shall be provided by professional staff, documented in the medical record and shall include but not be limited to the following:

(1) orientation to procedures at PCAP facilities and at the expected site of birth;

(2) rights and responsibilities of the pregnant woman;

- (3) signs of complications of pregnancy;
 - (4) physical activity and exercise during pregnancy;
 - (5) avoidance of harmful practices and substances including alcohol, drugs, non-prescribed medications, and nicotine;
 - (6) sexuality during pregnancy;
 - (7) occupational concerns;
 - (8) risks of HIV infection and risk reduction behaviors;
 - (9) signs of labor;
 - (10) labor and delivery process;
 - (11) relaxation techniques in labor;
 - (12) obstetrical anesthesia and analgesia;
 - (13) preparation for parenting including infant development and care and options for feeding;
 - (14) the newborn screening program with the distribution of newborn screening educational literature; and
 - (15) family planning.
- (h) Psychosocial assessment. A psychosocial assessment shall be conducted and shall include:
- (1) screening for social, economic, psychological and emotional problems; and
 - (2) referral, as appropriate to the needs of the woman or fetus, to the local Department of Social Services, community mental health resources, support groups or social/psychological specialists.
- (i) Prenatal diagnostic and treatment services. Prenatal diagnostic and treatment services shall be provided by a qualified physician practicing in accordance with Article 131 of the

New York State Education Law, a licensed midwife practicing in accordance with Article 140 of the New York State Education Law, a qualified nurse practitioner practicing in accordance with Article 139 of the New York State Education Law or a registered physician's assistant practicing in accordance with Part 94 of this Title, Article 37 of the New York State Public Health Law and Article 131 of the New York State Education Law. Such services shall meet generally accepted standards of professional patient care and services.

(1) Prenatal diagnostic and treatment services provided shall include but not be limited to the following: (i) an initial comprehensive assessment including history, review of systems, and physical examination;

(ii) standard laboratory tests and procedures;

(iii) needed special laboratory tests as indicated by comprehensive assessment and initial or preliminary test findings;

(iv) evaluation of risk;

(v) discussion with the woman of options for treatment, care and technological support that are expected to be available at the time of labor and delivery together with the advantages and disadvantages of each option;

(vi) obtaining from the woman her informed choice of mode of treatment, care and technological support that are expected to be necessary; and

(vii) postpartum counseling, evaluation and referral to professional care and services, as required, to include preconception counseling as appropriate.

(2) The PCAP provider shall establish arrangements for availability of after hours and emergency consultation and care for pregnant women.

(3) The PCAP provider shall develop and implement written agreements with planned sites of delivery which address, at a minimum:

(i) pre-booking of women for delivery at 34-36 weeks gestation for low risk pregnancies and 26 weeks gestation for high risk pregnancies;

(ii) arrangements for referral of women and neonates to appropriate alternate care sites for medically indicated care;

(iii) special tests and procedures which may be required;

- (iv) a plan detailing how hospitalization for medical or obstetrical problems will occur;
- (v) arrangements with facilities for postpartum services; and
- (vi) a system for sharing medical records with the delivery site and for receiving information from referral sources and delivery sites.

(4) The PCAP provider shall develop and implement written policies and procedures designating the requirements for consultation with a qualified physician or other health care specialist when necessitated by specific medical conditions.

(5) The PCAP provider shall designate in writing those situations which require the transfer of the primary responsibility for patient care from a primary care professional who is a family practice physician, physician's assistant, licensed midwife or qualified nurse practitioner to a qualified obstetrician.

(j) HIV services. The PCAP provider shall:

- (1) routinely provide the pregnant woman with HIV counseling and education;
- (2) routinely offer the pregnant woman confidential HIV testing; and
- (3) provide the HIV-positive woman and her newborn infant the following services or make the necessary referrals for these services:

- (i) management of HIV status;

- (ii) psychosocial support; and

- (iii) case management to assist in coordination of necessary medical, social and drug treatment services.

(k) Records and reports. The PCAP provider shall create and maintain records and reports in accordance with this subdivision that are complete, legible, retrievable and available for review by representatives of the Commissioner of Health upon request. Such records and reports shall include the following:

- (1) a comprehensive prenatal care record for each pregnant woman which documents the provision of care and services required by this section and which is maintained in a manner consistent with medical record confidentiality requirements;

(2) special reports and data summaries necessary for the Commissioner of Health to evaluate the provider's delivery of PCAP services;

(3) program reports including financial, administrative, utilization and patient care data maintained in such a manner as to allow the identification of expenditure, revenue, utilization and patient care data associated with health care provided to PCAP clients;

(4) records of all internal quality assurance activities; and

(5) all written policies and procedures required by this section.

(l) Internal quality assurance. The PCAP provider shall develop and implement written policies and procedures establishing an internal quality assurance program to identify, evaluate, resolve and monitor actual and potential problems in patient care. Components of such program shall include but not be limited to the following:

(1) a documented and filed prenatal chart audit performed periodically on a statistically significant number of current PCAP client records;

(2) an annual written summary evaluation of all components of such audits;

(3) a system for determining patient satisfaction and for resolving patient complaints;

(4) a system for developing and recommending corrective actions to resolve identified problems;

(5) a follow-up process to assure that recommendations and plans of correction are implemented and are effective; and

(6) safeguards to prevent the inappropriate breach of patient confidentiality requirements.

(m) Postpartum services. The PCAP provider shall coordinate with the neonatal care provider to arrange for the provision of pediatric care services in accordance with generally accepted standards of practice and patient services. A postpartum visit with a qualified health professional shall be scheduled and conducted in accordance with medical needs but no later than eight weeks after delivery. For the interim between delivery and the postpartum visit, the PCAP provider shall furnish each woman with a means of contacting the provider in case postpartum questions or concerns arise. The postpartum visit shall include but not be limited to the following:

(1) Identifying any medical, psychosocial, nutritional, alcohol treatment and drug treatment

needs of the mother or infant that are not being met;

(2) referring the mother or other infant caregiver to resources available for meeting such needs and providing assistance in meeting such needs where appropriate;

(3) assessing family planning needs and providing advice and services or referral where indicated;

(4) providing preconception counseling as appropriate and encouraging a preconception visit prior to subsequent pregnancies for women who might benefit from such visit;

(5) referring infants to preventive and special care services appropriate to their needs; and

(6) advising the mother of the availability of Medicaid eligibility for infants.