

DATE: ~~August 24~~November 3, 2023

ALL PLAN LETTER 23-024 (REVISED)
SUPERSEDES ALL PLAN LETTER 22-031

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: DOULA SERVICES

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023. Revised text is found in italics.

BACKGROUND:

Per State Plan Amendment (SPA) 22-0002, doula services are provided as preventive services pursuant to Title 42 Code of Federal Regulations (CFR) Section 440.130(c) and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.^{1,2} *The Department of Health Care Services (DHCS) issued a statewide standing recommendation³ that all Medi-Cal members who are pregnant or were pregnant within the past year would benefit from receiving doula services from a Medi-Cal enrolled doula provider. The recommendation fulfills the federal requirement for a physician or other licensed practitioner of the health arts acting within their scope of practice to provide a written recommendation for preventive services.*

Doulas provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of Members while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

Doulas are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion.

¹ The CFR is searchable and available at: <https://www.ecfr.gov/>.

² SPA information is available at:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>.

³ *The Recommendation for Doula Services for Pregnant and Post-Partum Medi-Cal Members is available at: <https://www.dhcs.ca.gov/services/medi-cal/Documents/Medi-Cal-Doula-Standing-Recommendation.pdf>*

Doulas are not licensed and they do not require supervision.

Doulas also offer various types of support, including health navigation; lactation support; development of a birth plan; and linkages to community-based resources.

POLICY:

Covered Doula Services

Effective January 1, 2023, MCPs are required to provide doula services for prenatal, perinatal and postpartum Members. Doula services can be provided virtually or in-person with locations in any setting including, but not limited to, homes, office visits, hospitals, or alternative birth centers.⁴

An initial recommendation for doula services includes the following authorizations:

- One initial visit.
- Up to eight additional visits that can be provided in any combination of prenatal and postpartum visits.
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage.
- Up to two extended three-hour postpartum visits after the end of a pregnancy.

All visits are limited to one per day, per Member. Only one doula can bill for a visit provided to the same Member on the same day, excluding labor and delivery. One prenatal visit or one postpartum visit can be provided on the same day as labor and delivery, stillbirth, abortion, or miscarriage support. The prenatal visit or postpartum visit billed on the same calendar day as birth can be billed by a different doula.

The extended three-hour postpartum visits provided after the end of pregnancy do not require the Member to meet additional criteria or receive a separate recommendation. The extended postpartum visits are billed in 15-minute increments, up to three hours, up to two visits per pregnancy per individual provided on separate days.

If a Member requests or requires pregnancy-related services that are available through Medi-Cal, then the doula should work with the Member's Primary Care Provider (if that information is available) or work with the MCP to refer the Member to a Network

⁴ Doulas should refer to the Telehealth section in Part 2 of the Provider Manual for guidance regarding providing services via telehealth for prenatal or postpartum visits, labor and delivery support, and for abortion and miscarriage support. The Medi-Cal Provider Manual, Medicine: Telehealth, is available at:

<https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf>.

Provider who is able to render the service.⁵ These Medi-Cal services include, but are not limited to:

- Behavioral health services
- Belly binding after cesarean section by clinical personnel
- Clinical case coordination
- Health care services related to pregnancy, birth, and the postpartum period
- Childbirth education group classes
- Comprehensive health education including orientation, assessment, and planning (Comprehensive Perinatal Services Program services)
- Hypnotherapy (non-specialty mental health service)
- Lactation consulting, group classes, and supplies
- Nutrition services (assessment, counseling, and development of care plan)
- Transportation
- Medically appropriate Community Supports services⁶

A doula is not prohibited from providing assistive or supportive services in the home during a prenatal or postpartum visit (i.e., a doula may help the postpartum person fold laundry while providing emotional support and offering advice on infant care). The visit must be face-to-face, and the assistive or supportive service must be incidental to doula services provided during the prenatal or postpartum visit. The Member cannot be billed for the assistive or supportive service.

Additionally, MCPs must provide doulas with all necessary, initial and ongoing training and resources regarding relevant MCP services and processes, including any available services through the MCP for prenatal, perinatal, and postpartum Members. This training must be provided initially when doulas are enrolled with the MCPs, as well as on an ongoing basis. Further, MCPs are required to provide technical support in the administration of doula services, ensuring accountability for all service requirements contained in the Contract, and any associated guidance issued by ~~the Department of Health Care Services (DHCS)~~. DHCS.

⁵ If the service is included in the benefits offered through the MCP, the Provider must be in-Network unless the Provider type is unavailable. If the Provider type is unavailable, the MCP must arrange for ~~OutOfOut-Of~~-Network (OON) services. If the service referral is for a benefit that is not included in those offered through the MCP, the MCP must coordinate a warm hand off with the entity responsible for the carved-out service.

⁶ A list of Community Supports by Medi-Cal Managed Care plans can be found here: <https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf> and information regarding Community Supports can be found here: <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>.

Member Eligibility Criteria for Doula Services

To be eligible for doula services, and be covered under Medi-Cal managed care, a beneficiary must be enrolled in an MCP and have a recommendation for doula services from a physician or other licensed practitioner of the healing arts.

- **Medi-Cal Eligibility Checks:** Doulas must verify the Member's MCP enrollment for the month of service. Doulas must contact the Member's MCP to verify eligibility.
- **Recommendation for Doula Services:** A Member would meet the criteria for a recommendation for doula services if they are pregnant, or were pregnant within the past year, and would either benefit from doula services or they request doula services. Doula services can only be provided during pregnancy; labor and delivery, including stillbirth; miscarriage; abortion; and within one year of the end of a Member's pregnancy.

Non-Covered Services

Doula services do not include diagnosis of medical conditions, provision of medical advice, or any type of clinical assessment, exam, or procedure.

The following services are not covered under Medi-Cal or as doula services:

- Belly binding (traditional/ceremonial)
- Birthing ceremonies (i.e., sealing, closing the bones, etc.)
- Group classes on babywearing
- Massage (maternal or infant)
- Photography
- Placenta encapsulation
- Shopping
- Vaginal steams
- Yoga

Doulas are not prohibited from teaching classes that are available at no cost to Members to whom they are providing doula services.

Documentation Requirements

Doula services require a written recommendation by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law. The recommending physician or licensed practitioner does not need to be enrolled in Medi-Cal or be a Network Provider within the Member's MCP.

The initial recommendation can be provided through the following methods:

- Written recommendation in Member's record.
- Standing ~~order~~ recommendation for doula services by MCP, physician group, or other group by a licensed Provider.
 - The standing recommendation issued by DHCS on November 1, 2023 fulfills this requirement until the time it is rescinded or modified.
- Standard form, such as the DHCS Medi-Cal Doula Services Recommendation, signed by a physician or other licensed practitioner that a Member can provide to the doula.⁷ MCPs can develop a recommendation form that best meets the needs for the MCP and Provider.

A second recommendation is required for additional visits during the postpartum period. A recommendation for additional visits during the postpartum period cannot be established by standing order. The additional recommendation authorizes nine or fewer additional postpartum visits.

MCPs must ensure doulas document the dates, time, and duration of services provided to Members. Documentation must also reflect information on the service provided and the length of time spent with the Member that day. For example, documentation might state, "Discussed childbirth education with the Member and discussed and developed a birth plan for one hour." Documentation should be integrated into the Member's medical record and available for encounter data reporting. The doula's National Provider Identifier (NPI) number should be included in the documentation. Documentation must be accessible to the MCP and DHCS upon request.

Doula Provider Requirements and Qualifications

All doulas must be at least 18 years old, provide proof of an adult and infant Cardiopulmonary Resuscitation (i.e., CPR) certification from the American Red Cross or American Heart Association, and attest they have completed basic Health Insurance Portability and Accountability Act training. Additionally, a doula must qualify by meeting either the training or experience pathway, as described below⁸:

⁷ The Medi-Cal Doula Services Recommendation form, is available at:
<https://www.dhcs.ca.gov/provgovpart/Documents/DoulaREC.pdf>.

⁸ Doula applicants may apply to enroll in the Medi-Cal program by submitting an electronic application through the Provider Application for Validation and Enrollment (PAVE) online enrollment portal, along with all supporting documentation. Doula applicants must gather the required documents listed above, as applicable, and attach them to the completed application in the applicable field in PAVE. The PAVE online enrollment portal is available at:
<https://pave.dhcs.ca.gov/sso/login.do?>

Training Pathway:

- Certificate of Completion for a minimum of 16 hours of training which includes all of the following topics:
 - Lactation support
 - Childbirth education
 - Foundations on anatomy of pregnancy and childbirth
 - Nonmedical comfort measures, prenatal support, and labor support techniques
 - Developing a community resource list
- Attest that they have provided support at a minimum of three births

Experience Pathway:

- All of the following:
 - Attest that they have provided services in the capacity of a doula either a paid or volunteer capacity for at least five years. The five years of experience in the capacity as a doula must have occurred within the last seven years
 - Three written client testimonial letters or professional letters of recommendation from any of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization. Letters must be written within the last seven years. One letter must be from either a licensed Provider, a community-based organization, or an enrolled doula.⁹ “Enrolled doula” means a doula enrolled either through DHCS or through a MCP.

Continuing Education:

MCPs must ensure doulas complete three hours of continuing education in maternal, perinatal, and/or infant care every three years. Doulas must maintain evidence of completed training to be made available to DHCS upon request.

Provider Enrollment

Network Providers, including those who will operate as Providers of doula services, are required to enroll as Medi-Cal Providers, consistent with APL 22-013, “Provider Credentialing/Re-Credentialing and Screening/Enrollment,” or subsequent updates or any superseding APL, if there is a state-level enrollment pathway for them to do so.¹⁰

⁹ Testimonial templates for doula applicants are available at:

<https://www.dhcs.ca.gov/provgovpart/pages/doula.aspx>.

¹⁰ APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

Billing, Claims, and Payments

MCPs must make payments in compliance with the clean claims requirements and timeframes outlined in the MCP Contract and Timely Payments APL.¹¹ These requirements apply to both MCPs and their Network Providers and Subcontractors. If a Member chooses to see an OON Provider for abortion services, the reimbursement rate must not be lower, and is not required to be higher, than the Medi-Cal Fee-For-Service rate, unless the OON Provider and the MCP mutually agree to a different reimbursement rate.¹²

MCPs are prohibited from establishing unreasonable or arbitrary barriers for accessing doula services. Claims for doula services must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual.¹³ Doulas cannot double bill, as applicable, for doula services that are duplicative to services that are reimbursed through other benefits.

Access Requirements for Doula Services

As part of their Network composition, MCPs must ensure and monitor sufficient Provider Networks within their service areas, including doulas. To support an adequate doula Network, MCPs must make contracting available to both individual doulas and doula groups. MCPs must work with their Network hospitals/birthing centers to ensure there are no barriers to accessing these Providers when accompanying Members for prenatal visits, labor and delivery support, and postpartum visits regardless of outcome (stillbirth, abortion, miscarriage, live birth). MCPs must coordinate for OON access to doula services for their Members if an in-Network doula Provider is not available ~~for medically necessary services~~.

If the Member desires to have a doula during labor and delivery, MCPs must work with their In-Network hospitals and birthing centers to allow the doula, in addition to the support person(s), to be present.

DHCS Monitoring

DHCS will monitor MCPs' initial implementation of doula services and requirements through existing data reporting mechanisms such as Encounter Data, Grievances and

¹¹ APL 23-020: Requirements for Timely Payments of Claims, is available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-020.pdf>

¹² See APL 22-022 for Abortion Services. APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

¹³ The Medi-Cal Provider Manual, Doula Services, is available at: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/doula.pdf>.

Appeals, and the 274 Network Provider File. MCPs must ensure that doula services Providers have NPIs and that these NPIs are entered in the 274 Network Provider File.

The MCPs must review their contractually required policies and procedures (P&Ps) to determine if amendments are needed to comply with this APL. If the requirements contained in this APL will, including any updates or revisions to this APL, necessitate a change in an MCPs' contractually required policies and procedures (P&Ps) and MCPs must submit their/its updated P&Ps to their Managed Care Operations Division (MCOD) contract manager/Contract Manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD Contract Manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are ~~further~~ responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.¹⁴ These requirements must be communicated by each MCP to all ~~applicable~~ Subcontractors and Network Providers. DHCS may impose ~~corrective action plans~~ Corrective Action Plans (CAPs), as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see APL 23-012, "~~Enforcement Actions: Administrative and Monetary Sanctions,~~" and any subsequent ~~updates~~ iterations on this topic. Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding ~~the requirements of~~ this APL, please contact your MCOD ~~contract manager~~ Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

¹⁴ For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, "Medi-Cal Managed Care Health Plan Guidance on Network Provider Status," and any subsequent updates or superseding APL on this topic.

| ALL PLAN LETTER 23-024 (REVISED)

Page 9