



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

September 9, 2022

To: Tribal Chairpersons, Designees of Indian Health Programs,
and Urban Indian Organizations

Subject: Notice of Proposed Change to the Medi-Cal Program

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment (SPA), waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to Angeli.Lee@dhcs.ca.gov or by mail to the address below:

Contact Information

Department of Health Care Services
Director's Office
ATTN: Angeli Lee
MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

Tribal Chairpersons, Designees of Indian Health Programs,
and Urban Indian Organizations

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Please note that Indian Health Programs and Urban Indian Organizations may request a consultation on this proposal at any time as needed.

Sincerely,

Original signed by

Andrea Zubiato, Acting Chief
Office of Tribal Affairs
Department of Health Care Services

Enclosure



Department of Health Care Services Tribal and Designees of Indian Health Programs Notice

PURPOSE

To seek necessary approvals to add doula services as a covered benefit from the federal Centers for Medicare and Medicaid Services (CMS).

BACKGROUND

DHCS proposes to add doula services as a preventive service. Doula services encompass the health education, advocacy, physical, emotional, and nonmedical support provided before, during, and after the end of a pregnancy, including throughout the postpartum period. These services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants. Doulas offer various types of support, including perinatal and labor support and guidance, health navigation, evidence-based education, and linkages to community-based resources. Doula services will include maternity and labor support visits, which can be at the beneficiary's home or part of an office visit with a doula, and during delivery. The proposed effective date for SPA 22-0002 is January 1, 2023 pending CMS approval.

SUMMARY OF PROPOSED CHANGES

Assembly Bill (AB) 133¹ allocated funds to add doula services as a new benefit by skilled and trained individuals who are able to provide support care to pregnant and postpartum individuals throughout the perinatal period, including for up to one year after pregnancy. These services will be available under both the fee-for-service (FFS) and managed care delivery systems. SPA 22-0002 proposes to reimburse Tribal 638 Clinics and Tribal FQHCs for doula services as a FFS payment outside of the All-Inclusive Rate (AIR).

IMPACT TO TRIBAL HEALTH PROGRAMS

A tribal clinic may use doulas to provide services, but doulas are not considered Indian Health Services-Memorandum of Agreement 638 clinic providers. Therefore, doula services will not be considered billable encounters and will not be eligible for reimbursement at the federal AIR. However, reimbursement for doula services will be available at FFS rates outside of the federal AIR or Tribal FQHC Alternative Payment Methodology (which is set at the AIR).

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Doulas are not considered FQHC providers so their services will not be considered billable encounters and will not be eligible for Prospective Payment System (PPS) rate reimbursement. However, FQHCs may offer services provided by doulas. Some FQHCs may have some costs for doula services built into their PPS rate. FQHCs that choose to add doula services for clinic patients, may qualify for a Change in Scope of Services Request² if they meet specific criteria as required in the statute.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

Medi-Cal beneficiaries may have increased access to these benefits, which is expected to improve maternal and infant health outcomes for American Indian beneficiaries receiving these services.

¹ [Assembly Bill 133, \(Committee on Budget, Health, Chapter 143, Statutes of 2021\)](#)

² [Welfare and Institutions Code Section 14132.100 \(e\)\(3\)\(B\)](#)

RESPONSE DATE

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