CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
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DATE: March 25, 2026

ALL PLAN LETTER 26-005

SUPERSEDES ALL PLAN LETTERS 00-012, 18-022, AND POLICY LETTERS 98-006, 98-010, AND 12-003

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: MATERNITY SERVICES FOR PREGNANT AND POSTPARTUM MEDI-CAL MEMBERS

PURPOSE:

The purpose of this All Plan Letter (APL) is to consolidate and update guidance for Medi-Cal managed care plans (MCPs) on the maternity benefits that MCPs are required to provide to pregnant and postpartum Members.[1] This omnibus APL supersedes APLs 00-012 and 18-022 and Policy Letters (PLs) 98-006, 98-010, and 12-003.[2] This omnibus APL also retires APL 01-003 and PLs 98-001 and 02-004.

BACKGROUND:

The California Department of Health Care Services (DHCS) developed this omnibus maternity APL to include requirements pertaining to coverage and delivery of services for pregnant and postpartum Members. With Medi-Cal managed care covering over 85 percent of pregnant and postpartum Medi-Cal members,[3] and Medi-Cal covering over 40 percent of all births statewide,[4] the policies in this APL advance the Birthing Care

[1] Members are considered postpartum up to 12 months after the end of a pregnancy, including due to live birth, stillbirth, miscarriage, or abortion.
[2] A list of APLs by number is available at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx. A list of PLs by number is available at: https://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx.
[3] CalHHS eligibility aid code data is available at: https://data.chhs.ca.gov/dataset/statewide-medi-cal-certified-eligible-individuals-by-aid-code-2013-2017.
[4] Data is available at: :https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

Pathway,[5] DHCS' comprehensive policy and care model roadmap to cover the journey of all pregnant and postpartum Medi-Cal members from conception through 12 months postpartum, as well as DHCS' Bold Goals[6] to reduce maternity care disparities by 50 percent for Black and American Indian/Alaska Native individuals and improve maternal depression screening rates by 50 percent. The policies in this APL are grounded in federal and state law, regulations, and guidance; California's Medicaid State Plan; and the Medi-Cal Managed Care Contract.[7,8] For more information on the APLs superseded by or referenced in this omnibus maternity APL, see the Tables below starting on page 46.

[5] For more information, see DHCS' Birthing Care Pathway webpage, available at: https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx.

[6] For more information, see DHCS' CalAIM Bold Goals: 50x2025, available at: https://calaim.dhcs.ca.gov/pages/bold_goals.

[7] California's Medicaid State Plan is available at: https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx. The Medi-Cal Managed Care boilerplate Contract is available at: https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx.

[8] The term "maternity" is used in this APL to encompass care and services provided during a Member's pregnancy (prenatal period), labor and delivery (intrapartum period), and postpartum (up to 12 months after the end of pregnancy). DHCS guidance may also refer to this care or these services as "maternal", "obstetric", or "perinatal." When a specific type of care or service is only available during a specific period of time – such as prenatal screening only available during the prenatal period – the most accurate term is used.

POLICY:

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I. RISK ASSESSMENTS FOR PREGNANT AND POSTPARTUM MEMBERS

Guidance for MCPs on risk assessments for pregnant and postpartum Members, including a comprehensive risk assessment, is in this section. This guidance was formerly in APL 00-012 and PL 12-003, which this APL supersedes.

A. Comprehensive Risk Assessment

MCPs must ensure their maternity Network Providers implement a comprehensive risk assessment tool for all pregnant and postpartum Members that is comparable to the American College of Obstetricians and Gynecologists (ACOG) standard and Comprehensive Perinatal Services Program (CPSP) standards.[9] In addition to ACOG and CPSP standards, MCPs may permit maternity Network Providers to also utilize standards for a comprehensive risk assessment from the American Academy of Family Physicians (AAFP), American College of Nurse Midwives (ACNM), and National Association of Certified Professional Midwives (NACPM).[10] Each MCP must ensure their maternity Network Providers maintain the results of this assessment as part of the Member's Medical Record, and an Individualized Care Plan (ICP) must be developed to include obstetric, nutrition, psychosocial, and health education interventions and provide appropriate follow-ups and referrals when indicated by identified risk factors. The risk assessment tool must be administered at an early prenatal visit, once each trimester

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[9] ACOG standards are available at: https://www.acog.org/clinical. CPSP standards include assessment of pregnant and postpartum Members at the initial appointment, each trimester thereafter, and once during the postpartum period. The initial assessment topics focus on questions related to obstetric care (e.g., comprehensive medical history); psychosocial care (e.g., pregnancy losses, depression, safety, substance use); health education (e.g., baby growth and development, labor and delivery plan); and nutrition (e.g., prenatal vitamins, weight gain, breastfeeding). An ICP is developed collaboratively with the pregnant Member and their Provider, based on the results of the assessment(s). CPSP must align clinical care with current ACOG guidelines, per the CPSP Provider Handbook, available at: https://custom.cvent.com/C506006261F8428CB7CCB91AAA9A05B4/files/8a01c5b0dd744c0aa06f0dece9dec3f1.pdf. For more information on CPSP, see the 22 California Code of Regulations (CCR) section 51348; DHCS' CPSP webpage, available at https://www.dhcs.ca.gov/services/Pages/CPSP.aspx; California Department of Public Health's (CDPH) CPSP webpages, available at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx. The CCR is searchable at: https://govt.westlaw.com/calregs/Search/Index.

[10] The AAFP standards are available at: https://www.aafp.org/family-physician/patient-care/clinical-recommendations.html. The ACNM standards are available at: https://midwife.org/positions-statements-library/. The NACPM standards are available at: https://www.nacpm.org/professional-standards-competencies.

thereafter, and at the postpartum visit. If administration of the risk assessment tool is missed at the appropriate timeframes, then the MCP must ensure that its Care Coordination team(s) are working directly with the Member and their maternity Network Provider to accomplish the assessment. The MCP and their maternity Network Providers must follow-up on all identified risks with appropriate interventions consistent with ACOG and CPSP standards and document those interventions in the Member's Medical Record. In addition to ACOG and CPSP standards, MCPs may permit maternity Network Providers to also utilize standards for risk identification and interventions from AAFP, ACNM, and NACPM.

These risk assessments may be completed virtually through a telehealth visit with the Member's consent.

B. Intimate Partner Violence Screening for Pregnant Members

MCPs must ensure that intimate partner violence (IPV) screening is incorporated in the comprehensive risk assessment at the initial prenatal appointment – or at an alternative prenatal appointment – and when the risk assessment is repeated each trimester and during the postpartum assessment, ensuring safe disclosure without the presence of an intimate partner. The United States Preventive Services Task Force (USPSTF) recommends that clinicians screen for IPV in women of reproductive age and provide or refer those who screen positive to ongoing support services.[11] MCPs must cover all preventive services recommended by USPSTF as Grade A or B; USPSTF classifies IPV screening as Grade B. For more information on IPV screening requirements, see the Medi-Cal Provider Manual: Preventive Services.[12]

II. MATERNITY SERVICES

Guidance for MCPs on coverage and provision of maternity services for pregnant and postpartum Members is in this section. This guidance was formerly in PL 12-003, which this APL supersedes; guidance is also in APLs 21-011 and 22-013.

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[11] The USPSTF Grade B recommendation is available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening. MCPs must cover all services for which USPSTF has issued a Grade A or B recommendation.

[12] The Medi-Cal Provider Manual: Preventive Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DDBB7BD0-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

MCPs must ensure initiation of prenatal care as soon as possible and must not require Prior Authorization for basic prenatal, maternal, and preventive services and care, as defined by the most current clinical standards or guidelines of ACOG and CPSP. In addition to ACOG and CPSP, MCPs may permit maternity Network Providers to also utilize standards or guidelines from AAFP, ACNM, and NACPM. In accordance with the U.S. Centers for Medicare and Medicaid Services (CMS)-0057-F (the Interoperability and Prior Authorization Final Rule), starting January 1, 2026, MCPs must make a determination on Prior Authorization requests, including for applicable maternity services, within seven calendar days from the date the request for service is made in standard cases and within 72 hours from the date and time the request for service is made in urgent cases.[13] These requirements must be implemented in accordance with the authorization timeframes and notice standards outlined in APL 21-011 regarding the availability of maternity services and how to access such services as soon as pregnancy is determined.

MCPs must cover and ensure the provision of all Medically Necessary services for pregnant and postpartum Members. MCPs must ensure that the most current standards or guidelines of ACOG and CPSP are utilized as the minimum measure of quality for maternity services. In addition to ACOG and CPSP, MCPs may permit maternity Network Providers to also utilize standards or guidelines from AAFP, ACNM, and NACPM.

MCPs must ensure the provision of folic acid vitamins for Members trying to become pregnant, in alignment with current ACOG guidelines. MCPs must also ensure the provision of prenatal vitamins (inclusive of folic acid) for pregnant Members and postpartum Members who are breastfeeding. Folic acid vitamins and prenatal vitamins are covered by Medi-Cal Rx. MCPs must provide culturally and linguistically competent/humble health care and services to all Members, including culturally and linguistically competent/humble maternity services for pregnant and postpartum Members.

MCPs must ensure that dental screenings and oral health assessments are offered and coordinated for all pregnant and postpartum Members, in alignment with current ACOG guidelines. Dental screenings and oral health assessments conducted by primary care or maternity care teams are covered by the MCP. If the screenings or oral health assessment is performed by a dentist, then it is covered by Dental Fee-For-Service and Dental Managed Care.

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[13] Federal Register, Vol. 89, No.27, February 2024. California Health and Safety Code (H&S) section 1367.01. State law is searchable at: https://leginfo.legislature.ca.gov/.

MCPs must not require their maternity Network Providers and non-physician medical practitioners (including Licensed Midwives (LMs) and Certified Nurse Midwives (CNMs)) to enroll as certified CPSP Providers in order to be an in-Network maternity Network Provider. MCPs must still ensure their maternity Network Providers, including LMs and CNMs, meet the Medi-Cal enrollment requirements outlined in APL 22-013.[14]

MCPs must ensure that pregnant Members at high-risk of poor pregnancy outcomes are referred to appropriate Specialists or services. Pregnant and postpartum Members can be identified as high-risk by a Network Provider based on the Network Provider's clinical assessment. Pregnant and postpartum Members are also considered high-risk if they meet criteria for high-intensity pregnancy and postpartum Transitional Care Services (TCS). High-intensity pregnancy and postpartum TCS criteria include medical, Behavioral Health, and social risk factors and are outlined in the Population Health Management (PHM) Policy Guide.[15] Additionally, any pregnant or postpartum Member identified as high-risk by Medi-Cal's Risk Stratification, Segmentation, and Tiering (RSST) Algorithm is considered high-risk.[16] The high-risk pregnancy definition used in this APL and the high-intensity pregnancy and postpartum TCS definition in the PHM Policy Guide must not be used to determine whether a CNM or LM can or cannot tend to a pregnancy; see Section IV. Access to Maternity Providers of this APL for more information on which pregnancies a CNM or LM can support.

MCPs must also assess the need for high-risk pregnancy services in their Service Area to ensure Members who are at high-risk can receive timely access to care, including care at hospitals equipped to handle high-risk pregnancies. If such facilities are not available within the Network, MCPs must arrange for timely out-of-Network care, as defined by federal and State timely access standards.[17,18]

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[14] 22 CCR sections 51249, 51179.7.

[15] The PHM Policy Guide is available at: https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf.

[16] For more information on the RSST algorithm, see DHCS' PHM webpage, available at: https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx. Algorithm is considered high-risk.

[17] When assessing the level of care available for high-risk pregnancies at a hospital, MCPs can request that hospitals within their Provider Network share their self-assessed Level of Maternal Care using ACOG's Obstetric Care Consensus, available at: https://www.acog.org/programs/lomc.

[18] 42 CFR section 438.206(b)(4).

MCPs must demonstrate a good faith effort to execute a Memorandum of Understanding (MOU) with Local Health Departments (LHDs) and adhere to the terms outlined in the area of Maternal, Child, and Adolescent Health (MCAH).[19] If an MCP delegates pregnant and/or postpartum services or related care for a pregnant or postpartum Member to a Subcontractor or Downstream Subcontractor, then the Subcontractor or Downstream Subcontractor must be added as an express party to the MOU.[20]

III. NON-INVASIVE PRENATAL AND NEWBORN SCREENINGS

Guidance for MCPs on prenatal and newborn screenings for pregnant and postpartum Members and their infants, along with related Member education and Network Provider training requirements, is in this section. This guidance was formerly in PL 98-006, which this APL supersedes; guidance is also in APL 25-005.

A. Non-Invasive Prenatal Screening & Counseling

California Prenatal Screening Program

MCPs must ensure their prenatal Network Providers offer information about participating in the California Prenatal Screening (CA PNS) Program to all pregnant Members who engage in care before 21 weeks 0 days gestation for the detection of pregnancies at increased risk for carrying a fetus with chromosomal abnormalities, sex chromosome aneuploidies, or neural tube defects.[21,22] CA PNS Program testing is administered by CDPH.[23]

There is no co-payment, co-insurance, deductible, or any other form of cost sharing required of Members for CA PNS Program screenings. MCPs are prohibited from charging Members for phlebotomy or shipping services for CA PNS Program specimens or any follow-up diagnostic testing authorized and coordinated by the CA PNS Program.

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[19] The LHD MOU Template, including Exhibit E (MCAH), is available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Local-Health-Department-MOU.pdf.

[20] More information in APL 23-029 (Revised), available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf.

[21] More information on the CA PNS Program is available at: https://www.cdph.ca.gov/Programs/CFH/DGDS/Pages/pns/default.aspx.

[22] 17 CCR section 6527.

[23] 17 CCR sections 6523, 6525, 6527, 6531, 1 – 6532.

The CA PNS Program offers non-invasive, prenatal screening via cell-free DNA (cfDNA) and maternal serum alpha-fetoprotein (MSAFP) blood tests to pregnant Members. Member participation in the CA PNS Program is voluntary and the Member's consent to participate must be documented by the Provider. For more information on the screening tests available to pregnant Members, refer to the CA PNS Program webpage and the Medi-Cal Provider Manual: Genetic Counseling and Screening.[24]

If a Member receives a positive or inconclusive CA PNS Program screening test result, then a regional CA PNS Program Coordinator will contact the prenatal Provider, who will provide a referral for necessary follow-up counseling and diagnostic services at state-approved Prenatal Diagnosis Centers (PDCs). MCPs must ensure Network Providers understand proper documentation and referral protocols to PDCs to ensure timely follow-up and to avoid delays in care. Approved services will include genetic counseling, ultrasound, chorionic villus sampling (CVS), amniocentesis, and amniotic fluid analysis including alpha-fetoprotein (AFP in amniotic fluid) and karyotype. For more information on counseling and diagnostic services for pregnant Members, see the Medi-Cal Provider Manual: Genetic Counseling and Screening.[25]

Non-invasive prenatal screening and subsequent follow-up services authorized through the CA PNS Program are "carved out" of MCP Contracts and must be billed through Medi-Cal Fee-For-Service (FFS).[26] MCPs must assure that their prenatal Providers understand how to participate in and access the CA PNS Program for Members.[27] For Members participating in the CA PNS Program, prenatal Providers should be directed to enter the Member's Medi-Cal number in the billing information space on the original electronic order or the paper test request form available from the state. The CA PNS Program will then bill FFS directly.

Services provided through the CA PNS Program do not require Prior Authorization when performed by participating Providers.

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[24] The Medi-Cal Provider Manual: Genetic Counseling and Screening section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/6D5F956F-8D4E-4A67-BEC9-27D047EC3F68/genecoun.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.
[25] The Medi-Cal Provider Manual: Genetic Counseling and Screening section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/6D5F956F-8D4E-4A67-BEC9-27D047EC3F68/genecoun.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.
[26] The boilerplate MCP Contract is available at: https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx.
[27] 17 CCR section 6527.

Prenatal Screening Conducted Outside of the CA PNS Program

A pregnant Member can choose to pursue non-invasive prenatal screening outside of the CA PNS Program by refusing to participate in the CA PNS Program. Non-invasive prenatal screening outside of the CA PNS Program is available from Medi-Cal-enrolled licensed clinical laboratories. There is no co-payment, co-insurance, deductible, or any other form of cost sharing required of Members for non-invasive prenatal screening. For Members who receive a positive or inconclusive prenatal screening test result performed at a Medi-Cal-enrolled licensed clinical laboratory, Medi-Cal will cover specified follow-up diagnostic and counseling services. For more information on screening, diagnostic services, and counseling for pregnant Members, see the Medi-Cal Provider Manual: Genetic Counseling and Screening.[28]

Non-invasive prenatal screening and necessary follow-up services conducted outside of the CA PNS Program will be financed through the managed care delivery system and considered a covered Medi-Cal service. The CA PNS Program does not coordinate or authorize diagnostic follow-up services for positive or inconclusive prenatal screening results for Members who originally declined participation in the CA PNS Program.

Genetic or Gene Carrier Testing for Pregnant Members

Medi-Cal also covers genetic or gene carrier testing to help identify if a Member carries a gene variant that they may be at risk of passing down to a child during pregnancy. MCPs may require Prior Authorization for some genetic or gene carrier testing and have other Utilization Management control mechanisms, including frequency restrictions and/or genetic heritage restrictions (e.g., specific genetic carrier testing available to Members of Ashkenazi Jewish descent). For more information on genetic carrier testing for pregnant Members or those considering becoming pregnant, see the Medi-Cal Provider Manual: Pathology: Molecular Pathology.[29]

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[28] The Medi-Cal Provider Manual: Genetic Counseling and Screening section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/6D5F956F-8D4E-4A67-BEC9-27D047EC3F68/genecoun.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[29] The Medi-Cal Provider Manual: Pathology: Molecular Pathology section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D56B6486-27C2-40E5-ACDF-E5E4AA599CA5/pathmolec.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

B. Newborn Screening

California Newborn Screening Program

MCPs must ensure all newborns are screened for over 80 serious but treatable genetic (passed down in families) and congenital (present at birth) disorders through the California Newborn Screening (CA NBS) Program, administered by CDPH. [30] The CA NBS Program specimen collection must occur between 12 and 48 hours after birth, unless otherwise medically indicated. Members may opt out of screening for religious beliefs or practices.[31] If the screening is not performed within 48 hours after birth, the newborn screening specimen may be collected on an infant up to one year of age without Prior Authorization.[32] MCPs must implement procedures to ensure that Network Providers appropriately obtain the required blood specimens from all newborns, using CDPH-approved specimen collection forms. Specimens must be submitted to CDPH- approved laboratories only. Follow-up tests requested by the CA NBS Program are also administered by CDPH-approved laboratories.[33]

The CA NBS Program Area Service Center notifies the infant's Primary Care Provider (PCP) of record of initial presumptive positive screening results and of the results of follow-up tests. Newborns with confirmed positive screening results are eligible for California Children's Services (CCS) and the MCP must ensure that these infants are referred to the appropriate county CCS office.[34] The MCP remains responsible for the provision of all non-CCS-related medical services. However, MCPs participating in CCS Whole Child Model (WCM) Program, assume full responsibility for the provision of CCS and non-CCS services.[35] MCPs not participating in CCS WCM Program must demonstrate a good-faith effort to execute Exhibit F: CCS of the MOU with each LHD CCS Program within its Service Area. These MOUs are essential to ensure timely referrals, coordinated care, and prevention of service duplication for CCS-eligible

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[30] 22 CCR sections 51348.1, 51529(d) and 17 CCR sections 6500 – 6510.
[31] H&S section 125000(d).
[32] 17 CCR section 6508(e).
[33] 17 CCR section 6508. CDPH, CA NBS Screening Program Fee Update, February 2024, available at: https://www.cdph.ca.gov/Programs/CFH/DGDS/CDPH%20Document%20Library/NBS%20Documents/NBS_Fee_Increase_Letter_February_2024.pdf.
[34] More information on CCS is available at: https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx.
[35] More information in APL 23-029 (Revised), available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf.

Members.[36] If an MCP delegates its obligations under the MOU to a Subcontractor or Downstream Subcontractor, then the Subcontractor or Downstream Subcontractor must be added as an express party to the MOU.[37] For more information on newborn screening, refer to the CA NBS Program webpage or the Medi-Cal Provider Manual: Genetic Counseling and Screening.[38]

Newborn Hearing Screening Program

DHCS has implemented a statewide Newborn Hearing Screening Program (NHSP) to help identify hearing loss in newborns and guide families to appropriate services.[39] Families of newborns delivered in general acute care hospitals with licensed maternity care units and Network Providers, which have been certified by DHCS to participate in the NHSP, will have the opportunity to have their newborn's hearing screened. Newborns who do not pass the screening in the hospital will be referred for additional testing after discharge. Newborns with confirmed positive screening results are eligible for CCS, and the MCP must ensure that these infants are referred to the appropriate county CCS office.[40] The MCP remains responsible for the provision of all non-CCS-related medical services for the Member. However, MCPs participating in the CCS WCM Program assume full responsibility for the provision of CCS and non-CCS services. MCPs not participating in CCS WCM Program must demonstrate a good-faith effort to execute Exhibit F: CCS of the MOU with each LHD CCS Program within its Service Area. These MOUs are essential to ensure timely referrals, coordinated care, and prevention of

[36] The LHD MOU Template, including Exhibit F: CCS, is available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Local-Health-Department-MOU.pdf.
[37] More information in APL 23-029 (Revised), available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf.
[38] The CA NBS Program webpage is available at: https://www.cdph.ca.gov/Programs/CFH/DGDS/Pages/nbs/default.aspx. The Medi-Cal Provider Manual: Genetic Counseling and Screening section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/6D5F956F-8D4E-4A67-BEC9-27D047EC3F68/genecoun.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.
[39] More information on the NHSP is available at: https://www.dhcs.ca.gov/services/nhsp/Pages/default.aspx.
[40] More information on CCS is available at: https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx.

service duplication for CCS-eligible Members.[41] DHCS contracts with Hearing Coordination Centers to support hospitals on their hearing screening programs, perform quality assurance activities, and follow newborns who need additional services.[42,43] If an MCP delegates its obligations under the MOU to a Subcontractor or Downstream Subcontractor, then the Subcontractor or Downstream Subcontractor must be added as an express party to the MOU.[44] For more information on the NHSP, see the Medi-Cal Provider Manual: Newborn Hearing Screening Program.[45] For more information on hearing screening for newborns born in non-NHSP-certified hospitals, freestanding birth centers (FBCs), or at home, see the NHSP FAQ.[46]

Critical Congenital Heart Disease Screening

MCPs must cover Critical Congenital Heart Disease (CCHD) screening conducted on newborns at least 24 hours of age. The CCHD screening is optional at parents' and guardians' discretion and performed with a pulse oximeter to measure the percentage of hemoglobin in the blood that is saturated with oxygen.[47] The CCHD screening is recommended via the American Academy of Pediatrics' (AAP) Bright Futures Periodicity Schedule.[48] MCPs are required to cover all AAP Bright Futures Periodicity Schedule

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[41] The LHD MOU Template, including Exhibit F (California Children's Services), is available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/Local-Health-Department-MOU.pdf.

[42] More information on Hearing Coordination Centers is available at: https://www.dhcs.ca.gov/services/nhsp/Pages/HCC.aspx.

[43] More information on the NHSP is available at: https://www.dhcs.ca.gov/services/nhsp/Pages/default.aspx.

[44] More information in APL 23-029 (Revised), available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf.

[45] The Medi-Cal Provider Manual: Newborn Hearing Screening Program section is available at: https://www.dhcs.ca.gov/services/nhsp/Documents/ProvManual.pdf.

[46] The NHSP FAQ is available at: https://www.dhcs.ca.gov/services/nhsp/Pages/FreqAskedQ.aspx.

[47] More information on CCHD screening is available at: https://www.cdc.gov/heart-defects/hcp/screening/index.html.

[48] More information on the AAP's Bright Futures Periodicity Schedule is available at: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_gl=1*1b7mr32*_gcl_au*ODk3MzYwODQ2LjE3NTk4NTU1NzQ.*_ga*MTk3ODg3ODg3ODY1NS4xNzUzNzl1MzQw*_ga_GMZCQS1K47*czE3NTk4NTU1NzQkbzEkZzEkdDE3NTk4NTczMDYkajU5JGgw*_ga_FD9D3XZVQQ*czE3NTk4NTU1NzQkbzEzJGcxJHQxNzU5ODU3MzA2JGo1OSRsMCRoMA. The AAP updated guidance on CCHD screening from December 2024 is available at: https://publications.aap.org/pediatrics/article/155/1/e2024069667/200337/Newborn-Screening-for-Critical-Congenital-Heart.

recommendations, including the CCHD screening.[49] The Provider who conducted a newborn's CCHD screening is responsible for communicating the result to the infant's PCP. Newborns who do not pass the CCHD screening must receive a comprehensive medical evaluation by the infant's PCP and may be eligible for CCS. Newborns delivered in an FBC or home should receive a CCHD screening by a Network Provider in the home or FBC, and necessary follow-up arranged by the screening Network Provider. For more information on CCHD screening, see the Medi-Cal Provider Manual: Preventive Services.[50]

C. Member Education

CA PNS Program

MCPs must implement procedures to ensure their maternity Network Providers inform pregnant Members of the CA PNS Program and that the Member's participation is voluntary. A Member's decision whether to participate must be documented in the Member's Medical Record. The CA PNS Program has developed educational materials and videos in multiple languages for pregnant Members and their families, including the Prenatal Screening Patient Booklet.[51] These materials are free of charge and must be given at one of the first prenatal visits to all pregnant Members who are seen before 21 weeks 0 days gestation to help them determine if participation in the CA PNS Program is right for them. MCPs must work with their maternity Network Providers and leverage their PHM capabilities to ensure coordination and delivery of necessary follow-up services with the CA PNS Program.

CA NBS Program

MCPs must implement procedures to ensure their prenatal Network Providers inform pregnant Members of the CA NBS Program and that newborns must be screened for certain genetic and congenital disorders at birth. State law requires that all prenatal Providers provide pregnant Members with education resources about the CA NBS

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[49] The Medi-Cal Provider Manual: Preventive Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DDBB7BD0-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[50] The Medi-Cal Provider Manual: Preventive Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DDBB7BD0-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[51] CA PNS Program member education resources are available at: https://www.cdph.ca.gov/Programs/CFH/DGDS/Pages/pns/patientinformation.aspx.

Program.[52] Materials are available from CDPH in multiple languages to be distributed free of charge to pregnant Members.[53]

NHSP

MCPs must ensure their Network Providers inform Members that their participation in the NHSP is voluntary, unless their infant is receiving care in an intensive care newborn nursery/neonatal intensive care unit (NICU) where inpatient hearing screening services are required prior to discharge. MCPs and Network Providers may provide DHCS brochures to Members about the NHSP and other resources for children newly diagnosed with hearing loss.[54,55]

Language Services

MCPs must provide translated written Member information, using a qualified translator, for all appropriate Threshold and Concentration Standard Languages to Members, per APL 25-005. MCPs must provide oral interpretation services from a qualified interpreter, on a 24-hour basis, at all key points of contact, at no cost to Members. Oral interpretation must be provided in all languages and is not limited to Threshold or Concentration Standard Languages.

D. Provider Training

MCPs must ensure that Network Providers delivering maternity and/or pediatric services and relevant support staff are knowledgeable regarding the requirements of the CA PNS Program, CA NBS Program, NHSP, and CCS. CDPH has developed a CA PNS Program Provider Handbook that is available for Network Providers free of charge and can support Network Providers in assisting Members with decision-making for participating in the CA PNS Program. Network Providers must follow all state laws governing the

[52] 17 CCR section 6504.
[53] CA NBS Program member education resources are available at: https://www.cdph.ca.gov/Programs/CFH/DGDS/Pages/Comms4Pregnancy.aspx.
[54] NHSP member brochures are available at: https://www.dhcs.ca.gov/services/nhsp/Pages/Brochures.aspx.
[55] NHSP member education resources are available at: https://www.dhcs.ca.gov/services/nhsp/Pages/Parent-Resources.aspx.

provision of prenatal and newborn screening services; this includes compliance with all mandated genetic disorder reporting requirements.[56]

IV. ACCESS TO MATERNITY PROVIDERS

Guidance for MCPs on coverage of a variety of maternity Provider types – including but not limited to CNMs, LMs, obstetrician-gynecologists (OB/GYNs), and family medicine practitioners – as well as FBCs, targeted rate increases for maternal health services, and DHCS' Network adequacy requirements for MCPs – is in this section. This guidance was formerly in APL 18-022, which this APL supersedes; guidance is also in APLs 22-013, 23-001, 23-006, 23-022, 24-002, 25-006, and 25-012.[57]

A. Freestanding Birth Centers

Federal law mandates Medicaid coverage of FBC services and requires separate payments to maternity Providers administering prenatal, labor and delivery (intrapartum), or postpartum care in an FBC.[58] CMS guidance clarifies that the FBC benefit category is considered both a service and a setting for services.[59] Federal law defines an FBC as a health facility –

(i) that is not a hospital;

(ii) where childbirth is planned to occur away from the pregnant person's residence;

(iii) that is licensed or otherwise approved by the state to provide prenatal, labor and delivery, or postpartum care and other ambulatory services that are included in the plan;[60] and

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[56] Provider resources are available on CDPH's webpage and DHCS' webpage. The CDPH Genetic Disease Screening Program's provider resources are available at: https://www.cdph.ca.gov/Programs/CFH/DGDS/Pages/Comms4Providers.aspx. The DHCS NHSP provider resources are available at: https://www.dhcs.ca.gov/services/nhsp/Pages/ProviderRes.aspx.

[57] FBCs are sometimes referred to as Alternative Birth Centers (ABCs) in California. ABCs are the same as FBCs.

[58] 42 United States Code (USC) sections 1396d (a)(28), 1396d (l)(3)(A), 1396d (l)(3)(C). USC is searchable at: https://uscode.house.gov/.

[59] CMS State Health Official letter (SHO) #16-006 is available at: https://www.medicaid.gov/federal-policy-guidance/downloads/smd16006.pdf.

[60] Per Welfare and Institutions Code (W&I) section 14148.8, LMs, CNMs, certified nurse practitioners, and clinical nurse specialists when appropriate may be utilized by FBCs.

(iv) that complies with such other requirements relating to the health and safety of individuals' furnished services by the facility as the state shall establish.[61]

For more information about FBC services, see the Medi-Cal Provider Manual: Alternative Birthing Centers.[62]

MCPs must provide their Members with access to FBC services. MCPs must contract with a sufficient number of FBCs based on the level of need in each county, revisit those levels of need annually, and adjust contracting as necessary, in accordance with DHCS Network Adequacy requirements. MCPs must demonstrate good-faith contracting efforts and exhaust all reasonable contracting options in accordance with APL 23-001 in support of this requirement. MCPs must maintain all supporting documentation of the MCP's contracting attempts and efforts with FBCs, including failed contracting efforts, to be provided to DHCS upon request. In accordance with federal Network Adequacy requirements, MCPs must contract with at least one FBC, where available, in each county in which the MCP operates.[63] If the MCP is unable to provide access to FBC services in-Network, then the MCP must cover out-of-Network FBC services in accordance with the MCP Contract.

B. Certified Nurse Midwives and Licensed Midwives

Federal law mandates Medicaid coverage of services furnished by CNMs as legally authorized by states, and state law requires coverage of both CNMs and LMs.[64,65]

MCPs must provide their Members with access to both CNMs and LMs as maternity Network Providers for services permitted within each practitioner's scope of practice.[66] MCPs must contract with a sufficient number of CNMs and LMs based on the level of need in each county and revisit those levels of need annually, and adjust contracting as

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[61] 42 USC section 1396d (l)(3)(B).
[62] The Medi-Cal Provider Manual: Alternative Birthing Centers section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/2B479A67-7648-42B7-BE4B-5F3EE2C1FA32/altern.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.
[63] SHO #16-006 is available at: https://www.medicaid.gov/federal-policy-guidance/downloads/smd16006.pdf. Details on requirements pertaining to Network adequacy and the level of need analysis are available at: APL 23-001, "Network Certification Requirements" and its Attachment B.
[64] 42 USC section 1396d (a)(17).
[65] W&I sections 14132.4, 14132.39.
[66] More information on midwifery services in Medi-Cal is available at DHCS' Midwifery Services in Medi-Cal webpage: https://www.dhcs.ca.gov/provgovpart/Pages/Midwife-Information.aspx.

necessary, in accordance with DHCS Network Adequacy requirements.[67,68,69] MCPs must demonstrate good-faith contracting efforts and exhaust all reasonable contracting options in accordance with APL 23-001 in support of this requirement. MCPs must make good-faith contracting efforts to contract directly with CNMs and LMs as in-Network Providers before relying on a letter of agreement (LOA). MCPs must maintain all supporting documentation of the MCP's contracting attempts and efforts with CNMs and LMs, including failed contracting efforts and any requested or offered LOAs, to be provided to DHCS upon request. MCPs can enter into LOAs while they are in the process of contracting with Providers to ensure timely access to services.

If the MCP is unable to provide access to both CNMs and LMs in-Network and the Member chooses to seek care from an out-of-Network CNM or LM, then the MCP must pay out-of-Network CNMs and LMs at no less than the applicable FFS rate, in accordance with the MCP Contract, for services provided to its Members. MCPs are prohibited from requiring Prior Authorization for in-Network and out-of-Network CNM and LM coverage of basic prenatal, maternal, and preventive services and care, as defined by the most current clinical standards or guidelines of ACOG and CPSP.

MCPs must ensure continuity of care protections for pregnant and postpartum Members, including those who have established care with a CNM or LM during pregnancy prior to eligibility or enrollment in Medi-Cal, in accordance with APL 23-022.

State law authorizes both CNMs and LMs to provide care within their scopes of practice as defined in California state statute for the Member and immediate care for the newborn.[70] Both CNMs and LMs can practice independently and do not require physician supervision, per California's scopes of practice for each Provider. MCPs cannot require CNMs and/or LMs to be supervised by a physician in order to be contracted, receive Medi-Cal payment, or provide Medi-Cal covered services and benefits. CNMs and LMs who are enrolled in Medi-Cal may provide Medi-Cal covered services and benefits within their scopes of practice in both the FFS and managed care delivery systems.[71] The high-risk pregnancy definition used in the PHM Policy Guide or TCS

[67] More information about network adequacy requirements is available at: APL 23-001, "Network Certification Requirements" and its Attachment B.
[68] W&I sections 14132.39, 14132.4.
[69] 42 USC section 1396d(a)(17).
[70] W&I sections 14132.4, 14132.39.
[71] California Business and Professions Code (B&P) sections 2746 – 2746.8 for CNMs and B&P sections 2505 – 2523 for LMs. In particular, see B&P sections 2746.5 (CNMs) and 2507 (LMs).

Policy (see above Section II. Maternity Services) must not be used to determine whether a CNM or LM can or cannot tend to a pregnancy.

CNMs:[72]

- Are licensed by the California Board of Registered Nurses as Registered Nurses (RNs) and receive an additional certification from the California Board of Registered Nurses to practice midwifery care.
- Have a scope of practice in California defined in state statute.[73]
- Are authorized to directly obtain supplies and devices, prescribe, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are consistent within the CNM scope of practice.
- Do not require physician supervision to practice in California.
- May maintain national board certification through the American Midwifery Certification Board (AMCB). Certification through AMCB is not required for CNMs to practice in California.

LMs:[74]

- Are licensed by the Medical Board of California.
- Have a scope of practice in California defined in state statute.[75]
- Are authorized to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are consistent within the LM scope of practice.
- Do not require physician supervision to practice in California.
- May maintain national board certification through the North American Registry of Midwives (NARM). Certification through NARM is not required for LMs to practice in California.

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[72] More information about CNMs is available on the California Board of Registered Nursing webpage at: https://www.rn.ca.gov/practice/index.shtml.
[73] B&P section 2746.5.
[74] More information about LMs is available on the Medical Board of California webpage at: https://www.mbc.ca.gov/Licensing/Licensed-Midwives/default.aspx.
[75] B&P section 2507.

For more information on billing and enrollment requirements, along with Covered Services, for CNMs and LMs, see the Medi-Cal Provider Manual: Non-Physician Medical Practitioners and APL 22-013.[76]

C. Network Maternity Providers

To ensure timely access to all Medically Necessary Covered Services for all Members, MCPs must ensure their Network includes sufficient maternity Providers, including OB/GYNs, family medicine practitioners, CNMs, LMs, and maternal fetal medicine (MFM) specialists (also known as perinatologists). See APL 23-001 for Network Adequacy requirements and standards for Providers, including maternity Providers. Federal and State timely access standards for obstetric and gynecological Covered Services' routine appointments must be provided no longer than 15 business days from the date of request – this includes appointments for services provided by CNMs and LMs.[77] Implementation of enforcement on midwifery network adequacy standards will align with the next scheduled Network certification year, with timely access and a sufficient number of CNMs and LMs in each county to maintain member needs.

See APL 25-006 and related attachments for enforcement of timely access requirements.

MCPs must provide continuity of care protections for pregnant and postpartum Members who establish care with a maternity Provider (inclusive of all maternity Provider types) prior to a Member's eligibility or enrollment in Medi-Cal, in accordance with APL 23-022 and H&S section 1373.96.

D. Targeted Rate Increases for Maternity Providers

For dates of service on or after January 1, 2024, MCPs must comply with a minimum fee schedule for qualifying primary care, obstetric (maternity), and Non-Specialty Mental Health Services (NSMHS) provided by eligible Network Providers, including maternity Providers (e.g., OB/GYNs, family medicine practitioners, CNMs, LMs, Doulas). DHCS increased rates for targeted services to no less than 87.5 percent of the lowest California-specific Medicare rate and calculated an equivalent rate benchmark and

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[76] The Medi-Cal Provider Manual: Non-Physician Medical Practitioners section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/EAAB6AC3-FC33-4235-8559-673AFE542D1A/nonph.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[77] 42 CFR section 438.68.(e)(1)(iii).

increase for services that do not have a rate established by Medicare.[78] For more information on targeted rate increases for maternity Providers, see APL 25-012, and DHCS' Targeted Rate Increase webpage.[79]

E. Network Certification Requirements for Maternity Providers

MCPs must document efforts to include CNMs, LMs, and FBCs – Mandatory Provider Types (MPTs) – in their Provider Networks. MCPs are not required to contract with a CNM, an LM, or FBC if any of the following circumstances apply, per APL 23-001:

(i) The Provider is unwilling to accept the higher of the MCP's contract rates or the FFS rates, or

(ii) The Provider does not meet the MCP's applicable professional standards or has disqualifying Quality of Care issues (i.e., the MCP has documented concerns with the Provider's Quality of Care).

MCPs must, at a minimum, ensure that staff assisting Members through telephone inquiries inform Members of their right to obtain services from out-of-Network CNMs, LMs, and FBCs when access to these Provider types is not available in-Network. If DHCS identifies deficiencies in an MCP's Network, DHCS may require the MCP to submit documentation of its ability to provide Members with information about out-of-Network access.[80]

MCPs must annually submit Annual Network Certification (ANC) documentation to DHCS to demonstrate compliance with Network Adequacy requirements. In order to be in compliance, MCPs must contract with sufficient numbers of CNMs, LMs, and FBCs based on the level of need in each county.

MCPs must also meet time or distance standards for select Provider types, including OB/GYNs, as established in federal and state laws and regulations to ensure Members have reasonable access to covered maternity services, with the standards based on the population density of the county for designated Provider types.[81] For more information

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[78] This rate increase is inclusive of eliminating applicable Assembly Bill (AB) 97 (Chapter 3, Statutes of 2011) Provider payment reductions and incorporating applicable Proposition 56 physician services supplemental payments into the fee schedule.

[79] More information on Targeted Rate Increases is available on DHCS' Targeted Provider Rate Increase webpage at: https://www.dhcs.ca.gov/Pages/Medi-Cal-Targeted-Provider-Rate-Increases.aspx.

[80] More information about out-of-Network access is available at: APL 23-001, "Network Certification Requirements."

[81] W&I section 14197(b) & (c).

on the ANC process and the full list of Provider types subject to time or distance standards, see APL 23-001 and its Attachment B.

F. Delegation and Subcontractor Network Certification Requirements for Maternity Providers

MCPs must undergo an annual Subcontractor Network Certification (SNC) as part of its ANC. For more information on the ANC process, see APL 23-006. For more information on the requirements for the delegation and monitoring of Subcontractors and the SNC process, see APL 23-006.

G. MCPs' Roles and Responsibilities to Ensure Maternity Services are Provided by Subcontractor or Downstream Subcontractors

MCPs may delegate the provision of maternity services to a Subcontractor or Downstream Subcontractor. In these cases, MCPs must ensure the Subcontractor or Downstream Subcontractor is able to provide pregnant and postpartum Members with timely access to all Medically Necessary Covered Services as defined by the most current clinical standards or guidelines of ACOG and CPSP, including midwifery services, Doula services, lactation services, TCS, Enhanced Care Management (ECM), and Community Supports, as applicable, for which they qualify. If a Subcontractor or Downstream Subcontractor is unable to provide timely access for certain services, MCPs are prohibited from delegating the provision of those services to the Subcontractor or Downstream Subcontractor. MCPs must ensure their Subcontractor Agreements and Downstream Subcontractor Agreements on the provision of maternity services specify (1) that midwifery, Doula, lactation, TCS, ECM, and Community Supports, as applicable, are Covered Services for pregnant and postpartum Members and (2) which entity is responsible for providing these services.

For example, CNMs and/or LMs cannot be required by a Subcontractor or Downstream Subcontractor to be supervised by a physician where such supervision is imposed as a condition of contracting, receiving Medi-Cal payment, or providing Medi-Cal covered services and benefits. MCPs must ensure that their Subcontractors and Downstream Subcontractors follow Medi-Cal policies, which permit both CNMs and LMs to operate within their scopes of practice without physician supervision.

H. American Indian/Alaska Native Member Rights and Protections & Access to Indian Health Care Providers

American Indian/Alaska Native Medi-Cal Members are not required to enroll in an MCP, except in the case of County Organized Health Systems (COHS) or Single Plan Model

counties.[82] American Indian/Alaska Native Medi-Cal Members who voluntarily enroll in an MCP in non-COHS or non-Single Plan Model counties are permitted to disenroll from the MCP, without cause, even in instances where their aid code is subject to mandatory managed care enrollment.[83] American Indian/Alaska Native Medi-Cal Members who disenroll from an MCP will receive services under the FFS delivery system.

An American Indian/Alaska Native MCP Member can request to receive services from an Indian Health Care Provider (IHCP) and can choose an IHCP within the MCP's Network as a PCP.[84] Additionally, the MCP must permit the Member to obtain Covered Services from an out-of-Network IHCP without requiring a referral from a Network PCP or Prior Authorization.[85] IHCPs, whether in the MCP's Network or out-of-Network, can provide referrals directly to Network Providers without a referral from a Network PCP or Prior Authorization.[86]

An American Indian/Alaska Native MCP Member may receive services from an out-of-Network IHCP even if there are in-Network IHCPs available. When a Member requests to receive services from an IHCP, and there is no in-Network IHCP available, then the MCP must assist the Member in locating and connecting with an out-of-Network IHCP. MCPs must have an identified Tribal Liaison dedicated to working with each contracted and non-contracted IHCP in its Service Area. The Tribal Liaison is responsible for coordinating referrals and payment for services provided to American Indian/Alaska Native MCP Members who are qualified to receive services from an IHCP.

For more information on MCP responsibilities for American Indian/Alaska Native Members and IHCPs, see APL 24-002.

V. BEHAVIORAL HEALTH DURING PRENATAL AND POSTPARTUM PERIODS

Guidance for MCPs on a range of Behavioral Health topics, including NSMHS, Specialty Mental Health Services (SMHS), Dyadic Services, Family Therapy, and Adverse Childhood Experiences (ACEs) screening is in this section. Referenced APLs include APLs 22-005, 22-029, 23-017, 25-006, APL 25-010, and 26-002. Relevant requirements for pregnant and postpartum Members are summarized below.

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[82] The Medi-Cal managed care Single Plan Model became effective January 1, 2024.
[83] 22 CCR section 55110.
[84] 42 Code of Federal Regulations (CFR) section 438.14(b). The CFR is searchable at: https://www.ecfr.gov./
[85] 42 CFR section 438.14(b)(4).
[86] 42 CFR section 438.14(b).

A. Non-Specialty and Specialty Mental Health Services and Substance Use Disorder Care

MCPs are required to ensure their Network Providers are offering prenatal and postpartum depression screenings.[87] DHCS monitors MCPs' performance with two Managed Care Accountability Sets (MCAS) measures – Prenatal Depression Screening and Follow-Up (PND-E) and Postpartum Depression Screening and Follow-Up (PDS-E).[88]

MCPs must provide or arrange for the provision of NSMHS to Members as appropriate and Medically Necessary. As part of NSMHS, MCPs must cover individual and/or group counseling sessions for pregnant and postpartum Members with specified risk factors for prenatal and postpartum depression when sessions are delivered during the prenatal period and/or during the 12 months following the end of pregnancy. MCPs must also (per a USPSTF Grade B recommendation) provide counseling interventions to prevent prenatal and postpartum depression to Members at increased risk for prenatal and postpartum depression, including those with low socioeconomic status, lack of social or financial support, or recent IPV, among other factors.[89]

MCPs must also refer to, and coordinate with, Behavioral Health Plans (BHPs) for the delivery of SMHS to pregnant and postpartum Members when they meet access criteria for SMHS or the MCP's screening indicates that the Member may need SMHS services. See APL 25-010 for more details and requirements on the Screening and Transition of Care Tools for Medi-Cal Mental Health Services.

B. No Wrong Door for Mental Health Services

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[87] AB 2193, available at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2193.

[88] The latest MCAS are available at: https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx.

[89] The USPSTF Grade B recommendation, for which an update is in progress, is available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions. MCPs must cover all services for which USPSTF has issued a Grade A or B recommendation. The recommended population to receive counseling interventions to prevent prenatal and postpartum depression, per USPSTF's Grade B recommendation, include those with past history of depression; current depressive symptoms (that do not reach a diagnostic threshold); history of physical or sexual abuse; unplanned or unwanted pregnancy; stressful life events; lack of social and financial support; IPV; pregestational or gestational diabetes; complications during pregnancy; adolescent parenthood; low socioeconomic status; and lack of social support.

MCPs must comply with the No Wrong Door for Mental Health Services policy, which ensures that Members receive timely mental health services without delay, regardless of the delivery system where they seek care. See APL 25-006 and related attachments for enforcement of timely access requirements. Under this policy, MCPs must:

- Provide covered Substance Use Disorder (SUD) services, including alcohol and drug screening, assessments, brief interventions, and referral to treatment for pregnant Members in Primary Care settings. Universal urine drug screening is not required.
- Cover the prescribing of medications for addiction treatment (also known as medication-assisted treatment or MAT) delivered in Primary Care offices, emergency departments, inpatient hospitals, and other contracted medical settings.
- Authorize payment for NSMHS delivered to a Member who concurrently meets criteria for, and/or is receiving, SMHS, provided that the services are clinically appropriate, coordinated, and non-duplicative.

MCPs and BHPs must demonstrate a good-faith effort to execute a MOU that describes their mutual obligations to coordinate care and access to Behavioral Health care for Members.[90] If an MCP delegates pregnant and/or postpartum services or related care for a pregnant or postpartum Member to a Subcontractor or Downstream Subcontractor, then the Subcontractor or Downstream Subcontractor must be added as an express party to the MOU.[91]

For more information on NSMHS and SMHS requirements for pregnant and postpartum Members and the No Wrong Door policy, see APLs 22-005 and 26-002, Behavioral Health Information Notices (BHINs) 26-002 and 22-011, and the Medi-Cal Provider Manuals: Non-Specialty Mental Health Services: Psychiatric and Psychological Services

[90] The Behavioral Health MOU Templates are available at: https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx.

[91] More information in APL 23-029 (Revised), available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf.

and Specialty Mental Health Services: Eligible Counties, and Preventive Services.[92,93] Risk factors for pregnant and postpartum depression are specified in the Medi-Cal Provider Manual: Preventive Services.[94]

C. Dyadic Services and Family Therapy

MCPs must cover Dyadic Services. MCPs should ensure that pregnant and postpartum Members are aware of Dyadic Services and offer them, if eligible. Dyadic Services should be offered for both the child and their parent(s) or caregiver(s) and include Dyadic Behavioral Health (DBH) well-child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational Services, and Dyadic Family Training and Counseling for Child Development. Pregnant and postpartum Members are covered for Dyadic Services with a newborn and/or older child; a child's other parent or caregiver may also receive Dyadic Services with the pregnant or postpartum Member. A pregnant Member and their unborn child are not considered a dyad.

MCPs must cover Family Therapy. To the extent that Members, including pregnant and postpartum Members, are eligible for Family Therapy, MCPs should ensure that Members are aware of the covered benefit and are offered it. Family Therapy is a type of psychotherapy covered under Medi-Cal's NSMHS benefit and is composed of at least two family members.

For more information on Dyadic Services and Family Therapy for pregnant and postpartum Members and their families, see APL 22-029 and the Medi-Cal Provider

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[92] A list of BHINs by number is available at: https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx.

[93] The Medi-Cal Provider Manual: Non-Specialty Mental Health Services: Psychiatric and Psychological Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO. The Medi-Cal Provider Manual: Specialty Mental Health Services: Eligible Counties section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/B4765FD6-73A0-4F89-9D96-E43C7B5329C7/speccnty.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO. The Medi-Cal Provider Manual: Preventive Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DDBB7BD0-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[94] The Medi-Cal Provider Manual: Preventive Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DDBB7BD0-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

Manual: Dyadic Services and Non-Specialty Mental Health Services: Psychiatric and Psychological Services.[95]

D. Adverse Childhood Experiences Screening

MCPs must cover screening for ACEs, including among pregnant and postpartum Members. MCPs must coordinate care for Members who screen positive for ACEs and ensure referrals for Medically Necessary follow-up services and care. ACEs screening evaluates children and adults for trauma that occurred during the first 18 years of life and helps clinicians assess risk for toxic stress and guide effective responses. Screening for ACEs among pregnant and postpartum Members and their partners provides an opportunity to identify Members who may need additional support and, through providing it, prevent adverse pregnancy and neonatal outcomes and intergenerational transmission of ACEs and toxic stress. For more information on ACE screenings for pregnant and postpartum Members and the ACEs Aware program, see APL 23-017.[96]

VI. LACTATION SERVICES

Guidance for MCPs on lactation-related services, including lactation management aids, for pregnant and postpartum Members is in this section. This guidance was formerly in PL 98-010, which this APL supersedes.

A. Breastfeeding Information and Education

MCPs must provide comprehensive lactation information and education to Members.[97] MCPs must work with their Network Providers to incorporate lactation information and education in their health education programs for Members in the prenatal and postpartum periods. MCPs must ensure their Network Providers (including maternity

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[95] The Medi-Cal Provider Manual: Dyadic Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/6713E472-B513-4499-AE4D-4B809C64AD93/dyadicser.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO. The Non-Specialty Mental Health Services: Psychiatric and Psychological Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[96] More information on ACEs Aware and a toolkit for providers are available at: https://www.acesaware.org/provide-treatment-healing/provider-toolkit/.

[97] DHCS encourages MCPs to review the following resources for breastfeeding education materials and support: Academy of Breastfeeding Medicine (ABM), available at: https://www.bfmed.org/resources; ACOG, available at: https://www.acog.org/topics/breastfeeding; and AAP, available at: https://www.aap.org/en/patient-care/breastfeeding/.

Providers, PCPs, and pediatric Providers) provide information regarding techniques for successful initiation of breastfeeding to Members choosing to breastfeed at an appropriate time after delivery.

Required lactation information and education include:[98]

- **Prenatal Period Lactation Education.** MCPs must ensure their prenatal Provider Network provides nutrition and health education assessments and interventions to pregnant Members that include breastfeeding education and counseling.[99] Information on the benefits of breastfeeding and strategies to overcome common barriers to breastfeeding must be an integral part of prenatal counseling.[100]
- **Postpartum Period Lactation Education.** MCPs must ensure their maternity Provider Network as well as their broader Network of PCPs can support postpartum breastfeeding. Support for breastfeeding includes health education through the postpartum period, counseling, and the provision of Medically Necessary interventions. MCPs must implement policies and procedures to ensure that postpartum Members receive the necessary breastfeeding counseling and support immediately after delivery.

MCPs are encouraged to:

- Distribute culturally and linguistically appropriate educational materials at Provider sites (including maternity Providers, PCPs, and pediatric Providers) to be shared during prenatal and postpartum care visits. For more information,

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[98] DHCS billing guidance does not distinguish between information/education provision and clinical lactation care. For more information on billing guidance, see the Medi-Cal Provider Manual: Pregnancy: Postpartum and Newborn Referral Services is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/47092E12-0EBF-40ED-808E-CB089CA91165/pregpost.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[99] Nutrition education and breastfeeding education are distinct in Medi-Cal. Nutrition education refers to the education of a pregnant or postpartum Member on a healthy pregnancy and postpartum recovery. Breastfeeding education is specific to education to a breastfeeding Member on breastfeeding techniques.

[100] Education includes, but is not limited to, the following evidence-based topics: establishing effective breastfeeding, benefits of exclusive breastfeeding, understanding of and interventions for supporting milk production, and signs of adequate feeding and nourishment.

see the ACOG recommendation for evidence-based options for obstetric office setting breastfeeding promotion.[101]

- Incentivize their Network Providers (including maternity Providers, PCPs, and pediatric Providers) to implement the California Breastfeeding Coalition (CBC), CDPH, and CA Women, Infants, and Children (WIC) Association's 9 Steps to Breastfeeding-Friendly Clinics Guidelines.[102]
- Establish relationships with CDPH's Regional Breastfeeding Liaisons (RBLs) for lactation services and education.[103]

B. Lactation Consultant Services

As part of current MCP Contract requirements for MCPs to ensure Network Providers have training on coverage policies, MCPs must ensure their Network Providers (including maternity Providers, PCPs, and pediatric Providers) are educated on covered lactation benefits. Covered lactation benefits include breastfeeding services available to prenatal and postpartum Members provided by lactation consultants or other qualified staff trained in lactation services. MCPs must ensure their Network Providers (including maternity Providers, PCPs, and pediatric Providers) provide breastfeeding services and covered benefits to postpartum Members by lactation consultants under the direction of a licensed Provider, ideally in an integrated model in the Network Provider's practice, or via external referrals.

MCPs must have policies and procedures for appropriate and timely referrals of breastfeeding Members to professional lactation consultation services, including clinical lactation support for both common and complex breastfeeding conditions. MCPs are prohibited from requiring Prior Authorization or referrals for pregnant and postpartum Members to access lactation consultation services. MCPs must provide Medically Necessary lactation visits to pregnant and postpartum Members. There is no limit on the number of Medically Necessary lactation visits a Member can access while pregnant and

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[101] ACOG Committee Opinion "Optimizing Support for Breastfeeding as Part of Obstetric Practice" is available at: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/optimizing-support-for-breastfeeding-as-part-of-obstetric-practice.

[102] CBC, CDPH, and CA WIC association "9 Steps to Breastfeeding-Friendly Clinics Guidelines" is available at: https://www.cdc.gov/breastfeeding/media/pdfs/9-Steps-to-Breastfeeding-Friendly-Clinics-Online-Toolkit-CALIFORNIA-WIC-ASSOCIATION.pdf.

[103] DHCS encourages MCPs to consult CDPH's webpage on RBLs, available at: https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/HealthCareProviders/RegionalBreastfeedingLiaisons.aspx.

through 12 months postpartum. MCPs must ensure their policies do not impose barriers to accessing Medically Necessary lactation visits and must support robust access to lactation care. Lactation visits are covered by Medi-Cal as in-person, home-based, and telehealth options.

Lactation consultation services must be provided by knowledgeable health practitioners experienced in providing lactation services, such as physicians, RNs (including CNMs and nurse practitioners), and dietitians under the direction of a physician. LMs must be paid for lactation services via allowable evaluation and management codes noted in the Medi-Cal Provider Manual: Non-Physician Medical Practitioners.[104] Lactation consultants, such as International Board Certified Lactation Consultants (IBCLCs) and Certified Lactation Consultants (CLCs) are not eligible to enroll as Medi-Cal Providers. However, IBCLCs and CLCs can provide lactation consultation services to Members under the direction of a supervising licensed Provider. The supervising licensed Provider may bill on behalf of IBCLCs and CLCs for the lactation supports and services provided to Members. Supervising licensed Providers enrolled in Medi-Cal who are employed or contracted by a local WIC Program may also bill for the lactation supports and services provided to Members by IBCLCs and CLCs.

MCPs must offer all pregnant and breastfeeding Members referrals to WIC.[105] WIC services are available for eligible people who are pregnant; up to six months after the end of a pregnancy; or breastfeeding (up to the infant's first birthday), in addition to infants and children (up to the child's fifth birthday).[106] MCPs must demonstrate a good-faith effort to execute MOUs with local WIC agencies to ensure that Members receive WIC services for which they may be eligible.[107] MCPs must coordinate breastfeeding promotion, education, and counseling services and/or activities with local WIC agencies. If an MCP delegates pregnant and/or postpartum services or related care for a pregnant or postpartum Member to a Subcontractor or Downstream Subcontractor, then the

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[104] The Medi-Cal Provider Manual: Non-Physician Medical Practitioners section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/EAAB6AC3-FC33-4235-8559-673AFE542D1A/nonph.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[105] 42 CFR section 431.635(c).

[106] More information on WIC eligibility available at: https://www.fns.usda.gov/wic/eligibility.

[107] The WIC MOU Template is available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/WIC-MOU-Template.pdf.

Subcontractor or Downstream Subcontractor must be added as an express party to the MOU.[108]

C. Durable Medical Equipment

MCPs must cover Medically Necessary manual and electric breast pumps (including wearable breast pumps that are cordless or wireless) and breast pump supplies, as well as replacement breast pump supplies (which are considered lactation durable medical equipment (DME)) for breastfeeding Members as a Medi-Cal benefit. MCPs must ensure that any breast pump authorized is clinically appropriate and fully meets the Member's Medically Necessary needs and intended outcomes. In determining the type of breast pump for Members, Network Providers must not restrict Member choice to any one type of breast pump (e.g., model or manufacturer). MCPs must not authorize breast pumps and lactation DME solely based on it being the lowest price if the breast pump or lactation DME does not meet the Member's medical needs. MCPs are required to consider relevant clinical considerations, including but not limited to, a Member's medical condition(s) and diagnosis(es), physical or functional limitation(s) or special requirement(s), ability to achieve effective milk expression, and failure of lower-cost options. Network Providers must select DME to meet individual Members' medical needs.[109]

MCPs must ensure that their DME Providers ensure the timely delivery of DME and related supplies necessary for breastfeeding, including nipple shields, and supplies for the use of the breast pump, which may include tubing, adapter, breast pump bottle and cap, breast shield and splash protector, and locking ring.[110] DHCS updated its DME FFS coverage policy in July 2025 to reduce barriers to receiving breast pumps and encourage Member choice by removing a Treatment Authorization Request (TAR) requirement.[111] In alignment, effective January 2026, MCPs may not impose Prior Authorizations for non-hospital-grade (manual and electric) breast pumps. MCPs must

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[108] For more information, see APL 23-029 (Revised), available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf.

[109] 22 CCR section 51321(g).

[110] Medically necessary specialized infant feeding devices (e.g., Supplemental Nursing System, Haberman feeders, syringe feeders) are covered by Medi-Cal under the infant's Medi-Cal coverage.

[111] The Medi-Cal Provider Manual: DME: Other DME Equipment section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/58152677-9614-44AB-AA0A-1F3F04123E7D/duraother.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

ensure their Utilization Management policies do not create barriers to access for breast pumps or an undue burden on Members. For example, MCPs are encouraged to provide a breast pump at 32 weeks 0 days gestation for pregnant Members or earlier for high-risk pregnancies. For more information on lactation DME, see the Medi-Cal Provider Manual: DME: Other DME Equipment.[112]

D. Human Milk Banks

MCPs cover and arrange for the provision of Medically Necessary pasteurized donor human breast milk for newborns of Members who are unable to breastfeed due to medical reasons; whose infant(s) cannot tolerate or has medical contraindications to the use of any formula, including elemental formulas; and/or has another situation for which donor human breast milk is deemed Medically Necessary by a Medi-Cal Provider. MCPs must establish policies and procedures for ensuring timely access to and provision of pasteurized donor human breast milk. As of March 2026, there are two human milk banks in California: Mother's Milk Bank in San Jose and the University of California Health Milk Bank in San Diego.[113] For more information on pasteurized donor human breast milk and the medical reasons for this prescription, see the Medi-Cal Provider Manual: Pasteurized Donor Human Breast Milk.[114]

E. Breastfeeding Promotion at Hospitals

Per state law, as of January 1, 2025, all general acute care hospitals and special hospitals in California must adopt the "Ten Steps to Successful Breastfeeding," as adopted by Baby-Friendly USA, per the Baby-Friendly Hospital Initiative (designation available for five years), or an alternate process adopted by a health care service plan that includes evidence-based policies and practices and targeted outcomes, or adopt the Model

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[112] The Medi-Cal Provider Manual: DME: Other DME Equipment section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/58152677-9614-44AB-AA0A-1F3F04123E7D/duraother.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[113] More information on Mother's Milk Bank (San Jose, details available at: https://mothersmilk.org/) and the University of California Health Milk Bank (San Diego, details available at: https://health.universityofcalifornia.edu/patient-care/milk-bank) is available on the CBC's Get & Give Donor Milk webpage at: https://californiabreastfeeding.org/human-donor-milk/.

[114] The Medi-Cal Provider Manual: Pregnancy: Postpartum and Newborn Referral Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/47092E12-0EBF-40ED-808E-CB089CA91165/pregpost.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

Hospital Policy Recommendations developed by CDPH.[115,116] Baby-Friendly USA maintains a directory of California hospitals that have received the designation.[117] By December 31, 2028, MCPs must update and implement in their Network Provider Agreements with hospitals that have maternity units the requirement that they comply with this state law to be Baby-Friendly designated; or adopt the CDPH Model Hospital Policy Recommendations; or adopt an alternate process adopted by a health care service plan that includes evidence-based policies and practices and targeted outcomes, as identified in state law.

VII. DOULA SERVICES

Guidance for MCPs on Doula services is in this section. Referenced APL is APL 23-024. Relevant requirements are summarized below.

MCPs must provide access to Doula services to pregnant and postpartum Members. Doula services include health education; advocacy; and physical, emotional, and non-medical support before, during, and after birth, including support for miscarriage, stillbirth, and abortion. Doulas also offer various types of support, including health navigation; lactation support; development of a birth plan; and linkages to community-based resources. For more information on Doula services, see APL 23-024, the Medi-Cal Provider Manual: Doula Services, and DHCS' Doula Services webpage.[118]

DHCS issued a statewide standing recommendation that all Members who are pregnant or up to 12 months postpartum would benefit from receiving Doula services from a Medi-Cal-enrolled Doula Provider.[119] The recommendation fulfills the federal

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[115] Ten Steps to Successful Breastfeeding is available at: https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/10-steps-and-international-code/. CDPH Breastfeeding Model Hospital Policy Recommendations is available at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/Hospital-Policy-Recommendations.aspx.

[116] H&S section 123367.

[117] Baby-Friendly USA facilities in each state available at: https://www.babyfriendlyusa.org/for-parents/baby-friendly-facilities-by-state/.

[118] The Medi-Cal Provider Manual: Doula Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/0075B242-F893-41DB-A418-4129A274E46C/doula.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO. DHCS' Doula Services webpage is available at: https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx.

[119] The Recommendation for Doula Services for Pregnant and Postpartum Medi-Cal Members is available at: https://www.dhcs.ca.gov/services/medi-cal/Documents/Medi-Cal-Doula-Standing-Recommendation.pdf.

requirement for a physician or licensed practitioner of the healing arts acting within their scope of practice to provide a written recommendation for preventive services.[120] The standing recommendation authorizes one initial visit; up to eight additional visits that may 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; and up to two extended three-hour postpartum visits. It does not authorize additional postpartum visits, though Members may receive up to nine additional postpartum visits with a recommendation from a physician or other licensed practitioner of the healing arts acting within their scope of practice.

VIII. COMMUNITY HEALTH WORKER SERVICES

Guidance for MCPs on Community Health Worker (CHW) services is in this section. Referenced APL is APL 24-006. Relevant requirements for pregnant and postpartum Members are summarized below.

MCPs must cover, ensure, and monitor sufficient Provider Networks within their Service Areas for CHW services. CHW services include health education and navigation; screening and assessment; individual support or advocacy; and violence prevention services. MCPs are encouraged to ensure adequate CHW Networks to support improved birth outcomes by supporting Members during the prenatal and postpartum period, and newborns and infants, in the clinical and home settings. CHW services may include individuals known by a variety of job titles, such as community health representatives and promotores. CHW services may be provided virtually through a telehealth visit with the Member's consent. For more information on CHW services, see APL 24-006 and the Medi-Cal Provider Manual: CHW Preventive Services.[121]

DHCS issued a statewide standing recommendation that all Members who meet the defined eligibility criteria for receiving CHW services, including pregnant and postpartum Members, would benefit from receiving up to six hours annually of Medi-Cal covered CHW services from a CHW operating under the supervision of an enrolled CHW Supervising Provider.[122] The recommendation fulfills the federal requirement for a

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[120] 42 CFR section 440. 130(c).

[121] The Medi-Cal Provider Manual: CHW Preventive Services section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[122] The Recommendation for CHW Services for Eligible Medi-Cal Members is available at: https://www.dhcs.ca.gov/services/medi-cal/Documents/Standing-Recommendation-for-CHW-Services.pdf.

physician or other licensed practitioner of the healing arts acting within their scope of practice to provide a written recommendation for preventive services.[123]

CHW services can be beneficial and improve health outcomes for pregnant and postpartum Members. For example, a CHW can connect a pregnant Member with a non-emergency medical transportation (NEMT) Provider to help with transportation to and from prenatal visits. A CHW may also help a postpartum Member enroll in WIC as it relates to the Member's postpartum and breastfeeding care plan.

A recommending licensed Provider must ensure that a Member meets eligibility criteria before recommending CHW services, including for pregnant and postpartum Members. CHW services are considered Medically Necessary for Members with one or more chronic health conditions (including a Behavioral Health condition) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers in meeting their health or health-related social needs, and/or who would benefit from preventive services. For example:

- A positive IPV screening result can qualify a Member for CHW services. For more information on IPV screening, see above Section I. Risk Assessments for Pregnant and Postpartum Members.
- A positive ACE, prenatal or postpartum depression, or SUD screening result can qualify a Member for CHW services. For more information on these screenings, see above Section V. Behavioral Health During Prenatal and Postpartum Periods.

IX. GROUP PERINATAL CARE

Guidance for MCPs on group perinatal care is in this section. No previous APLs on this topic were identified.

Group perinatal care brings pregnant Members who are due at about the same time together for their prenatal care. Group perinatal care models typically follow the clinically recommended schedule of prenatal visits but generally allow Members more time with their Providers and support staff, both privately and in group settings, to discuss a range of topics, including but not limited to nutrition, stress management, labor and delivery, breastfeeding, safety, and newborn care. These models empower Members to engage in their own care and build community and have shown improved maternal and infant health outcomes, particularly for pregnant and postpartum

[123] 42 CFR section 440.130(c).

Members of color. MCPs are encouraged to incentivize maternity Network Providers to offer group perinatal care to pregnant and postpartum Members.[124]

X. COMMUNITY SUPPORTS

Guidance for MCPs on Community Supports is in this section. Referenced APL is APL 21-017. Relevant requirements for pregnant and postpartum Members are summarized below.

MCPs may offer Community Supports – medically appropriate and cost-effective alternatives to services or settings covered under the California Medicaid State Plan – to eligible Members, including pregnant and postpartum Members. All Community Supports are optional for MCPs and Members, except for Transitional Rent, which became mandatory for MCPs to offer effective January 1, 2026, for Members meeting the Behavioral Health Population of Focus (POF). These services are typically integrated into MCPs' PHM strategies. Community Supports have been pre-approved and authorized by CMS and DHCS, and may be offered and provided to eligible Members.[125,126]

Pregnant and postpartum Members may receive any Community Support(s) for which they qualify if offered by their MCP. Community Supports that may be most beneficial to pregnant and postpartum Members and their families include Medically Tailored Meals/Medically Supportive Food for Members with chronic health conditions such as diabetes, cardiovascular disease, gestational diabetes, or other nutrition-sensitive health conditions. Additionally, housing-related Community Supports for pregnant and postpartum Members and their families experiencing or at-risk of homelessness may be beneficial, including Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, and Transitional Rent. Below are additional details on

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[124] The Medi-Cal Provider Manual: Pregnancy: CPSP section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/7E3FF663-2682-4A45-82A5-688A7D42FD46/pregcom.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[125] 42 CFR section 438.3(e)(2).

[126] More information on the CalAIM Section 1115 demonstration, under which 14 of the 15 Community Supports are authorized, is available at DHCS' CalAIM 1115 Demonstration & 1915(b) Waiver webpage, available at: https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-1115-and-1915b-Waiver-Renewals.aspx. More information on the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 demonstration, under which Transitional Rent is authorized, is available at: https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx.

Community Supports as they relate to and can support pregnant and postpartum Members:

- DHCS recognizes Medically Tailored Meals/Medically Supportive Food services as included, but not limited to, pregnancy nutrition plans and gestational diabetes meal or grocery plans.
- DHCS recognizes pregnancy and up to 12 months postpartum as an eligible clinical risk factor for Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services.
- DHCS encourages MCPs to contract with facilities that offer rooming in (the practice where a postpartum Member and their newborn stay in the same room together) for Recuperative Care (Medical Respite).
- DHCS recognizes pregnancy and up to 12 months postpartum as an optional POF for Transitional Rent. Effective January 1, 2026, all MCPs must cover Transitional Rent for Members meeting the Behavioral Health POF within the overall population eligible for Transitional Rent and may elect to cover one or more optional POFs, with DHCS approval.

For more information on Community Supports requirements for pregnant and postpartum Members, see APL 21-017 (Revised), the Community Supports Policy Guide Volumes 1[127] and 2,[128] the MCP Contract, and the DHCS Community Supports webpage.[129]

XI. POPULATION HEALTH MANAGEMENT

Guidance for MCPs on PHM Program requirements – including components related to screening and assessment, care management services, TCS, and services to address health-related social needs – is in this section. Referenced APLs include APLs 22-024 and 23-032. Relevant requirements for pregnant and postpartum Members are summarized below.

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[127] The Community Supports Policy Guide Volume I is available at: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf.
[128] The Community Supports Policy Guide Volume II is available at: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf.
[129] More information on Community Supports is available on DHCS' Community Supports webpage at: https://calaim.dhcs.ca.gov/pages/community-supports.

MCPs must establish a comprehensive PHM Program with specific interventions and requirements to address the needs and preferences of pregnant and postpartum Members. For more information on PHM Program requirements, see APL 22-024, the MCP Contract, and DHCS' PHM webpage.[130]

A. Care Management

Under PHM, MCPs must provide to all Members – including pregnant and postpartum Members – Basic Population Health Management (BPHM), which ensures needed programs and services are made available to each Member, regardless of the Member's risk tier, at the right time and in the right setting. Some Members, including pregnant and postpartum Members, may qualify for higher tiers of care management that MCPs must provide, including:

- **Complex Care Management (CCM),** a service for Members who need extra support to avoid adverse outcomes but who are not in the highest risk group. CCM provides comprehensive assessment and care planning, care coordination for chronic conditions, interventions for episodic and/or temporary needs, and referrals to disease-specific management programs and Community Supports, with a goal of assisting Members in regaining or maintaining optimum health or improved functional capability in the right setting and in a cost-effective manner. For more information on CCM, see the MCP Contract and the DHCS PHM webpage.[131]
- **Enhanced Care Management (ECM),** a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of Members with the most complex medical and social needs. ECM provides systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high touch, and person centered.

  MCPs must administer ECM – a statewide Medi-Cal benefit – to eligible Members, including pregnant and postpartum Members, in applicable ECM POFs and provide the following seven core ECM services: (1) Outreach and Engagement; (2) Comprehensive Assessment and Care

[130] More information on PHM is available on DHCS' PHM webpage at: https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx.
[131] More information on CCM is available on DHCS' PHM webpage at: https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx.

Management Plan; (3) Enhanced Coordination of Care; (4) Health Promotion; (5) Comprehensive Transitional Care; (6) Member and Family Supports; (7) Coordination of and Referral to Community and Social Support Services. For detailed requirements for each of the ECM core service components, see APL 23-032, the MCP Contract, and the DHCS ECM webpage.[132]

MCPs must proactively identify and offer ECM to Members who meet the POF criteria listed in the MCP Contract and detailed in Attachment 1 of APL 23-032. Pregnant and postpartum Members may qualify for ECM under any POF, including but not limited to the following POFs: Individuals Experiencing Homelessness; Individuals with Serious Mental Health and/or SUD Needs; Individuals Transitioning from Incarceration; and the Birth Equity POF.[133] The eligibility criteria for the Birth Equity POF includes adults and youth who are pregnant or postpartum (through 12 months) and are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

For comprehensive eligibility and service requirements for BPHM, CCM, and ECM, see the DHCS PHM and ECM webpages, the ECM and PHM Policy Guides, and the MCP Contract.[134]

B. Transitional Care Services

TCS are care coordination services provided to all Members transferring from one setting or level of care to another. Effective July 1, 2026, MCPs must provide two revised

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[132] More information on ECM is available on DHCS' ECM webpage at: https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx.

[133] Eligibility for the Birth Equity POF is identified based on CDPH's most recent state public health data available on the Women/Maternal Dashboard Home Page (including CDPH's Pregnancy-Related Mortality, Selected Maternal Complications, and Severe Maternal Morbidity Dashboards), available at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/default.aspx#backtoTop..

[134] More information on PHM is available on DHCS' PHM webpage at: https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx. The PHM Policy Guide is available at: https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf. More information on ECM is available on DHCS' ECM webpage at: https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx. The ECM Policy Guide is available at: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf.

TCS categories for pregnant and postpartum Members: moderate-intensity and high-intensity pregnancy and postpartum TCS as outlined in the PHM Policy Guide. No pregnant or postpartum Members may receive "lower-risk TCS". MCPs must determine Members' appropriate pregnancy and postpartum TCS category based on established criteria outlined in the PHM Policy Guide.

MCPs must assign a TCS Care Manager, a single point of contact, for each Member who meets criteria for high-intensity pregnancy and postpartum TCS. The TCS Care Manager is responsible for delivering high-intensity TCS and is the single entity responsible for coordinating care for the Member. MCPs may satisfy moderate-intensity pregnancy and postpartum TCS through assignment of a care coordination entity; this can be fulfilled via a contracted entity (e.g., a maternity Provider's clinic) or by MCP staff. For moderate-intensity TCS, the care coordination entity does not need to be a single point of contact; care coordination responsibilities may be distributed across multiple Provider roles (e.g., nurse, CHW, scheduling staff) within the care coordination entity and can be done as part of normal maternity care provided by the contracted entity.

Pregnancy and postpartum TCS integrates existing PHM and CPSP requirements, as well as ACOG and AAP clinical guidelines and recommendations. For both pregnancy and postpartum TCS categories, MCPs and their contracted entities must complete the TCS Birthing Supports Checklist, designed to ensure that Members are connected to a minimum standard of appropriate medical, Behavioral Health, and whole-person services and supports (including WIC, CalFresh, home visiting programs, and paid family leave), in alignment with existing requirements. Care coordination requirements differ between moderate-intensity and high-intensity pregnancy and postpartum TCS, but both categories include referrals and/or warm handoffs to all services and supports on the TCS Birthing Supports Checklist for which a Member has needs, meets eligibility, and aligns with their preferences.

TCS must be provided during transitional events throughout pregnancy and the postpartum period (12 months following the end of pregnancy). Eligible transitional events include any hospital discharge, as well as the end of pregnancy. TCS should begin no later than the beginning of the third trimester and prior to a transitional event to ensure a successful transition. Pregnancy and postpartum TCS should be provided regardless of setting and including, but not limited to, any discharging location where a Member gives birth (e.g., hospital, FBC, home birth).

For more information on pregnancy and postpartum TCS, see the PHM Policy Guide.[135]

XII. FAMILY PLANNING SERVICES AND REPRODUCTIVE HEALTH

Guidance for MCPs on family planning and reproductive health services is in this section. Referenced PLs and APLs include PLs 96-09 and 98-011 and APLs 18-019, 23-008, 25-011 (Revised), and 25-012. Relevant requirements for pregnant and postpartum Members are summarized below.

A. Family Planning and Related Services

MCPs must cover and ensure access to the following family planning and related services for Members, including pregnant and postpartum Members, whether in- or out-of-Network, without Prior Authorization:[136]

- Contraceptive services, including:
    - All U.S. Food and Drug Administration (FDA)-approved contraceptive methods,[137]
    - Up to a 12-month supply of self-administered hormonal contraceptives at a Member's request,
    - Counseling and education on all methods, including natural family planning and abstinence,
    - Male and female sterilization, and
    - Emergency services and services for complications directly related to the contraceptive method;
- Laboratory procedures, radiology, and drugs associated with family planning procedures;[138]
- Pregnancy testing and counseling services;

[135] The PHM Policy Guide is available at: https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf.
[136] 42 USC section 1396a(a)(23)(B). 42 CFR section 431.51(b). W&I section 14132.07.
[137] More information on FDA-approved contraceptive methods available at: https://www.fda.gov/consumers/womens-health-topics/birth-control.
[138] Medications dispensed directly to a patient from a pharmacy for self-administration (e.g., oral contraceptives) are carved out of managed care and covered under Medi-Cal Rx.

- Sexually transmitted infection (STI) prevention, counseling, screening, testing, diagnosis, and treatment services;[139]
- HIV counseling and testing; and
- Cervical cancer screening.[140]

MCPs must ensure access to HIV prevention and treatment (Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), which are carved out of the managed care program via Medi-Cal Rx.

MCPs must educate Members, including pregnant and postpartum Members, on the importance of family planning, the options available to them, and their rights to confidential services and unrestricted choice of contraceptive methods.[141] For more information on these services, see PL 96-09, PL 98-011 and its Attachment B, APL 18-019, the MCP Contract, the Medi-Cal Provider Manual: Family Planning, and DHCS' Office of Family Planning (OFP) webpage.[142]

B. Provider Payment Requirements

MCPs must comply with minimum fee schedule requirements for qualifying comprehensive family planning services (when billed using specified evaluation and management office visits in conjunction with specified family planning diagnosis codes) rendered by an eligible Network Provider or out-of-Network Provider as described in APL 25-012. The minimum fee schedule requirement is the greater of the Targeted Rate Increase Fee Schedule Rate, or the Legacy Fee Schedule rate including any rate adjustments required by Senate Bill 94 (Chapter 636, Statutes of 2007).

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[139] MCPs must follow the latest STI Treatment Guidelines recommended by the U.S. Centers for Disease Control and Prevention (CDC), available at: https://www.cdc.gov/std/treatment-guidelines/default.htm.

[140] The USPSTF Grade A recommendation, for which an update is in progress, is available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening.

[141] 42 CFR sections 441.20, 431.51(a)(3). W&I section 14132.07. 22 CCR sections 51305.1, 51305.3, 53881(b)(11)(15), 53895(a).

[142] The Medi-Cal Provider Manual: Family Planning section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/0B02BB4C-4494-4301-A62F-471A664233EB/famplanning.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO. The OFP webpage is available at: https://www.dhcs.ca.gov/services/ofp/Pages/OfficeofFamilyPlanning.aspx.

For more information on this requirement, see APL 25-012 and DHCS' Targeted Rate Increase webpage.[143]

Subject to continued appropriation of funds by the California Legislature, MCPs must pay eligible contracted and non-contracted Providers a uniform and fixed-dollar add-on amount for specified family planning services provided to a Member, in accordance with the CMS-approved directed payment program.[144,145] For more information on this requirement, see APL 23-008.

For additional guidance on how MCPs should cover services and process claims or Encounters for Medi-Cal and Family Planning, Access, Care, and Treatment Program (Family PACT) Providers that meet the definition of "prohibited entity" under federal H.R. 1 (enacted July 2025), see APL 25-011 (Revised).

XIII. ABORTION SERVICES

Guidance for MCPs on abortion services is in this section. Referenced APLs include APLs 23-015 and 24-003. Relevant requirements are summarized below.

MCPs must cover and ensure timely access to abortion services, as well as the medical services and supplies incidental or preliminary to an abortion, consistent with the requirements outlined in the Medi-Cal Provider Manual: Abortions.[146] MCPs must also implement and maintain procedures that ensure a Member's confidentiality in accessing abortion services. MCPs and their Network Providers, Subcontractors, and Downstream Subcontractors are prohibited from requiring medical justification, or imposing any Utilization Management or Utilization Review requirements, including Prior Authorization and annual or lifetime limits, on the coverage of outpatient abortion services.

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[143] More information on Targeted Rate Increases are available on DHCS' Targeted Provider Rate Increases webpage at: https://www.dhcs.ca.gov/Pages/Medi-Cal-Targeted-Provider-Rate-Increases.aspx.

[144] An eligible Provider is a Provider who is licensed to furnish family planning services within their scope of practice, is an enrolled Medi-Cal Provider, and is willing to furnish family planning services to a Member (22 CCR section 51200).

[145] The preprint is available on DHCS' Directed Payments Program website at: https://www.dhcs.ca.gov/services/Pages/DirectedPymts.aspx.

[146] The Medi-Cal Provider Manual: Abortions section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/26092CC9-AAAF-432E-A672-85D649215F8A/abort.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

Members may go to any Medi-Cal Provider of their choice for abortion services regardless of Network affiliation. Abortion services may be performed by physicians and other licensed, non-physician practitioners, including physician assistants, nurse practitioners, and CNMs acting within their scope of practice as defined by the appropriate state licensing board; LMs cannot provide medication or procedural abortion services under California statute, however LMs may provide prenatal care and options counseling and may provide follow-up care after an abortion.[147] Doulas can provide support during or after an abortion. MCPs may not require a physician, health care Provider, or person to perform or participate in the performance of an abortion, and no person refusing to perform or participate in performing an abortion is to be subject to penalty or discipline in any form for such a choice.[148] If a Provider in the MCP's Network refuses to provide abortion services to a Member, then the MCP must help the Member find another Provider for abortion services. All MCPs have an obligation to ensure Members have timely access to abortion services. For more information on abortion services, see APL 24-003.

Subject to continued appropriation of funds by the California Legislature, MCPs must make directed payments to the individual rendering Providers that are qualified to provide and bill for medical pregnancy termination services, in accordance with APL 23-015. For more information on these payments and services, see the Medi-Cal Provider Manual: Abortions.[149]

DHCS Monitoring

The requirements contained in this APL will necessitate a change in an MCP's contractually required policies and procedures. The MCP must submit its updated Policies & Procedures to the Managed Care Operations Division (MCOD)-MCP Submission Portal within 90 calendar days of the release of this APL.[150]

MCPs must ensure that their Subcontractors, Downstream Subcontractors, and Network Providers comply with all applicable state and federal laws and regulations, MCP Contract requirements, and other DHCS guidance, including APLs and PLs.

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[147] B&P sections 3502.4, 2725.4(a), 2725.4(b).
[148] H&S section 123420.
[149] The Medi-Cal Provider Manual: Abortions section is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/26092CC9-AAAF-432E-A672-85D649215F8A/abort.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.
[150] The MCOD-MCP Submission Portal is available at: https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx.

These requirements must be communicated by each MCP to all Subcontractors, Downstream Subcontractors, and Network Providers. DHCS may impose enforcement actions, including corrective action plans, as well as administrative and/or monetary sanctions for non-compliance. MCPs must review their Network Provider Agreements and/or Subcontractor Agreements, including Division of Financial Responsibility provisions as appropriate, to ensure compliance with this APL. Any failure to meet the requirements of this APL may result in enforcement actions. For additional information regarding enforcement actions, see APL 25-007.

MCPs that choose to delegate to Subcontractors functions or financial risks and responsibilities to cover maternity health services still maintain compliance and oversight responsibilities per the MCP Contract. MCPs, as the Contractor, are responsible for ensuring Members have access to Covered Services in accordance with the MCP Contract, APLs, and applicable DHCS guidance.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original Signed by Palav Babaria

Palav Babaria

Deputy Director & Chief Quality & Medical Officer, Quality & Population Health Management Division

Guide to APL Actions in Each Section of the Omnibus Maternity APL

I. Risk Assessments for Pregnant and Postpartum Members

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 00-012 "Utilization Review of Initial Risk Assessments for Pregnant Women"			X		
PL 12-003 "Obstetrical Care – Perinatal Services"			X		

II. Maternity Services

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
PL 12-003 "Obstetrical Care – Perinatal Services"			X		
APL 21-011 "Grievance and Appeal Requirements, Notice, and Your Rights Templates"					X
APL 22-013 "Provider Credentialing / Re-Credentialing and Screening / Enrollment"					X

III. Non-Invasive Prenatal and Newborn Screenings

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
PL 98-006 "Newborn and Prenatal Genetic Screening Services"			X		
APL 25-005 "Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats"					X

IV. Access to Maternity Providers

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 18-022 "Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services"		X			
APL 22-013 "Provider Credentialing / Re-Credentialing and Screening / Enrollment"					X
APL 23-001 "Network Certification Requirements"				X	
APL 23-006 "Delegation and Subcontractor Network Certification"				X	
APL 23-022 "Continuity of					X

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care From Medi-Cal Fee-For-Services, On or After January 1, 2023"					
APL 24-002 "Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members"					X
APL 25-006 "Timely Access Requirements"					X
APL 25-012 "Targeted Provider Rate Increases"					X

V. Behavioral Health During Prenatal and Postpartum Periods

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 22-005 "No Wrong Door for Mental Health Services Policy"					X
APL 22-029 "Dyadic Services and Family Therapy Benefit"					X
APL 23-017 "Directed Payments for Adverse Childhood Experiences Screening Services"					X
APL 25-006 "Timely Access Requirements"					X
APL 25-010 "Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services"					X

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 26-002 "Medi-Cal Managed Care Plan Responsibilities for Non-Specialty Mental Health Services"					X

VI. Lactation Services

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
PL 98-010 "Breastfeeding Promotion"		X			

VII. Doula Services

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 23-024 "Doula Services"					X

VIII. Community Health Worker Services

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 24-006 "Community Health Worker Services Benefit"					X

IX. Group Perinatal Care

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
N/A					

X. Community Supports

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 21-017 "Community Supports Requirements"					X

XI. Population Health Management

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 22-024 "Population Health Management Policy Guide"					X
APL 23-032 "Enhanced Care Management Requirements"					X

XII. Family Planning Services and Reproductive Health

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
PL 96-09 "Sexually Transmitted Disease Services in Medi-Cal Managed Care"					X
PL 98-011 "Family Planning Services in Medi-Cal Managed Care"					X
APL 18-019 "Family Planning Services Policy for Self-Administered Hormonal Contraceptives"					X
APL 23-008 "Proposition 56 Directed Payments for Family Planning Services"					X
APL 25-011 "H.R. 1 – Federal					X

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
Payments to Prohibited Entities"					
APL 25-012 "Targeted Provider Rate Increases"					X

XIII. Abortion Services

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 23-015 "Proposition 56 Directed Payments for Private Services"					X
APL 24-003 "Abortion Services"					X

DHCS Monitoring

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
APL 23-007 "Telehealth Services Policy"					X

Not Referenced in the Omnibus Perinatal APL – These APLs are Fully Retired

APLs	(1) APL is Fully Retired	(2) APL is Incorporated into Omnibus APL and Fully Updated; Existing APL is Superseded by Omnibus APL	(3) APL is Incorporated into Omnibus APL and Not Updated; Existing APL is Superseded by Omnibus APL	(4) APL is Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL	(5) APL is Referenced in Omnibus APL and Not Updated; Existing APL Remains as a Standalone APL (No Changes)
PL 98-001 "Newborns' and Mothers' Health Act of 1997"	X				
APL 01-003 "Mifepristone (RU-486) as Medi-Cal Benefit"	X				
PL 02-004 "Health Education"	X				