Omnibus Maternity All Plan Letter (APL) Overview & Feedback Opportunity for Tribal/Indian Health Care Provider (IHCP) Representatives

Tuesday, November 25, 2025
2:30 – 3:30pm PT

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Agenda

- Omnibus Maternity APL Overview
- Omnibus Maternity APL's Policy Highlights
- Feedback Timeline on the APL & Next Steps
- Questions & Discussion
- Appendix: Guide to APL & Policy Letter (PL) Actions by Section of Omnibus Maternity APL

Omnibus Maternity APL Overview

DHCS

Birthing Care Pathway

The omnibus maternity APL was developed as part of the **Birthing Care Pathway**:

» Comprehensive **policy and care model roadmap** that covers the journey of all pregnant and postpartum Medi-Cal members from conception through 12 months postpartum.

» Roadmap includes a series of **policy solutions that address members' physical, behavioral, and health-related social needs.**

» Goals include **reducing maternal morbidity and mortality** and **addressing significant racial and ethnic disparities.**

See DHCS' Birthing Care Pathway webpage for more information. The Birthing Care Pathway is generously supported by the California Health Care Foundation (CHCF) and the David & Lucile Packard Foundation.

Omnibus Maternity APL Overview

DHCS committed to developing this APL in the February 2025 Birthing Care Pathway Report.

- Medi-Cal maternity guidance is currently documented across more than 30 APLs and PLs as well as multiple provider manuals, policy guides, and other DHCS resources.
- The omnibus maternity APL aims to consolidate these many policies and serve as the **"one-stop shop"** for Medi-Cal managed care plans (MCPs) on the **maternity services that MCPs must provide** to pregnant and postpartum Medi-Cal Members.
- The policies in this draft omnibus maternity APL are grounded in:
  - Federal and state law, regulations, and guidance
  - California's Medicaid State Plan
  - Medi-Cal Managed Care Contract
  - Medi-Cal Provider Manual

Consolidated & Updated Guidance

- The omnibus maternity APL encompasses **33 unique APLs and PLs.** Of those APLs and PLs:
  - 4 will be **fully retired** with the release of the omnibus maternity APL.
  - 5 will be **updated and incorporated** in the omnibus maternity APL.
  - 24 will be **referenced** in the omnibus maternity APL (but will remain as standalone APLs).
- DHCS is in the process of updating two referenced APLs[1] to align with updates to network adequacy requirements included in the omnibus maternity APL:
  - APL 23-001: Network Certification Requirements
  - APL 23-006: Delegation and Subcontractor Network Certification

See the **Appendix** for the complete guide to APL/PL actions by section of the omnibus maternity APL.

1. Draft versions of these two updated APLs will be released for stakeholder input by early 2026.

Omnibus Maternity APL's Policy Highlights

DHCS

APL's Table of Contents

The omnibus maternity APL is divided into **13 sections** that cover the spectrum of prenatal to postpartum care.

Risk Assessments, Maternity Services, & Prenatal & Newborn Screenings

MCP Requirements: Highlights

- **Risk Assessments.** Ensure completion of comprehensive risk assessment – including intimate partner violence (IPV) screening – for all pregnant and postpartum Members.

- **Maternity Services.**
  - Assess the need for high-risk pregnancy services in a MCP's Network to ensure that Members who are high-risk can receive timely access to care, including at hospitals specially equipped to handle high-risk pregnancies.
  - Clarify the minimum definition of a "high-risk" pregnancy to include characteristics for medical, behavioral, or social risks as outlined in the TCS Policy for pregnant and postpartum Members and Members identified as high-risk by the Risk Stratification, Segmentation, and Tiering (RSST) Algorithm.

- **Prenatal & Newborn Screenings.** Cover prenatal and newborn screenings and ensure provider training, including for the CA Prenatal Screening Program, CA Newborn Screening Program, Newborn Hearing Screening Program, and Critical Congenital Heart Disease Screening.

Access to Maternal Providers

MCP Requirements: Highlights

- **Freestanding Birth Centers (FBCs) & Midwives.** Contract with a *sufficient number* of FBCs, Certified Nurse Midwives (CNMs), and Licensed Midwives (LMs) based on the level of need in each county and revisit those levels of need annually.
- **Other Maternity Providers.** Include sufficient obstetrician-gynecologists (OB/GYNs), family medicine practitioners, and maternal-fetal medicine (MFM) specialists in Networks.
- **Delegation.** Must ensure their Subcontractors and Downstream Subcontractors are providing access to Medi-Cal covered maternity services, including midwifery, doula, lactation, Comprehensive Perinatal Services Program (CPSP), Transitional Care Services (TCS), Enhanced Care Management (ECM), and Community Supports.
- **American Indian/Alaska Native Member Rights, Protections, & Access to Indian Health Care Providers (IHCPs).**
  - American Indian/Alaska Native Members are not required to enroll in MCPs, except in select counties, and are permitted to disenroll from the MCP and receive services under the Fee-For-Service (FFS) delivery system.
  - American Indian/Alaska Native Members can request to receive services from an IHCP, whether in- or out-of-network.
  - MCPs must have an identified Tribal Liaison dedicated to working with all IHCPs in its Service Area and coordinating referrals and payment for services provided to American Indian/Alaska Native Members.

Behavioral Health During Prenatal & Postpartum Periods

MCP Requirements: Highlights

- **Non-Specialty Mental Health Services (NSMHS), Specialty Mental Health Services (SMHS), & Substance Use Disorder (SUD) Care.**
  - Ensure Network Providers offer prenatal and postpartum depression screenings.
  - Provide or arrange for provision of NSMHS – including individual and/or group counseling sessions for pregnant and postpartum Members – as appropriate and medically necessary.
  - Refer to and coordinate with Behavioral Health Plans for the delivery of SMHS to eligible Members.
- **No Wrong Door for Mental Health Services.** Ensure pregnant and postpartum Members receive timely mental health services – including SUD screenings, referral to treatment, and prescriptions of Medications for Addiction Treatment (MAT) – regardless of delivery system.
- **Dyadic Services & Family Therapy.** Cover Dyadic Services and family therapy, including for pregnant and postpartum Members.
- **Adverse Childhood Experiences (ACEs) Screening.** Screen for ACEs, including among pregnant and postpartum Members and their partners.

Lactation Services

MCP Requirements: Highlights

- **Breastfeeding.**
  - Provide the following to pregnant and postpartum Members: breastfeeding information, education, and counseling services and access to human milk banks (as needed).
  - Offer all pregnant and breastfeeding Members referrals to WIC.
  - Ensure all labor and delivery hospitals in Network have secured the Baby-Friendly (or accepted equivalent) designation by December 2028.
- **Breast Pumps.**
  - Cover lactation Durable Medical Equipment (DME), including breast pumps and breast pump kits.
  - Cannot impose Prior Authorizations for non-hospital-grade (manual and electric) breast pumps (effective January 2026).
- **Lactation Consultants.**
  - Cover lactation services provided by CNMs and LMs, and lactation consultants (supervised by a licensed Provider).
  - Ensure Network Providers are educated and aware of breastfeeding services as a Medi-Cal benefit available to postpartum Members provided by lactation consultants.

Doulas, CHWs, & Group Perinatal Care

MCP Requirements: Highlights

- **Doulas.** Cover doula services for pregnant and postpartum Members.
- **CHWs.** Cover CHW services, including for eligible pregnant and postpartum Members.
- **Group Perinatal Care.** Encouraged to incentivize maternity Network Providers to offer group perinatal care to pregnant and postpartum Members.

Population Health Management (PHM) & Community Supports

MCP Requirements: Highlights

- **PHM.**
  - Establish a comprehensive PHM Program that includes Enhanced Care Management (ECM) – including for the Birth Equity Population of Focus.
  - Ensure that information about CalFresh is provided to all eligible pregnant and postpartum Members.
  - Provide Transitional Care Services (TCS) to pregnant and postpartum Members, including support for hospital or FBC discharge after birth.
    - DHCS to publish more information and guidance on TCS for pregnant and postpartum Members in January 2026.

- **Community Supports.** MCPs may choose to offer Community Supports to eligible Members, including pregnant and postpartum Members.
  - **Transitional Rent.** Cover transitional rent effective January 1, 2026 for the following Populations of Focus:
    - Required: Behavioral Health
    - Optional: Pregnancy and Up to 12 Months Postpartum

Family Planning, Reproductive Health, & Abortion Services

MCP Requirements: Highlights

- **Family Planning & Reproductive Health.**
  - Cover family planning and related services for pregnant and postpartum Members, whether in- or out-of-Network, without Prior Authorization.
  - Abide by DHCS' requirements for covering services and processing claims or encounters for Medi-Cal and Family Planning, Access, Care, and Treatment Program (Family PACT) Providers considered "prohibited entities" under federal H.R. 1.
- **Abortion Services.** Cover and ensure timely access to abortion services and ensure Member confidentiality.

Questions?

Feedback Timeline on the APL & Next Steps

Timeline for Feedback Period & Meetings

Monday, November 17:
APL feedback period launched

Thursday, November 20 – Tuesday, November 25:
DHCS hosts a series of APL feedback meetings with maternal health partners and collects feedback

Friday, December 12:
Written APL feedback due to DHCS' Policy & Regulatory Compliance Unit (PRCU) and feedback period concludes

DHCS is targeting publication of the final omnibus maternity APL in early 2026.

Feedback Submission Instructions

- Review the draft omnibus maternity APL shared by PRCU and share with the individuals at your organization, as needed.
- Record all feedback in the **Feedback Matrix** Excel Spreadsheet shared by PRCU with the draft APL, inclusive of specific feedback and suggestions to revise the draft omnibus maternity APL.

Submit completed Feedback Matrix to **PRCUAPLSubmission@dhcs.ca.gov** by **COB Friday, December 12.**

Medi-Cal Care Coordination for Pregnancy and Postpartum Members: Population Health Management Transitional Care Services (TCS) Policy

DHCS

Context: Policy for Pregnant and Postpartum Members

Pregnant and postpartum Medi-Cal members often experience unmet health related social needs and expressed that they do not understand the various Medi-Cal and public/social service benefits available to them in pregnancy or during the postpartum period.

DHCS is committed to addressing maternal morbidity and supporting pregnant and postpartum members during times of transition:

- The 2022 Comprehensive Quality Strategy and accompanying Bold Goals 50x2025 initiative comprises a set of five goals to improve clinical and health equity outcomes by 50 percent by 2025. Two of the five goals are specific to maternal health, including one that is specific to closing maternity care disparities for Black, AI/AN members.
- DHCS' **Birthing Care Pathway** is a **comprehensive policy and care model roadmap** that covers the journey of all pregnant and postpartum Medi-Cal members from conception through 12 months postpartum and includes a series of policy solutions that address members' physical, behavioral, and health-related social needs
- One of the Birthing Care Pathway policy solutions is **creating guidance for MCPs** on supporting pregnant and postpartum members transferring to different care settings and levels of care.
- As outlined in the Birthing Care Pathway, DHCS is **tailoring Transitional Care Services (TCS) requirements** for pregnant and postpartum Medi-Cal members based on their **needs** and **preferences**.

Transitional Care Services (TCS)

Population Health Management (PHM) is a Medi-Cal managed care program that ensures all members, including pregnant and postpartum members have access to a comprehensive set of services based on their needs and preferences across the continuum of care. Under PHM, MCPs are accountable for providing TCS to support transitions of care.

Transitions of care occur when a pregnant or postpartum member **transfers from one setting or level of care to another**, including but not limited to discharges from hospitals to home or community-based settings, or Community Supports.

The PHM Policy Guide specifies that care transitions are defined as a member transferring from one setting or level of care to another, including, but not limited to: discharges from hospitals, institutions, other acute care facilities, and skilled nursing facilities (SNFs) to home- or community-based settings, Community Supports placements (including Sobering Centers, Recuperative Care and Short-Term Post Hospitalization), post-acute care facilities, or long-term care (LTC) settings.

Context: Feedback on TCS for Pregnant and Postpartum Members

DHCS has heard feedback that further specificity and design is needed to address the unique needs of pregnant and postpartum members.

From the time when TCS launched in January 2024, DHCS policy has classified **all pregnant and postpartum members as high risk**, and MCPs have been expected to provide services accordingly
Since then, MCPs and Birthing Care Pathway stakeholders have highlighted challenges with this approach, noting:

Classifying all pregnant and postpartum members as high-risk **limits MCPs**' ability to effectively target resources and provide the most **intensive support to their *truly* highest risk members**

- MCPs and Birthing Care Pathway stakeholders supported **further risk stratification/tiering** to better support members
- Stakeholders agreed that existing **perinatal care team members** are often best positioned to provide care coordination services, given **close, trusting relationships with members** and as they often already do so in practice

In response to what the Department has heard, and in line with our broader Birthing Care Pathway commitments, DHCS is developing **tailored TCS categories for pregnant and postpartum members that will be released in the coming months**

Tailored TCS Categories for Pregnant and Postpartum Members: Integrated Approach

The tailored TCS category requirements align and standardize a comprehensive policy that addresses pregnant and postpartum members' unique needs.

- **The policy integrates existing PHM/TCS requirements, MCP Contract requirements**, Comprehensive Perinatal Services Program **(CPSP)** requirements, as well as nationally recognized clinical guidelines and recommendations **(e.g.,** the American College of Obstetricians Gynecologists **(ACOG)** and the United States Preventative Services Taskforce **(USPSTF),** which MCPs and providers are **already required** to implement.
- This integration synthesizes existing requirements into a clear care model with the goals of:
    - **Improving care** and **outcomes**
    - **Connecting** members **to specific resources** needed during the pregnancy and postpartum period.
    - **Strengthening relationships with members and local** perinatal providers.
    - **Targeting MCP** and **provider resources** appropriately, maximizing impact.

Defining High vs. Moderate Intensity Pregnant and Postpartum Members

DHCS

Defining High vs. Moderate Intensity TCS for Pregnant and Postpartum Members

DHCS is tailoring MCPs' TCS supports for pregnant and postpartum members and creating a definition of high vs. moderate intensity based on medical, behavioral health, and social risk criteria. There will not be a low-risk TCS category for this population.

High-Intensity Pregnancy and Postpartum TCS Definition Components

MCPs will be expected to identify pregnant and postpartum members as **requiring high-intensity TCS Services** if they meet **any** of the below categories:

- All pregnant and postpartum members who have an admission that is not for their delivery at any point during pregnancy or in the 12 months postpartum
- All pregnant or delivering members that meet qualifying criteria for high-intensity TCS. Qualifying criteria includes:
  - Having any one of DHCS-specified list of medical, behavioral health, and social risk criteria*
  - Being high risk in another TCS risk category (e.g., Long Term Support Services (LTSS), receiving Enhanced Care Management (ECM))
  - Are referred by a provider/care team or discharging facility as high risk in medical, behavioral health, or social risk based on their clinical judgment
  - Being identified as high risk in risk stratification, segmentation and/or tiering
  - Per above, previously admitted during their pregnancy.

Any member that does not meet the above criteria will receive **Moderate-Intensity Pregnancy and Postpartum TCS**.

**DHCS-specified criteria were selected to allow MCPs to use existing claims data and information that plans already have to support implementation and are described on subsequent slides.*

DHCS Defined List of High-Risk Conditions for TCS

Pregnant or delivering members that have ANY of the following conditions, as identified by data the MCP already has, will also be classified as high risk for TCS.

1. **Medical Risk Criteria**
   - Obstetric Comorbidity Index (OCI) Score of >6
2. **Behavioral Health Risk**
   - Receipt of SMHS and/or DMC/DMC-ODS services in the past 2 years and/or Suspected Significant BH Condition in the past year
3. **Social Risk**
   - Known or suspected social need(s) in past year

Social Risk

DHCS will require MCPs to leverage Medi-Cal Connect flags, claims data, and eligibility information for Medi-Cal programs that address social risk to segment pregnant and delivering members' social risk.

Social Risk Criteria:

- **Medi-Cal Connect flags** for those who would potentially qualify for ECM or Community Supports ***and/or***
- Those **currently authorized for Community Supports** (e.g., housing related supports, medically tailored meals, respite services, personal care/homemaker service)

All American Indian and Alaska Natives Meet Social Risk Criteria for High – Intensity Pregnancy and Postpartum TCS:

Under ECM Birth Equity Population of Focus (POF) criteria, American Indian and Alaska Native pregnant individuals are presumptively eligible for ECM. Therefore, these individuals would also meet criteria for high-intensity pregnancy and postpartum TCS as they will have been flagged by Medi-Cal Connect for ECM eligibility.

ECM Birth Equity POF FAQs

Kim, M., Lee, S., Bae, SH. *et al.* Socioeconomic status can affect pregnancy outcomes and complications, even with a universal healthcare system. *Int J Equity Health* 17, 2 (2018). https://doi.org/10.1186/s12939-017-0715-7

Overview of the Tailored Pregnancy and Postpartum TCS Categories

DHCS is tailoring TCS supports for all pregnant and postpartum members (high and moderate intensity) to account for the unique needs that these members have throughout the prenatal and postpartum period. Key updates and the new moderate intensity category align with existing CPSP requirements and ACOG and USPTF guidelines and are outlined below:

High-Intensity Category Updates for Pregnancy/Postpartum: Single Point of Contact Assigned by MCP

MCPs must follow all requirements in the general high-risk category, including **assigning/notifying the single point of contact/TCS care manager.** The TCS care manager must outreach/follow-up with the member within **7 days** of discharge or following the end of pregnancy.

In addition, MCPs must ensure:

- For all pregnant and delivering members, **TCS begins as soon as high-intensity** qualifications are determined, and **at least by the beginning of the 3rd trimester**, whichever is sooner
- For pregnant and postpartum members with an admission for reasons other than for delivery who are not already receiving high risk TCS services, **TCS begins at the time of admission**
- **TCS care manager completes** all needed referrals/follow ups on **the TCS Birthing Supports Checklist**
- **TCS services end** when all needs are met and a minimum of 30 days after discharge or 60 days following the end of pregnancy (whichever is later). In addition, the following three minimum requirements must be met:
    1. Completion of the **postpartum visit** with a medical provider;
    2. Completion of the **two-month well-child visit**
    3. Completion of all recommended follow-up listed in the **discharge instructions** and/or **discharge summary**

Overview of the Tailored Pregnancy and Postpartum TCS Categories continued

NEW Moderate-Intensity Category for Pregnancy/Postpartum: Perinatal Care Team Delivers Care Coordination Services

- **MCPs may choose to fulfill the care coordination responsibilities of TCS through a single contracted entity** (e.g., doula, clinic, or a care team), while retaining responsibility for other TCS components. **These services can be done as part of normal perinatal care provided by the contracted entity and include**:
  - Care coordination including referrals to and coordination of all needed follow ups, including those listed on the TCS Birthing Supports Checklist
  - Aligned with ACOG guidelines, **the contracted entity must outreach/follow-up with the member at least within 21 days following the end of pregnancy** (or sooner based on member needs)
- MCPs retain responsibility for **discharge planning/facility coordination as needed** and **the TCS call line support, aligned with lower risk category.**
- **TCS Services end** when all needs are met and a minimum of 60 days following the end of pregnancy. In addition, the following three minimum requirements must be met:
  1. Completion of the **postpartum visit** with a medical provider;
  2. Completion of the **two-month well-child visit**
  3. Completion of all recommended follow-up listed in the **discharge instructions** and/or **discharge summary**

TCS Birthing Supports Checklist (High and Moderate-Intensity)

All pregnant and postpartum members need access to birthing specific supports. DHCS drafted a TCS Birthing Supports Checklist that will be incorporated into TCS requirements. Members must be referred and/or given a warm handoff to any needed services and supports outlined in this Checklist. MCPs are already responsible for informing, referring, and connecting members to many of these services through existing CPSP and PHM requirements, as well as national guidelines (ACOG and USPSTF).

TCS Birthing Supports Coordination Checklist (Prenatal – Postpartum Period)

Referral and/or warm handoff to any of the following services are required if the member has needs, meets eligibility for referral, and **aligns with their preferences**

Medical Need:

- Medical visit according to ACOG/USPSTF Guidelines
  - Postpartum Depression Screening*
  - IPV Screening Using Evidence-Based Tool
  - Reproductive Life Planning
- Pediatric visits according to AAP Bright Futures schedule through 2-month well-child visit
- Any other follow-up visits recommended by a provider (e.g., specialty provider)
- Primary Care Provider visit scheduled (within 1 year)

TCS Birthing Supports Checklist (High and Moderate-Intensity) continued

Whole Person Needs:

- WIC
- Transportation Services
- Appointment Assistance
- Breast Pumps
- Doula Services
- Lactation Services
- Paid Family Leave
- ECM**
- Community Supports**
- CalFresh
- CHW Services
- Health Insurance for Infants
- Home Visiting^
- Parenting Resources§

*During an October meeting, IHCP representatives asked DHCS to specify specific tribal-health pathways/resources in each category in the checklist.

Because this checklist is intended to be *universally applicable* to all pregnant and postpartum Medi-Cal members, we did not specify services/supports in each category that are unique to specific sub-populations; however, the checklist will be updated to include a note that "aligning with (a members') preferences...**includes access to culturally and linguistically aligned services and supports, consistent with Medi-Cal policy**."

**The TCS Birthing Supports Checklist applies to both licensed (e.g., CNMs, RNs) and unlicensed providers (e.g., CHWs, doulas). If a contracted TCS provider is not licensed to perform a specific activity/referral, they must ensure connection with a qualified provider who can deliver the services (e.g., refer the member to a licensed provider for postpartum depression screening, ensure follow-up based on results of the screening).*

^Home Visiting services include (but are not limited to) CDPH California Home Visiting Program (CHVP), CDSS CalWORKs Home Visiting, American Indian Maternal Support Services (AIMSS), and county First 5s, as applicable

§Parenting resources include (but are not limited to) Home Visiting services, MCP educational information, First 5, and Black Infant Health.

***DHCS' Closed Loop Referral (CLR) policy requires MCPs to close the loop for Enhanced Care Management (ECM) and Community Supports services.*

Discussion and Q&A

- What **clarifications** are you seeking from DHCS on the proposed risk criteria and Birthing Supports Checklist?
- As DHCS deploys this policy through MCPs, **what should DHCS or MCPs consider** when implementing this policy for the AI/AN population?
- What are **best practices** for how TCS care managers can work with AI/AN perinatal providers?
- Are AI/AN members currently receiving **ECM** while they are pregnant/postpartum?
    - Are tribal health providers serving as ECM Birth Equity providers for this population? If so, do you anticipate that they would be able to support the high-intensity TCS requirements?

DHCS' Next Steps

- **Publish additional PHM Policy Guide updates** to reflect the tailored TCS requirements for pregnant and postpartum members, including:
  - TCS Birthing Supports Checklist
  - Definition of high vs. moderate intensity pregnancy and postpartum TCS
- Make MCP Contract Edits to reflect the new Care Coordination/TCS requirements for pregnant and postpartum members, as needed

Appendix: Guide to APL & PL Actions by Section of Omnibus Maternity APL

Guide to APL & PL Actions by Section of Omnibus Maternity APL

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

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
II. Maternity Services (1/2)					
PL 12-003 "Obstetrical Care – Perinatal Services"			X		
APL 21-011 "Grievance and Appeal Requirements, Notice, and Your Rights Templates"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
II. Maternity Services (2/2)					
APL 22-013 "Provider Credentialing / Re-Credentialing and Screening / Enrollment"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
III. Non-Invasive Prenatal and Newborn Screenings					
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

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
IV. Access to Maternity Providers (1/3)					
APL 18-022 "Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services"		X			
APL 23-001 "Network Certification Requirements"				X	

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
IV. Access to Maternity Providers (2/3)					
APL 23-006 "Delegation and Subcontractor Network Certification"				X	
APL 24-002 "Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
IV. Access to Maternity Providers (3/3)					
APL 25-006 "Timely Access Requirements"					X
APL 25-012 "Targeted Provider Rate Increases"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
V. Behavioral Health During Prenatal and Postpartum Periods (1/2)					
APL 22-005 "No Wrong Door for Mental Health Services Policy"					X
APL 22-006 "Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
V. Behavioral Health During Prenatal and Postpartum Periods (2/2)					
APL 22-029 "Dyadic Services and Family Therapy Benefit"					X
APL 23-017 "Directed Payments for Adverse Childhood Experiences Screening Services"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
VI. Lactation Services					
PL 98-010 "Breastfeeding Promotion"		X			
VII. Doula Services					
APL 23-024 "Doula Services"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
VIII. Community Health Worker (CHW) Services					
APL 24-006 "Community Health Worker Services Benefit"					X
IX. Group Perinatal Care					
N/A					

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
X. Community Supports					
APL 21-017 "Community Supports Requirements"					X
XI. Population Health Management (PHM)					
APL 22-024 "Population Health Management Policy Guide"					X
APL 23-032 "Enhanced Care Management Requirements"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
XII. Family Planning Services and Reproductive Health (1/3)					
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

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
XII. Family Planning Services and Reproductive Health (2/3)					
APL 18-019 "Family Planning Services Policy for Self-Administered Hormonal Contraceptives"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
XII. Family Planning Services and Reproductive Health (3/3)					
APL 23-008 "Proposition 56 Directed Payments for Family Planning Services"					X
APL 25-011 "H.R. 1 – Federal Payments to Prohibited Entities"					X
APL 25-012 "Targeted Provider Rate Increases"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
XIII. Abortion Services					
APL 23-015 "Proposition 56 Directed Payments for Private Services"					X
APL 24-003 "Abortion Services"					X
DHCS Monitoring					
APL 23-007 "Telehealth Services Policy"					X

Guide to APL & PL Actions by Section of Omnibus Maternity APL

APLs/PLs	(1) APL will be **Fully Retired**	(2) APL will be **Incorporated into Omnibus APL and Fully Updated; Existing APL will be Superseded by Omnibus APL**	(3) APL will be **Incorporated into Omnibus APL and Not Updated; Existing APL will be Superseded by Omnibus APL**	(4) APL will be **Referenced in Omnibus APL and Partially Updated; Existing APL will be Superseded by Updated Standalone APL**	(5) APL will be **Referenced in Omnibus APL and Not Updated; Existing APL will Remain as a Standalone APL** (No Changes)
Not Referenced in the Omnibus Perinatal APL – These APLs are Being Fully Retired					
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				

Appendix: High- and Moderate-Intensity Pregnancy and Postpartum TCS

High-Intensity Pregnancy and Postpartum TCS

Members who qualify for high-intensity pregnancy and postpartum TCS face added medical, behavioral health, or social risk during the already vulnerable period of being pregnant and postpartum. The high-intensity category will continue to require intensive care management support with new requirements tailored to members' unique needs.

High-Intensity Pregnancy/Postpartum TCS: Key Requirements	
High-Intensity TCS Support Begins*	**As soon as high-intensity qualifications are determined**, and at least by **beginning** of **the 3rd trimester** (if the pregnancy status is not known until later, engage as soon as pregnancy is known). For pregnant and postpartum members **identified as qualifying for high-intensity TCS due to an admission** for reasons other than for delivery (and not already engaged in high intensity TCS), high-intensity TCS begins at the time of admission.
TCS Care Manager Assignment*	MCPs must assign a **TCS care manager, a single point of contact,** who must complete all needed referrals/follow-ups for the member and their infant, including the **TCS Birthing Supports Checklist**. Postpartum members who are **re-engaged** in **high-intensity TCS** must be **reassigned the same care manager.**
Discharge Facility Coordination	The **TCS Care Manager** must **coordinate** with **discharging facility** (including ensuring discharge summary and instructions are shared with providers)**.**

* New requirement

High-Intensity Pregnancy and Postpartum TCS cont.

High-Intensity Pregnancy/Postpartum TCS: Key Requirements	
Follow-Up, including TCS Birthing Supports Checklist*	The TCS care manager must **complete all needed referrals/follow-ups**, including referral and/or warm handoff to services listed on the **TCS Birthing Supports Checklist,** if the member has needs and meets eligibility for referral. If a postpartum member is re-engaged in high-intensity TCS due to an admission, their TCS care manager must revisit/recomplete the TCS Birthing Supports Checklist.
Post-Discharge/Pregnancy Outreach/Follow Up	The TCS Care Manager must outreach/follow-up with the member within **7 days** of discharge or following the end of pregnancy.
High-Intensity TCS Support Ends*	When all needs are met (including those listed on the TCS Birthing Supports Checklist) and a **minimum of 30 days after discharge (if the member is admitted for reasons other than delivery) or 60 days (aligned with CPSP) following the end of pregnancy** (whichever is later). In addition, the following three minimum requirements must be met: 1. Completion of the **postpartum visit** with a medical provider (ACOG Guidelines); 2. Completion of the **two-month well-child visit** (USPTF Guidelines); 3. Completion of all recommended follow-up listed in the **discharge instructions** or **discharge summary**

* New requirement

Moderate-Intensity Pregnancy and Postpartum TCS

Members who do not meet high-intensity criteria must receive moderate-intensity pregnancy and postpartum TCS. This tailored category reduces service intensity by allowing the existing birthing care team to provide the needed TCS supports for the members they care for, aligning with existing CPSP, ACOG, and USPTF guidelines.

Moderate-Intensity Pregnancy/Postpartum TCS: Key Requirements	
Moderate-Intensity TCS Support Begins*	At least by the **beginning of the 3rd trimester** (if the pregnancy status not known until later, the MCP or contracted entity must engage as soon as pregnancy is known).
TCS Care Coordination Entity Assignment	MCPs may satisfy TCS requirements through assignment of a single **care coordination entity**; this can be fulfilled by the MCP staff or via a contracted entity (e.g., doula, a birthing provider's clinic). The care coordination entity is responsible for delivering moderate-risk TCS, including **coordinating care for the member and their infant.** The care coordination entity **does not need to be a single point of contact**, but rather TCS care coordination services can be **conducted by multiple care team members** within an entity **as part of normal perinatal care** provided by the contracted entity.
Discharge Facility Coordination*	Coordinating entities must **ensure they obtain the discharge summary and/or instructions**. If they do not receive it directly, they can work with the MCP. The MCP must assist by complete discharge facility coordination, including obtaining and sharing discharge information, as needed through the TCS Call Line.

* ***Core activities performed by contracted entity***

Moderate-Intensity Pregnancy and Postpartum TCS cont.

Moderate-Intensity Pregnancy/Postpartum TCS: Key Requirements	
Follow-Up, including TCS Birthing Supports Checklist*	The assigned TCS care coordination entity must **complete all needed referrals/follow-ups**, including referral and/or warm handoff to services listed on the **TCS Birthing Supports Checklist** if the member has needs and meets eligibility for referral.
Post-Pregnancy Outreach / Follow-Up*	The TCS Care coordination entity must **outreach/follow-up with the member at least within 21 days** following the end of pregnancy (or sooner based on member needs), aligned with ACOG guidelines.
Moderate-Intensity TCS Support Ends*	When all needs are met and a minimum of 60 days following the end of pregnancy (aligned with CPSP). In addition, the following three minimum requirements must be met: 1. Completion of the **postpartum visit** with a medical provider (ACOG Guidelines); 2. Completion of the **two-month well-child visit** (USPTF Guidelines); 3. Completion of all recommended follow-up listed in the **discharge instructions** or **discharge summary**

* ***Core activities performed by contracted entity***