

## **Doula FAQ Sheet**

Doula services will be provided under the federal authority of Preventive Services as a State Plan benefit in both fee-for-service and managed care delivery systems. The Department of Health Care Services (DHCS) will cover doula services for prenatal and postpartum visits, and during labor and delivery, miscarriage, or abortion, starting January 1, 2023. Services could be at the beneficiary's home, as part of an office visit, in a hospital, or in an alternative birth center. Services include health education, advocacy, and physical, emotional, and nonmedical support.

### SPA details and submission timeline

1. How is the Department of Health Care Services (DHCS) implementing doula services?
  - DHCS will implement doula services as a State Plan benefit in both fee-for-service (FFS) and managed care delivery systems. In order to do this, DHCS must add doula services to its contract with the federal Centers for Medicare and Medicaid Services (CMS). The contract, known as the State Plan, identifies what services and under what conditions the federal government will help pay for Medi-Cal Services. Changes to the contract are done through a State Plan Amendment (SPA).
2. When does DHCS plan to submit the SPA to CMS for review?
  - DHCS plans to submit the SPA to the CMS in summer 2022.
3. What public or stakeholder input did DHCS receive prior to submitting the SPA to CMS?
  - DHCS welcomed written comments and questions on the draft SPA prior to the SPA being submitted to CMS for federal approval. DHCS shared three versions of the draft SPA prior to formal submission to CMS. Stakeholder input shaped much of the SPA, including the qualifications.

### Reimbursement rate(s), billing codes, reimbursement methodology

4. How much will Medi-Cal pay doulas for their services?
  - Based on assumptions included in the adopted 2022-23 Budget, DHCS plans to pay the rates below:
    - Initial visit: \$126.31
    - Perinatal visits: \$60.48
    - Labor and delivery: \$544.28
  - For example, for a pregnancy in which a doula provides one initial and eight follow-up visits, plus labor and delivery, the total payment would be

about \$1,154 (one initial visit paid at \$126.31, eight perinatal visits paid at \$60.48 for each visit, and one labor and delivery visit paid at \$544.28).

5. The 2022-23 budget has an estimate of \$1,095 per pregnancy. Where did that come from?
  - The department used a revised assumption for purposes of the budget estimate based on an average cost per pregnancy. The budget includes an assumption that the average cost per pregnancy is \$1,095 per pregnancy. This assumes eight perinatal visits throughout pregnancy and postpartum. This figure is only used for the budget estimate. The actual payment for services would be according to the rate listed in Question 4 for each service.
6. How does this rate align with rates paid to licensed health care professionals?
  - Although the services doulas provide are different than the services health care professionals provide, the Medi-Cal rate for perinatal visits and for labor and delivery paid to doulas are the same rate physicians, nurse practitioners, and midwives receive under Medi-Cal for perinatal visits and for labor and delivery.
7. How did DHCS develop these rates?
  - In developing rates for doula services, DHCS considered rates recently adopted by other state Medicaid programs and by doula pilot programs operated by managed care plans in California as well as current Medi-Cal rates paid to licensed providers. DHCS also considered stakeholder feedback and the need to attract providers. The rate for prenatal and postpartum visits and for attendance at the birth is the same paid to a licensed practitioners, like physicians, for their services. These rates recognize that while doulas have less training than licensed practitioners, doula services are different and typically last significantly longer than a visit or a birth event with a licensed practitioner. While DHCS has not finalized the policy, the department anticipates the initial visit would last at least 90 minutes, other visits would last at least one hour, and support would be provided through labor and delivery.
8. What are the next steps for the proposed rates paid to doulas?
  - The rates listed in Question 4 are final per the adopted 2022-23 Budget. DHCS will also adopt rates for support services related to miscarriage and abortion.
9. Will DHCS reimburse doulas through a bundled rate?
  - DHCS is not proposing to pay doulas using a bundled rate in fee-for-service, as the use of a bundled rate would require that doulas complete all required elements before submitting their claim. However, managed care plans may have different payment arrangements, which could be a

bundled payment arrangement that can be agreed upon between the managed care plan and the doula.

10. How many prenatal and postpartum visits may doulas provide to an individual?
  - DHCS is proposing nine visits, to include one initial visit and eight follow-up visits, plus labor and delivery. The nine visits may be used throughout the perinatal period, as determined by the birthing person and doula. More than nine visits may be provided with a renewed recommendation from a licensed provider.
11. How will doulas receive payment in fee-for-service?
  - Enrolled doulas who provide services to beneficiaries enrolled in fee-for-service Medi-Cal will submit claims and bill Medi-Cal directly. DHCS will develop policies pertaining to the billing of doula services and will provide training to doulas on how to complete and submit claims for rendered services.
12. How will doulas who work with beneficiaries enrolled in a managed care plan receive payment?

Doulas will need to enter into contracts with managed care plans to receive reimbursement for services provided to managed care plan members.
13. Will specialty doulas (e.g., birthing/L&D-only, prenatal-only, postpartum-only, etc.) be able to provide doula services for their specialty?
  - DHCS is creating a single enrollment pathway for doulas who would be qualified and authorized to provide prenatal, labor, and postpartum care. All doulas must be qualified to provide all of the doula services listed in the State Plan in order to enroll in Medi-Cal. The services provided to an individual beneficiary will depend on the beneficiary's needs, which could include services for birthing/L&D-only or postpartum-only.
14. Will DHCS cover doula services provided during or after miscarriage, still birth, or abortion?
  - Yes, doula services may be provided to support the birthing person through pregnancy and after pregnancy, regardless of how and when a pregnancy ends.
15. Can community-based doula groups, organizations, and agencies obtain reimbursement for doulas in their group, organization, or agency?
  - DHCS is exploring options to allow doula organizations to enroll as a provider type.
16. Can the billing/claims process be simplified in any way?

- DHCS is exploring options to simplify the billing/claims process and provide training on the process. DHCS will also work with managed care plans about ways they can provide assistance as well.

### Provider Enrollment

17. Who will determine if a doula is qualified to enroll in Medi-Cal?
  - DHCS's Provider Enrollment Division will review each application to verify that the doula meets the qualifications for enrollment, as described in the State Plan. If a doula chooses to work under a licensed provider, that provider would validate a doula's credentials.
18. When can doulas start enrolling as Medi-Cal providers?
  - The DHCS Provider Enrollment Division will build the application in the electronic system Provider Application and Validation for Enrollment, or PAVE. DHCS will notify stakeholders via email and on the website on the launch date for the enrollment system.
19. Will DHCS require that doulas possess a certification or receive training from specific organizations?
  - No. DHCS will allow doulas to enroll in Medi-Cal if they meet the requirements for the Training Pathway or Experience Pathway, as outlined in the draft State Plan Amendment pages. Doulas who enter through the training pathway will need to either submit a certificate of completion of 16 hours of training in core areas or an attestation of completed training in the core areas with a syllabus, as well as an attestation that they provided support at a minimum of three births.
  - For the Experience Pathway, doulas will need to have at least five years of active doula experience in either a paid or volunteer capacity and three written client testimonial letter or professional letters or recommendation. One of the letters must be a professional letter.
20. Will DHCS require doulas to complete specific training?
  - All doulas must possess adult and infant CPR certification and basic HIPAA training. In addition, all doulas must complete three hours of continuing education in maternal, perinatal, and/or infant care every three years.
  - Doulas who enroll through the Training Pathway must complete 16 hours of training, as described in the State Plan Amendment.
21. Can the enrollment process be simplified in any way?
  - DHCS has worked with stakeholders to simplify the enrollment process, including accepting attestations for several qualification requirements, and will provide templates that doulas can complete to demonstrate they meet

the requirements. DHCS will also work with managed care plans for ways to simplify the application process for plans throughout the state.

22. Will I need to enroll through the DHCS Provider Enrollment Division if I only expect to provide services to beneficiaries in managed care?
- Doulas who wish to provide services to beneficiaries in managed care plans will need enroll via the DHCS Medi-Cal Provider Enrollment processes AND enter into contracts with the managed care plan to receive reimbursement from the plan for individuals who are enrolled in managed care.

### Doula directory

23. Will DHCS create a central directory of doulas?
- Yes. DHCS plans to create a central directory of doulas who have been approved as enrolled Medi-Cal providers and make this information readily available on the DHCS website.
24. What elements will be included in a directory for enrolled doulas?
- DHCS is working with stakeholders on the content to be included in the directory and what can be collected as part of the enrollment process. Directory information will not be part of the enrollment review.
25. In what formats will the directory be available?
- The directory will be an online directory available to the public. Beneficiaries in a managed care plan will be able to access information from their plan about doula services available within the plan's network.

### General Questions

26. How will DHCS encourage medical providers to refer clients to doulas and use their services?
- DHCS will notify fee-for-service providers about the availability of doula services when the benefit becomes available and is working with managed care plans about this benefit and ways that plans and providers can recommend and refer clients to doulas.
27. Who can recommend doula services?
- Federal law requires that preventive services like doula services be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. A complete list will be specified in the provider manual. The list will be broader than just physicians.
28. What will the recommendation process look like?

- DHCS will encourage licensed providers to recommend doula services in a variety of ways, including a written note in the patient's record, a form that providers could sign and beneficiaries would give to doulas, and standing orders for doula services.
29. How long will the postpartum period be for doula services?
- The postpartum period for doula services will align with the postpartum period as defined in the State Plan. Starting April 1, 2022, the postpartum period has been extended to one year after pregnancy. The federal law that extended the postpartum period from two months to one year will expire in 2027 unless extended by federal legislation.
30. Will doulas be required to meet the same qualifications as other health care professionals, such as physicians and midwives?
- No, doulas will need to meet the qualifications set forth in the doula State Plan Amendment.
31. Will doulas be limited to a location to provide their services or can they provide services anywhere?
- DHCS does not plan to restrict locations where doulas may provide services.
32. Where can I get more information or provide feedback?
- Information about the doula benefit and stakeholder meetings is available on the [DHCS Doula Services webpage](#). Please email [DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov) with any further feedback, questions, and comments.