

January 31, 2024, Doula Stakeholder Meeting Closed-Captioned

00:40:12.000 (Erica Holmes)

Good afternoon, everyone. On behalf of the Department of Healthcare Services, I want to welcome you all to today's convening of the Implementation work group. My name is Erica Holmes and I am the new division chief of the department benefits division. And in my capacity, I am responsible both for leading my team in the development and implementation of medical-covered benefits and services for both the fee for service and managed care delivery system. I'm an attorney by trade and over over 8 years of experience in state government, 6 of which were with this department and 2 of which were with New Jersey with its public health department. Along with members of the Benefits Division and our raised for equity partners, I am very excited to engage with members of the DOULA implementation work group as we work collaboratively to critically examine implementation of doula services in Medicare and an effort to both inform policy development as well as the department's report to the legislature and identify opportunities to reduce barriers and increase access to dual services.

00:41:13.000

Today's work group will focus on the following area. Alright, next slide, please.

We will focus on the following areas, ensuring that Doula services are available to medical members who are eligible for and want to receive dual services.

Minimizing barriers and delay in payments to making recommendations for outreach efforts that all medical members were eligible for services are aware of the dual option and the ability to utilize tool services and helping to inform this report to the legislature taking a data-driven approach on Medicare members using dual services and making recommendations to reduce any identified barriers to doula surfaces.

00:42:06.000

I just wanna thank you all again for joining. Your feedback is absolutely invaluable to the important work that we do in the department. And with that, I will turn the meeting back over to my colleagues.

00:42:17.000 (Mareena Avila)

Good afternoon. My name is Mareena. We're going to go through a couple of quick logistics before we get started. First thing first, board members are the only stakeholders who can speak during the meeting. All of the attendees are in listen-only mode. All stakeholders can use the chat feature, the chat and transcript of the meeting will be posted on the DHCS website. DHCS will review all feedback and comments on

discussion topics submitted via email and via the chat function. We've also enabled close captioning during this meeting. To turn that on. Go ahead and locate the Zoom toolbar at the bottom of your screen. Click on closed captioning and the captions will be displayed at the bottom of the zoom window. If you have any questions about how to turn on quick captions, feel free to add it in the chat.

00:43:19.000 (Deitre Epps / Zachary Epps)

Now I'm going to hand it over to Zachary at RACE For Equity.

00:43:19.000 (Zachary Epps)

Thank you and extending the welcome as well. I'm Zachary Epps representing the RACE For Equity team, a facilitation partner for the implementation worker meetings. I'm joined some of my colleagues who you'll hear from throughout the agenda and we've already started to enact this with the welcome purpose and agenda. Thanks, Erica and others. We're going to hear from some from DHCS on some updates and open for. Discussion around that you see the bulk of the time about 40 min will be a discussion around looking ahead on the Senate bill, 60 fives requirements. We'll take a break about midway through the meeting and come back to talk about some of the role the partners involved as the implementation group looks ahead to responses to some recommendations that have already been made and then that will bring us to our closing remarks for the day. So as you see the bulk of our time today will be spent in discussion around looking ahead and around some of the responses to the needs assessment.

00:44:43.000

As we look at the agenda it is responsive and reflective of If we go to the next slide please, a co-design team and so that co design team is made up of members of each affinity group, DHCS, and so we definitely want to express some appreciation as this 2024 meeting starts, the co-design team has really expanded and we appreciate the contributions that are made and so if you were on the codesign team if you could give some sort of, Not everyone's on camera, so make it known in the chat or thumbs up or raise your hand something along those lines.

00:45:29.000

I know there's a webinar and if you can we've got some action in the chat send a nice way of appreciation to our co design team members. We hope that the agendas moving forward are reflective again of interest and perspectives from each affinity group, but also that it's really focused on moving ahead towards your goals and really reasons for being together as an implementation work group. And so, thanks again. The Co design team will continue as the meetings go forth in 2024.

00:46:08.000

At this moment, we do want to continue the, we notice some folks have shared in the chat. A little bit of where you're coming from, what organization you represent.

00:46:27.000

We definitely see some doula as represented in birth workers, some folks from some county representatives, some health plans, first 5 orange county, so different community level partners. So, if you haven't already, take a moment to share in the chat who you are, what organization represent or what part of California you are representing in our meeting today. And so that's a way that we can start to kind of get to know who all is joining for today's session.

00:46:52.000

So, thank you, I see that rolling in the chat. Public health departments, again health plans represented. Please let us know who's here today.

00:47:55.000

Alright. So again, recognizing, again, we have some students and researchers, doulas and, and different parts of California that are being shared.

00:48:07.000

We want to recognize again this is a statewide effort and we appreciate the contributions made. So with that as we if you haven't done so go ahead and press enter in the chat.

00:48:17.000

That's a way for again the group to start to kind of know who's in the room and get ready to engage one another as was mentioned anyone can participate through the chat so feel free to do so and verbal responses will be from implementation work group members.

00:48:34.000

So we're going to move forward in our agenda. Thanks everyone for sharing. I'm going to hand it back over to the department staff.

00:48:43.000

Really walk through or really open up a conversation. There is also recent progress on the Doula Medical Benefit implementation and so I'll hand it over to Miss Mallow, I believe.

00:49:02.000 (Rene Mollow)

Good afternoon, everyone. This is Renee. How's everyone doing? I'm Happy New Year. Hopefully everyone had a nice, holiday. And was able to get some rest in there. So I just wanted to one say thank you all, I continue to appreciate the robust engagement that we have from people in terms of the work that we're doing has it relates to the due of benefit under the MEDI-CAL program. We do have the agenda. I believe everyone has access to the agenda. Today we're going to be talking about updates which will include information on the rating increases for Doulas. Better effective as of January one of 2024.

00:49:51.000

Some updates on the DOULA web page and data. And then we're going to be talking about the role of key partners with the project and then discussion of our responses, the needs assessment and the needs assessment recommendations. There will be a break and then we're going to do a discussion on the standing recommendation just to make sure that everyone understands its intent and what it's used for. And then a look ahead regarding the requirements for why we are convening this work group. And this will include a discussion on successes and identification barriers.

00:50:33.000

We'll also look at the benefit implementation report because it's one of the outputs of this work group is a report and then the schedule for future meetings. So at this time, I'm going to turn it back over to, who is our new division chief of the benefits division. So I'm going to let her introduce herself. And give a little background on her role. I'm here in the department and then I do have to share that I have to leave for another meeting. So I'll stay on for as long as I can but looking forward to the discussion. And again, so happy to see the continued interest. In this work that we're doing here on behalf of the department.

00:51:19.000 (Erica Holmes)

Okay. Right. And I actually was able to give a brief introduction at the beginning of the call of myself. So I will just pop into the content for today. So the first thing that we wanted to discuss, with our work group members, was related to rate increases, for dual and services. So DHCS included dual services as part of our targeted rate increase initiative that went live on January 1, 2024. In deeper service and for eligible network providers that are contracted with our health plan partners. With these increases in

play, California now has the highest reimbursement rates in the country for dual services provided through a Medicaid program.

00:52:08.000

Next slide, please. The current maximum per pregnancy reimbursement rate, assuming that all services are provided as allowable under medical policy would be \$3,152.55 which is a substantial increase from the previous maximum for pregnancy reimbursement rate, which would have been just over \$1,500. And again, this maximum reimbursement reflects the total number of services that can be provided by a doula during the course of the pregnancy and postpartum period, inclusive of the initial visit, the 8 visits that can be provided in combination of prenatal and postpartum support during labor and delivery and to extended postpartum visits. If you're interested in seeing more information about this, we have a targeted rate information page on the DHCS website, which has more information.

00:53:01.000

This slide provides a breakdown of the rate increases based upon the services category, whether it's the initial visit versus the prenatal / postpartum visit. So you can see the increase from the previous rate as originally implemented versus the rate as updated as of January 2024 through the targeted rate increase initiative.

00:53:28.000 (Jim Elliott)

Okay. Thank you, Erica. So we also want to highlight the helpful resources listed on the DHCS doula page. And these are all linked in the PowerPoint presentation. One is the provider manual for doula services, the managed care plan contact list, the doula training regarding enrollment and billing, the Medi-Cal doula services recommendation form and also the standing recommendation as well as the frequently asked questions for doulas, which be updated frequently. Also as of January 19, 2024, there has been a total of 309 group and individual applications approved, with 231 of those applications being individual applications approved. So there has been great progress from March 2023 where we only have 57 individual dual applications approved and we look forward to the progress and increase in enrollments.

00:54:29.000

Now I will turn it back to RACE For Equity.

00:54:48.000 (Zachary Epps)

Those were some updates shared as thank you and so we are going to have some discussion throughout the agenda about some actions related to those topics. And so

feel free to add some thoughts that you have now to the chat. We will or you know find a way to jot them down. We're going to have some moments throughout the meeting that there's some opportunities to respond to some of the updates as it relates to looking ahead and the recommendations and so forth.

00:55:20.000 (Zachary Epps)

You can go ahead and jot some thoughts down or share it in the chat and I'm going to hand it over to my colleague Deitre Epps / Zachary Epps to really open up the conversation around looking ahead.

00:55:35.000 (Deitre Epps / Zachary Epps)

Okay, thank you. So as, as you know, these updates, you are giving some comments in the chat now. The purpose of this next part of the meeting conversation is to really set to provide you as work group members and participants who are listening in the opportunity to give feedback to the DHCS team and to also share some recent experiences that you're having with the Medi-Cal benefit. So it would be great to start perhaps with the standing, recommendation.

00:56:07.000

And so if we can go back to that slide just for a moment, we're going to do, what we call a round robin. And we're going to, share the opportunity for each of the working group members to be able to provide feedback from their roles. And so we do know that on this Doula implementation work group, there are, there are also other providers, there are other folks like healthcare providers, consumer and community advocates. There are managed care plan or health care health care plan providers. There are county representatives. You see all of that in the chat.

00:56:54.000

Well then, we do want you to be able to hear from one another. So there are a couple of ways that we're going to hear from one another. A couple of ways that we're going to be able to do that. And we're going to do it through a round robin. And. So we're going to start with the doulas, and then give you the opportunity for one person at a time. I know this this is a different design but we're trying to hear from various members of the Doula implementation work group.

00:57:21.000

So we're going to do a round robin now, starting with one member of the Doulas, one healthcare provider, one consumer or advocate, one managed care plan provider in the county representative. So we have some questions in the chat, but let's start with someone from the Doula group. If you would like to go first, I know there's some

comments in the chat, but if someone from the Doula group would like to come on mike and share your feedback around the standing recommendation. And we can put on the slide so folks can see the topic.

00:57:57.000

I can speak. Were you asking a specific question? I didn't hear the directive, but.

00:58:01.000 (Deitre Epps / Zachary Epps)

It's just around where right now you're responding to the standing recommendation.

00:58:08.000

Okay. I didn't have anything for this right now. Yeah, so I'll let it go to the next person if and if any of the other do was, want to share.

00:58:20.000 (Khefri Riley)

Absolutely, good afternoon, everybody. I think there's a little bit of a confusion between the current standing recommendation and the fact that there's still a recommendation letter or template that's provided on the website or even in the links that you guys show today.

00:58:35.000

In addition, clarification on how we actually do get the standing, recommendation and or additional recommendation letter for the postpartum visits that go beyond the first initial 8.

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So it's a little confusing when the standing room recommendation is there as well as the original recommendation form.

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So we could clarify what is truly needed to make sure that all beneficiaries get these services and how can we clarify what is to secure the additional postpartum visits.

00:59:05.000 (Deitre Epps / Zachary Epps)

Okay, thank you. So we're going to, if DHCS, if you can capture these and then we're going to come back and give space for response. We're going to see if we can capture from each group and then give space for you to respond. Someone from the health care providers.

00:59:25.000 (Kristin Schlater)

Hi, this is Kristin Schlater from LA Care Health Plan. I actually wanted to echo the same sentiment that Khefri presented with their being a standing recommendation does the form still need to be completed. Where the health plan has another way of capturing that info from the member or if the doula has a process for capturing that info, does the form still need to be completed with this standing order?

00:59:57.000 (Deitre Epps / Zachary Epps)

Okay, thank you. And we'll give space now from a consumer and or community advocate. On that work group.

01:00:08.000

Yes, go ahead. And can you do, I'm sorry, can you, Kristen, did you introduce yourself?

01:00:15.000

Yes, yes.

01:00:16.000

Okay, you did. Okay, can you introduce yourself Alex and share where you're from?

01:00:20.000 (Alex Rounds)

Absolutely. I'm Alex Rounds with First 5 Mendocino and I'm serving a consumer advocacy. I'm also licensed midwife. Similarly I'm hearing from Doulas that they weren't aware that the standing recommendation is now in effect. As we are reaching out and discussing with consumers we need more outreach to let them know that this is now a benefit that they do not need a special recommendation for.

01:01:05.000 (Deitre Epps / Zachary Epps)

Okay, thank you. And We'll go to the next group, which is the Health plans and then a county representative. Thank you for your concise statements.

01:01:30.000

Okay. Any one county representative?

01:01:36.000

All right, thank you. So at this time, we're going to pass it over to the DHCS team to.

01:01:43.000 (Deitre Epps / Zachary Epps)

I think Jim, to go into more detail around and maybe respond to some of these, items as well as any other information you want to provide.

01:01:54.000 (Jim Elliott)

Yes, thank you, Deitre. I think many people are aware that the doula benefit was implemented as a provider of service and as such, federal regulations require that to be recommended by the physician or other license provider. When we were developing a benefit, there was concern that that recommendation might be considered a barrier, so we worked with our medical director Dr. Karen Mark and she issued a standing recommendation that fulfills the requirement for the initial set of services that you see here on the screen. The other form that's being mentioned was something we had developed for the standard recommendation was done so that was an option for. Members that were going to be using the referral for the additional I think it's 8 or 9 postpartum services.

01:02:52.000

The extended recommendation does not cover what each person would need and was called a second recommendation and the form can be used for that.

01:03:01.000

So with the standard recommendation that covers the initial set for anybody who request to do the services. That form is something that they can print out, have somebody sign for access to additional postpartum services.

01:03:25.000 (Deitre Epps / Zachary Epps)

Okay. Hopefully that is responsive to the questions. Well, take a moment. I think we'll take a moment to quickly do a quick check in. What's that?

01:03:44.000

I think we'll do a quick check in and do another round robin just to see if.

01:03:51.000

It's being asked if you can repeat what was stated. But there are a couple of questions in the chat that maybe we can refer to but let's go back now to the round robin I think.

01:04:03.000

Jim, you're being asked to repeat what you said and maybe folks didn't hear, but if you can repeat it briefly, please.

01:04:10.000 (Jim Elliott)

And yeah, I will also put this in the chat. With the standing recommendation, they do not need a second recommendation to be signed, they could reference the standing recommendation for the initial set of services that you see on the screen right now.

01:04:27.000

In the member would like the additional postpartum services that's when they would use the form that's on there that would be signed by any license provider.

01:04:38.000

Yeah, that for this time person does not need to be part of the managed care or even the world at Medi-Cal, they just need to be a license provider in California.

01:04:48.000

Then I'll put this information in the chat and I will add that we will post these slides on our DHS to the web page by Friday.

01:05:00.000

Thank you.

01:05:03.000 (Dietre Epps)

So I think we'll take a moment to do a another. Brief round and again, thank you for keeping your comments succinct. It is helpful to move forward. And this time, we'll start with the Doulas if you have a response or a question verbally this is your time to share

01:05:27.000 (Khefri Riley)

What I'd like to offer is feedback from the chat. That, right now that standing order recommendation or is, a huge leap forward and we want to thank everybody here on the team and at DHCS who is ensure that that got pushed forward and was listened to and then implemented.

01:05:42.000

It's a really big leap and we're really grateful. That that's now in effect for families to prevent these barriers that we anticipated.

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However, the form that's now there is the old form and maybe it could be edited to show that this is now the form to authorize additional postpartum visits.

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So that's clear. On that form. I think that it could be confusing to people as there's always new things that are being updated and.

01:06:12.000

It should just be as clear as possible that that now authorizes additional postpartum visits. In addition, like you said, it's from any license provider, which is really major.

01:06:17.000

So thank you, Jim. And I appreciate that could be corrected.

01:06:26.000 (Deitre Epps / Zachary Epps)

Thank you. The health care providers. Representative.

01:06:40.000

Consumer and community advocates representative.

01:06:47.000 (Alex Rounds)

I think it's, it was a huge step moving forward to have a standing recommendations. I just wanted to share that that is much appreciated and will ease the ability of her families to access Doulas.

01:07:02.000 (Kristin Schater)

I don't have any further comments at the moment.

01:07:06.000 (Deitre Epps / Zachary Epps)

Manage care plan or health plan plan representative?

01:07:14.000

I don't have any further. Comments, but thank you for that clarification that helps out.

01:07:20.000

And again, thanks for the implementing the standing order as well.

01:07:27.000

County representatives.

01:07:33.000 (Priya Batra)

Hi, this is Priya. Can you hear me? Thank you, ?Ellie? County. Just I want to clarify the additional visits can be covered.

01:07:40.000

Oh, yes, apologies. Prevostra, LA County Department of Public Health. Thank you.

01:07:41.000 (Deitre Epps / Zachary Epps)

Excuse me, would you be willing to give a full introduction so folks? Yeah.

01:07:45.000 (Priya Batra)

So just I want to clarify that the additional visits, they're not just postpartum, it's just additional visits, right?

01:07:48.000

Because that it can be a combination of prenatal or postpartum right initially. And so if someone like uses needs a lot of prenatal care like for some complication or other issue right that should be okay so I just want to make sure.

01:08:05.000

I'm understanding correctly. Are the additional just postpartum? Or just additional visits.

01:08:19.000 (Jim Elliott)

Yeah, thank you very much. The additional visits are postpartum only. The initial recommendation is 8 visits that can be used prenatal or postparty in any combination.

01:08:26.000

But that second recommendation is only postpartum visits.

01:08:34.000

Okay.

01:08:35.000 (Priya Batra)

Okay, thank you for clarifying. So then it's only 8 prenatal visits total available in this benefit.

01:08:39.000

What's the initial visit? So there's a total. Total, that could be provided prenatal.

01:08:42.000

But those would okay, but if for prenatal the max is 8. Okay.

01:08:53.000 (Deitre Epps / Zachary Epps)

Okay, thank you. And then I think that's everyone. And again, you do have the opportunity to respond in the chat and that will be captured.

01:09:06.000

The next, the next conversation that you'll get a chance to hear from DHCS is to hear about the benefit implementation report.

01:09:19.000

So first we'll have a chance for you to hear that information about the report and then we'll come back to responses.

01:09:44.000

You may be on mute, Christina.

01:09:51.000

Is Christina Armstrong here?

01:09:56.000

It looks like she's talking and unmuted, but we can't hear you for some reason, but I could see you talking.

01:10:00.000 (Kristina Armstrong)

Okay. Can you hear me now? Okay, okay, great. Sorry about that.

01:10:01.000 (Deitre Epps / Zachary Epps)

Okay, there you go. I think we could. Yes, yes, we're good.

01:10:07.000 --> 01:10:21.000

Hi, my name is Kristina Armstrong. I'm a health equity scientist in the program evaluation section, which was within quality and population health management at DHCS.

01:10:21.000

I will be, working along with my supervisor, Andy Potter, who will introduce himself in a second.

01:10:29.000

I'm on the DOULA benefit implementation report. I specialize in maternal health.

01:10:32.000

I have a PhD in human development. I've also worked in child development with health disparities and in program evaluation.

01:10:43.000

So I'm really happy to be. Talking with all of you today. Andy, would you like to take a moment and introduce yourself?

01:10:53.000 (Andy Potter)

Yeah, thank you, Kristina. Hi, my name is Andy Potter. I also work in the program evaluation here at DHCS and I will be working along with Kristina and some other folks and the rest of you look forward to working with the rest of you on this report over the next year and a half.

01:11:12.000

Great, I'll go ahead and get started. And so Senate Bill 65 requires DHCS to evaluate the implementation of the DOULA benefit and publish a report on its website no later than July 1, 2025 that addresses the number of medical recipients utilizing doula services and compare birth outcomes among people who use doula and those who do not.

01:11:39.000

And identifies barriers that impede access. And this report will also include recommendations from the work group on ways to reduce barriers to services.

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And so the focus of this report is on birth equity and how the implementation of the dual benefit has improved birth outcomes for black and indigenous, pregnant, birthing and postpartum people who are experiencing the brunt of racism, disparities, and inequities and health care access services and delivery.

01:12:13.000

And we're aware of many of the concerns shared during previous stakeholder meetings regarding issues with the implementation of the benefits.

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For example, including payment reimbursement issues and hospitals not allowing doulas into labor and delivery.

01:12:31.000

And we also understand that there is a concern that the doula themselves are bearing the burden of being a solution and then there's concern about this. For the doula with themselves bearing the burden of being a solution for pervasive birth disparities.

01:12:48.000

So they're for to give a full picture of the implementation. We plan to include a description of these existing concerns and DHCS's attempt to address them in the report.

01:13:02.000

Could you advance the next slide?

01:13:07.000

So the DHCS team responsible for overseeing the report is the Program Evaluation Section.

01:13:14.000

Their roles to oversee the report and conduct a quantitative study that addresses the legislative requirements that were shared, on the previous slide and this team will be assisted by an external researcher who will advise and collaborate on the entire report as well as lead a qualitative component that specifically examines barriers that impede access to the benefit.

01:13:42.000

Lastly, the external researcher and DHCS will work closely with the DOULA implementation work group, who will receive regular updates on evaluation activities as well as have opportunities to provide support and feedback.

01:13:59.000 -

Could you advance one more slide? Thank you. So we're in the process of executing a contract with an external researcher and we do plan to introduce them to you at the next meeting, which is in April.

01:14:13.000

And so in May and June, we will begin evaluation activities for the report. And then in April of the following year we plan to share with you a draft of the report for your review and feedback.

01:14:28.000

And then in the following month in May, we'll share a final draft of the report, so we can then meet the legislative deadline of publishing the report on our website by July first. Thank you.

01:14:46.000 (Deitre Epps / Zachary Epps)

Okay, so we can go back to the previous slide. Please. And maybe back one more and so there is time now for sharing and feedback from each of the groups will do the round robin again please everyone take a moment to put your first thoughts in the chat.

01:15:07.000

If you'd like to give feedback or if you have questions, and we'll invite one of the DOULA representatives to share verbally.

01:15:21.000

At this time, what feedback do you have regarding the DOULA benefit implementation report?

01:15:44.000

Okay, we'll go to the healthcare providers. We'll come back to the DOULA group.

01:15:45.000

We'll go to the healthcare providers. What feedback do you have regarding the DOULA implementation report?

01:15:57.000 (Peggy Wheeler)

Hi, Peggy Broussard Wheeler at the California Hospital Association. Good to see you this afternoon. Looking forward to a collaborative approach to the producing of the report. I'm happy to help in any way we can here at the hospital association to identify appropriate hospitals for feedback. Both those that are identified as having put up barriers and those that are doing a good job of, accepting into their facilities, to give a balanced report.

01:16:38.000 (Deitre Epps / Zachary Epps)

Thank you. The consumer and community app. I'm sorry. Yes, the consumer.

01:16:39.000 --> 01:16:50.000

And community advocates.

01:16:50.000 (Alex Rounds)

Oh, just. I echo, what, said, it's a qualitative piece is going to be really important looking from different viewpoints from different viewpoints, from different viewpoints, from health care providers, Dolas, and the consumer.

01:17:06.000 (Deitre Epps / Zachary Epps)

Thank you. Health plans.

01:17:14.000 (Colleen Townsend)

Hi, this is Colleen Townsend from Partnership Health. And I'm curious about ensuring that the report will track and include metrics such as, you know, utilization, whether it's through claims and the different types of claims.

01:17:28.000

And, somehow getting at the penetration of the, of the use of the benefit.

01:17:38.000 (Deitre Epps / Zachary Epps)

Thank you, Colleen. And county representatives.

01:17:41.000

Oh, hi. Kristen from LA care health plan. I have one comment as well. I'm just going to see if.

01:17:57.000 (Deitre Epps / Zachary Epps)

One second, you're from the health plan as well. Yeah, we're actually doing we're actually doing a round robin and we're going to loop back to you as time allows.

01:17:58.000

So we're going to go county representatives, but you can put it in the chat and we'll loop back around because we have more time to do one more round.

01:18:13.000

Hi, Priya from LA. Oh, go ahead.

01:18:14.000 (Nicole Morris)

Hi. Thank you. Priya. Hi, this is Nicole Morris with the Alameda County Public Health Department.

01:18:15.000

I am interested in how Any sort of information that's being collected as part of this report will be used as we go.

01:18:28.000

I know we have the implementation group. But as we see in the chat there are ongoing barriers. That are existing currently with hospitals.

01:18:33.000

Managed care plans. And I'm really interested in how this report will also track and monitor marketing of the benefit to consumers.

01:18:45.000 --> 01:18:49.000

So just making note of that. Thank you.

01:18:49.000 (Deitre Epps / Zachary Epps)

Thank you. I'm having heard that, I want to see if DHCS wants to respond to anything that you've heard or we will continue with feedback but want to leave space for a response.

01:19:01.000 (Kristina Armstrong)

Yeah, I can go ahead and respond. One of the questions that Colleen, from the partnership health plan had was, if we're going to be tracking utilization with claims data, and we will be doing that.

01:19:15.000

And then, Nicole, I really appreciate your question. Just about, potentially tracking the marketing of the benefit and how the word is getting out there.

01:19:20.000

So I did write that down. As a note, and that's definitely something we'll think about.

01:19:35.000 (Andy Potter)

Can I make a?

01:19:36.000 (Deitre Epps / Zachary Epps)

Is that from DHCS? Okay, yes, can you introduce yourself, please?

01:19:39.000 (Andy Potter)

Yes. Yeah, hi, I'm Andy Potter. I'm DHCS. I recently introduced myself.

01:19:46.000

But, yes, nice to talk to you again. The other, the other comment I wanted to respond to one comment in the chat wishes to just lift up that yes we will be specifically speaking with who, who did not, or I'm sorry, with, with MEDI-CAL members who did not use a doula, and both those who may have sought may have been aware and sought access but were unable to access and those who are not aware, so that we can gain their insights as well.

01:20:18.000 (Deitre Epps / Zachary Epps)

Thank you. And just wanted to invite the panel, for a moment for everyone to take a moment and look in the chat at some of the comments that have come in.

01:20:27.000

From those who are either on the panel or who are listening in I will highlight there are questions about public education element of the results of the report patient satisfaction and, also a concern with the research making sure that American Indian, Alaska Native clients.

01:20:51.000

Are included in the data given that there are significant problems with accessing accurate data. So there are other comments in the chat that we invite you to look at and DHCS is also responding.

01:21:04.000

In the chat as well. So we'll take another moment to do another round. And then, so we'll go to the doulas first.

01:21:12.000

Anything else you want to share about the report? It would, and for those who haven't spoken yet, we would give space to you to speak first.

01:21:23.000

Who have spoken before. So we'll start with the Doulas. Any other response to the report?

01:21:36.000

I see a AJira's hand. I'm not sure she can't get off mute, but she's a doula.

01:21:43.000 (Ajira Darch)

Hi, hi everyone. Ajira here for Roots of Labor Birth Collective. I think one of the questions is definitely, how we're going to, how the reporting is going to engage, whether equity is, being achieved both from the perspective of the birth workers who enroll as dual providers as well as the folks who lived experiences they reflect.

01:22:12.000

And I also want to second. I think I'm seeing a lot of questions in the chat around how folks community and learning about the benefit because we have definitely been experiencing consistently that community members who are enrolled in medi-cal are not aware that this benefit exists and that's definitely concerning a year into it being live, as it were.

01:22:40.000 (Deitre Epps / Zachary Epps)

Thank you. And we will have in a moment just after this conversation, there'll be an opportunity to talk about some successes and challenges on the ground.

01:22:45.000

And so thank you for that feedback. We'll go around.

01:22:53.000

Oh, did you, I'm sorry, I have one more thing to say if I may.

01:22:59.000 (Ajiro Darch)

This is a Ajiro

01:23:00.000

Oh, go ahead, yes.

01:23:02.000 (Ajiro Darch)

I think the other, question has definitely been around how, you know, data is being collected.

01:23:09.000

I know we have this one email doulabenefit@dhcs.com. I know about now because I'm telling everybody about it constantly but will there be a more transparent way that feedback can be collected from folks because we keep being given feedback, which we then keep bringing up here and we have no idea whether, you know, how many other people are having this experience, where are their bottlenecks or barriers or struggles and it's definitely challenging to think about how as a community we can respond to

some of those struggles without being able to see anything other than knowing that there's one email address where people can, you know, email to ask for help on how to enroll with PAVE or hear from in managed care plan or find out more about sharing this information with, you know, people using that account. So I'm definitely curious to see if that's going to be something that's going to be developed.

01:24:10.000 (Rene Mollow)

So hi, Ajira. This is Rene with the department. So, thanks for the feedback.

01:24:15.000

So a couple of things. I think One of the things that we have learned, you know, through this process is that as issues are being presented to us so the team is working.

01:24:26.000

Very hard to follow back up, you know, to get those issues addressed. We try to use the one email so we can make sure that things are not getting lost in translation and or like within the department just given.

01:24:39.000

You know, the size of the organization. So the team I think it's doing a good job, but it may not be apparent from the outside looking in, but the team has been working diligently.

01:24:50.000

You know, since before the actual, implementation of the benefit of the issue, some of the things that we're here seeing here, you know, continue to track to the things that we're following up on.

01:25:01.000

Some of the things that are identified here, in the chat today are kind of new to me.

01:25:07.000

So we're going to be following up with our managed care plans. On that in terms of some of the challenges that you know we're continuing to hear.

01:25:17.000 -

As it relates to enrollment and all. The managed care plans are required to put out information on, coverage of benefits.

01:25:23.000

DOULA services should be in there. Lots of information sometimes people read what we put out sometimes they do not but part of the coverage of our benefits are in the explanation of benefits that comes through the managed care plans. But we too in the department we're going to be putting out a communication to our medical members to let them know about the new benefits.

01:25:53.000

We are going through that process of getting feedback, I think you all may have seen the letter that we're proposing to mail out to our members. But then also looking at other venues that we can get information out.

01:26:09.000

It's hard for us to kinda know who's out in that space so when we push information out whether it's through.

01:26:16.000

Our stakeholder updates. That's where we'll get a lot of information out. We'll use the work group members to say, hey, can you push this information out?

01:26:25.000

Well, also use the website that we have created regarding. The, you know, they do a benefit in and of itself.

01:26:33.000

So, you know, if there's other opportunities or other suggestions that folks have. You know, we welcome that as well.

01:26:42.000

Because we're we may not know all of the groups out there to reach out to but we would we hope.

01:26:50.000

Cannot require but like if we're pushing out information on the benefits. Of this benefit to our Medi-Cal members and we're sharing them broadly with the groups then we kind of look also to see how people can in the forms that they're in then disseminate and then always questions can come back to us but we do try to centralize for the, comments are coming back in so we can, you know, track and make sure that we're doing our due diligence.

01:27:22.000

And from the follow up on those issues. So do appreciate the comments and yeah, we'll continue to work to make sure that we are as transparent as we can be in terms of the issues that had been identified and then how we are working to address and then we also do have regular meetings with our managed care plan partners.

01:27:44.000

I will certainly, you know, have this as one of the items to do some additional follow up on but I but we do have efforts that are under way in terms of working with that are actively in place in terms of the department working with our managed care plans.

01:28:00.000

Regarding this benefit, the execution of this benefit and then making sure that people are aware of the benefit and then, you know, trying to overcome hurdles.

01:28:10.000

That may be out there in terms of doulas as being able to serve our medical members. I don't know if the team, if there's anything else the team wants to add to that, but again, thank you for that comment.

01:28:26.000 (Deitre Epps / Zachary Epps)

Thank you, Renee. We'll go to the health care providers, Dr. Martinez.

01:28:32.000

You had your hand up. Wanted to come to you.

01:28:36.000 (Antoinette Martinez)

Oh, yeah, sorry. If I put it in the text. Regarding the data for American Indians. Alaska Natives.

01:28:44.000

You know, you know, I was just looking at, state report on infant and maternal mortality morbidity and like one quarter of the data that's being reported.

01:28:58.000

On all these great charts. Shows American and the Alaska Native. 3 quarters are missing that data completely. It only speaks of the other races so it's a statewide problem and I'm hoping that that's going to be addressed not only for the DOULA services, but for all the issues related to. Indigenous health in California.

01:29:29.000 (Deitre Epps / Zachary Epps)

Thank you. A consumer, we have about 2 min left for this. So if there is a consumer and community advocate that would like to speak.

01:29:42.000

Manage care plan or health plan? Or a county represent. Priya, you had your hand up.

01:29:50.000 (Priya Batra)

Yeah, as County, thank you, Priya Batra, LA County Public Health. Just for the evaluation team.

01:29:54.000

As you look at designing your outcomes, like the quantitative piece of your study, will you share with this group like the plan around like what sample size you anticipate because I think July 2025 is still pretty early for looking at outcomes meaningfully. I'm just curious about that and then also, you know, the understanding that birth outcomes are multi-factorial.

01:30:16.000

And so like what other factors or characteristics will be looking at because I want to have you know we want to ensure it's like realistic in terms of the expectations of this benefit roll out at this stage to impact.

01:30:27.000

Both outcomes of interest.

01:30:39.000 (Deitre Epps / Zachary Epps)

Someone like to respond to that. We have about. Another minute left.

01:30:43.000 (Andy Potter)

I'll respond to both of the last 2 comments actually so in reverse order. So that's that is a key question I think.

01:30:50.000

Kristina was speaking to that when she mentioned, not producing a report that would sort of, place responsibility for resolving any existing birth inequities squarely on the shore, the shoulders of doulas, right?

01:31:02.000

And so I think that's, exactly the kind of what we're thinking about this is a place where we're hoping that once we bring an external research on board, they can help advise, looking for someone, what we're hoping to work with someone with experience.

01:31:16.000

Providing the right context for any quantitative outcomes that we may have to show. Yes, it's going to be a small sample size given how early it will probably have quantitative data from about from about one year, right?

01:31:27.000

And, and we know that it's been a year where the benefit has rolled out gradually. So, yes, we will.

01:31:35.000

That's an issue we're very aware of and don't have an approach to at this time but we'll be discussing over the next.

01:31:42.000

Okay. Much of the like literature on these types of interventions, it's like a study right where like you're excluding and including certain folks and like looking at outcomes like cesarean birth but we're not excluding folks who've had a part.

01:31:51.000

So just like think through things like that. I think this would be a good group a good group to turn to.

01:31:56.000

I'm looking forward to that absolutely as far as the inclusion of Native American, and Alaska Native, pregnant birthing and postpartum people.

01:32:05.000

I think a lot of that that's intentionally going to be a group because of the goals of this benefit.

01:32:11.000

That will be reached out to for interviews. In particular, right, the we understand, fully that this is a benefit that is, one of its major reasons for being implemented is to improve birth equity and so that's going to be largely that's the current plan is to sort of intentionally reach out to black and indigenous birthing people in particular for interviews.

01:32:31.000

Understanding that the quantitative data piece may be very small, there will be a focus on the qualitative side.

01:32:45.000 (Deitre Epps / Zachary Epps)

Thank you. If we could go to the previous slide. We're going to now give an opportunity.

01:32:52.000

For you as DOULA implementation work group members and those who are joining, and listening in. To provide some on the ground guidance about what's been happening from your perspective around successes with the DOULA.

01:33:09.000

Benefit as well as some of the barriers, right? So we wanted to give you this is a specific this is a specific request from the co design team and we want to capture this information very clearly.

01:33:21.000

As you can see this list, the, DOULA implementation, the role and the report that will be published.

01:33:30.000

What are some successes and challenges? We're going to invite you to go to, the chat is one way of capturing it, but we want to give you the opportunity to see, to, share this beyond the chat.

01:33:44.000

So we're going to invite you to go to a platform to share the information. And it's called Mentimeter.

01:33:50.000

Some of you may have used it before. We've used it in previous meetings. But it's in the chat now.

01:33:55.000

You can go to [menti.com](https://www.Menti.com). But you can click on the chat. I have the link in the chat and just go to www.Menti.com. And the code is going to show up in just a moment but if

you if the code is 4919 1228 and we're going to invite you to share first of all what are some Well, let's pause for you to give you a chance to go there.

01:34:28.000

So go ahead, click on that.

01:34:38.000

And that should take you right into the MENTI. If you are not able to access it for some reason because of technology, feel free to use.

01:34:49.000

The chat function, but this menti meter will enable us to, learn a little bit about who's on the call.

01:34:57.000

The first one is about what role, we want to know who all there over a hundred and Let's see what number are we at now?

01:35:05.000

Right now there are 100 almost a 150 people who are joined in and the first question really is about who are you what role do you play?

01:35:16.000

What role do you currently play with, connected to do, child outcome and maternal health outcomes.

01:35:26.000

What role are you in? And the roles listed. For the are here. I'm actually going to.

01:35:37.000

I'm actually going to see if I can share. This screen for a moment.

01:35:44.000

So go ahead, put what role that you are playing.

01:35:50.000 00

If you can pause screen sharing for just one moment, Ed.

01:36:04.000

Thank you. This will give you a little bit of information about who.

01:36:13.000

What roles are, currently on the call?

01:36:18.000

So you can see that, there are quite a few doulas who have, responded.

01:36:19.000

This is, as people continue to respond. We know that, you know, these numbers will change, but this just gives you a chance to see who's on the call.

01:36:36.000

It will give you another moment to. Share what role you play.

01:36:50.000

And we'll go to the next slide. And now we'd like to invite you to share.

01:36:59.000

Based upon your on the ground experience. What are some successes you're seeing as in the DOULA MEDICAL benefit?

01:37:08.000

Please put your role in your response. So example, for example, put DOULA and then put the success.

01:37:15.000

Or put, manage MCP for managed care provider managed care plan and then put the success.

01:37:21.000

So go ahead and. Place. If you have 2 roles, you can put both roles or if you want to respond from one role, you can just put that one role.

01:37:38.000

What are some successes you're seeing in the DULOM MADICAL benefit on the ground?

01:37:44.000 \

If you're not able to access Mentimeter, please feel free to put your response in the chat.

01:37:49.000

But you'll see some of these. Successes that are coming up.

01:37:57.000

Optimism, clients are excited. There's an uptick in black and Latinx.

01:38:02.000

DOULA enrollment. If you look on the screen, you'll see some of the responses that are coming in.

01:38:11.000

Providing doula support for clients who would otherwise would have not had access to that support and then otherwise would have not had access to that support and being compensated for it.

01:38:22.000

Celebrating the reimbursement rate increase.

01:38:29.000

And please remember to put your role. As well, I see some MCP. I see some doulas.

01:38:35.000

I see providers. Please put your role as well as the success.

01:38:47.000

Okay. There, building a relationship between managed care plans and community doulas to better understand the needs of our members.

01:38:58.000

In the rural low population communities with great distances. That's populators and centers have had low enrollment.

01:39:05.000

Some have just begun to have a single. DOULA enroll as providers. It's a start.

01:39:11.000

And this is from a community advocate.

01:39:14.000

Alright, so we will keep this information and have it collated and brought all together so that you can celebrate your successes and build up on what's working.

01:39:27.000

As a part of your recommendations. We all we also know that there are some barriers. And so we want to give you the opportunity to share about those barriers.

01:39:38.000

And we want to focus in from your role if you could address or change one barrier, what would it be?

01:39:48.000

From your role if you could address or change one barrier, what would it be? Please add your role to your response.

01:40:12.000

And I do see we have some answers in the chat as well. A lack of doulas willing to contract with managed care plans.

01:40:32.000

From a doula of the reimbursement and lack of ease for MEDI-CAL providers. And then another, ease of enrolling lots of red tape.

01:40:42.000

Okay. Simplify the enrollment process with managed care plans.

01:40:50.000

So we're getting a few responses from managed care plans and doulas if you're a community, organization or community.

01:40:58.000

Advocate or county representative, please share your perspective as well.

01:41:13.000

Okay. Remove managed care plan recommendation requirement for additional postpartum visits.

01:41:23.000

Okay. All right. So this is your opportunity to share around barriers. And, it will go back to the, this will stay open, but we'll stop sharing screen for the moment and go back to the, Back to the room and we'll give a chance.

01:41:39.000

For verbal input from the group and we'll start with the Doulas and maybe someone who we haven't heard from yet would be have the opportunity to speak for on behalf of the You can share a success or a barrier, whatever you would prefer.

01:42:12.000 (Linda Jones)

I'll go. I think all of the, as everyone said in all the things. The paperwork that needs to be done, the billing problems, the managed care problems.

01:42:24.000

All the things they're saying the way of do is just doing their working and moving on and helping people.

01:42:30.000

This becomes so complicated that most people even with the rates increased. Not sure they want to do it.

01:42:37.000

And that's not helping the people who we're trying to get to even find out about the benefit.

01:42:39.000

It at all, you know, if providers don't know it, then it's even a thing.

01:42:48.000

And that's really bad after a year. So I see lots of barriers.

01:42:55.000 (Deitre Epps / Zachary Epps)

Thank you. Health care providers.

01:43:02.000 (Kristina Swain)

Hi, this is Kristina Swain from Ventura County Medical Center. And I just want, I know it's been a year, but there are there's baby steps and you know I feel there's been some progress working with our managed care provider Gold Coast.

01:43:16.000

They've been very supportive. Where I think closing in on some Cclosing in on our final steps of moving like a pilot program forward were.

01:43:26.000

We're using the CBO and I'm having some, doulas that will go through a training program and then service through our hospital.

01:43:34.000

So, you know, I'm hoping that it can be a model that works and that the hospitals will be supportive of the doulas that come in and the hospitals will be supportive, the doula that come in and will be servicing, you know, big population of women that, you know, indigenous speaking women, that's, you know, that's our focus group right now and then open it up to, you know, to the bigger group. So, I, you know, again, I know there's, small steps and there's always a lot of.

01:44:01.000

Barriers, but you know, we just gotta keep pushing forward and I think we're getting close.

01:44:06.000

So thanks for the support and the increase in rates. I think that that will be helpful.

01:44:11.000 (Deitre Epps / Zachary Epps)

Thank you. Consumer and community advocates.

01:44:19.000 (Alex Rounds)

There's a lot of outreach that would be, if outreach is a barrier, reaching all of the, reaching consumers, to let them know that the that the benefit is already improving.

01:44:31.000

And that it's getting easier to get. Enrolled, that those processes are becoming part of our, you know, the pave systems getting a little more aligned, more tutorials on there, those kinds of things.

01:44:47.000

Are there but people don't know that they're accessible. And so making that more accessible, I'm seeing a lot in the chat about coaching, which I think is fantastic and I'm happy to share that out.

01:44:59.000

But I'm also seeing, some resistance from health care providers that, discouraging the need for doula support, which is another barrier that that's great.

01:45:16.000 --> (Deitre Epps / Zachary Epps)

Thank you. Manage care plans.

01:45:32.000

County representatives.

01:45:36.000 (Nicole Morris)

Hi, this is Nicole Morris with the Alameda County Public Health Department. Ajira wrote this in the chat, but and so have others but financial I see Jemilia White wrote this but financial support for the community-based organizations that are holding this work.

01:45:46.000

I know of 5 organizations are representatives from organizations that are on this call right now that are doing labor that continues to go uncompensated to support with doulas becoming providers as well as marketing the benefit to consumers when possible in addition to also holding this work as doulas.

01:46:10.000

So there's still so much labor that's going uncompensated and acknowledged. And then the process with managed care plans as many folks have mentioned just the timing of all of that.

01:46:23.000

Is an additional barrier, just the loss of time that folks are facing with it being uncompensated.

01:46:30.000

Just wanting to name that.

01:46:34.000 (Deitre Epps / Zachary Epps)

Thank you. And, I, we are. About 1 min before a break, is there anyone from DHCS that wants to close out this conversation about successes and barriers regarding what you've heard.

01:46:48.000 Rene Mollow

So hi this Rene, so I'll chime in. So first off. As you all know, for those of you that have been working on this since the beginning.

01:46:58.000

Really, really appreciate. The feedback. We recognize the challenges. We have been doing our best to try to address them.

01:47:08.000

Some things are easier than others. I think we have made some really good strides based upon the feedback we have gotten from.

01:47:16.000

The work group in and of itself. So I do appreciate the acknowledgement of that, but also understand the challenges.

01:47:23.000

There are some things we're not going to be able to address because of how we are structured.

01:47:28.000

As a state agency. And how the program in and of itself operates. So I do recognize, you know, some of the challenges that people talk about in terms of the time sink, you know, with the enrollment and all of that.

01:47:44.000

But that's the nature of a Medicaid program. Unfortunately, I think, you know, we have also tried to be nimble as a state agency can be in terms of trying to meet the needs on the enrollment front.

01:48:00.000

And working with, you know, the doulas setting up, you know, information and, and providing technical assistance.

01:48:07.000

You know, for the, enrollment. And I also think just because of the advocacy in the space, but also the value that we see for DOULA's.

01:48:16.000

You know, the work that we have done. As it relates to the rate increases and making sure that our DOULA community, our providers were included in that.

01:48:27.000

We recognize is not going to solve all the problems out there and likely also recognize that there are some areas where people last can there be compensation either for the time to complete applications or travel and all of that.

01:48:40.000

That's just not how we're structured, but we do hope that with the provider rate increases that were identified.

01:48:48.000

That will it will help to obviate some, not all, of those financial pressure. So I think you know.

01:48:57.000

The other thing I'll say is also do recognize because I think it was Kristina or maybe Alex who said, I can't remember, my apologies, but you know, anything that we do in the Medicaid program, it does take time.

01:49:11.000 --> 01:49:19.000

And this was a huge change. In the structure of benefits from what we have historically offered.

01:49:19.000

So we recognize there was a lot of need to do TA with the DOULA community that continued and is ongoing.

01:49:27.000

And so we know we need to continue to have. You know. Eyes on that and continue to manage to that, but it does take time in terms of getting these benefits up in operationalized, making sure one is aware.

01:49:40.000

Also recognizing like we, the department, we don't really have a lot of insight in terms of the full breath of doulas that are out here in the state of California.

01:49:57.000

So I think as we continue to, you know, engage, understand that kind of know because Today we're still covering, you know, just under 14 million individuals.

01:50:03.000

We cover half the births here in the state of California. And recognize that the, the structure we have put together.

01:50:17.000

Is a structure to support. A diversity of health care providers in terms of meeting the needs of our population and we do believe in the value of what the doula is bring to the table in terms of serving, you know, our working populations, especially our populations of color.

01:50:37.000

So again, I want to acknowledge. And you know receive the concerns that people are raising today you continue to have our commitment in terms of working with folks on this.

01:50:51.000

As we work together. To try to address the problems. Are we going to solve everything we're not?

01:50:58.000

But are we going to implementally address and make improvements? Absolutely. So, you know, I do ask for patience in that respect, but I don't ask that you stop sharing with us because that's the only way in which we're going to make improvements.

01:51:15.000

In this program and in the benefit itself. So again, thank you all. So those are the comments I'll say on behalf of the department and the team.

01:51:23.000

Based upon. The information that has been shared thus far in the meeting. So thanks.

01:51:30.000 (Deitre Epps / Zachary Epps)

Thank you, Renee. And I just wanted just before we're going to take a 10 min break and I wanted to just point out the logistics of today's call.

01:51:36.000

You're seeing the screen that says Ed Torres. That is a group that has been that space that's been made available for Individuals who want to come in person and that's been made available for individuals who want to come in person and have access, who might not be able to join otherwise.

01:51:53.000

That's why you're seeing the group in that room today. Those accommodations that have been made to allow space for that.

01:51:56.000

You're also seeing some people who are, from DHCS who are in different places.

01:51:59.000

So you're seeing them come in on screen from where their locations are and then you have others who are work group members.

01:52:07.000

That you see and that can respond. And then if you're not able to respond, it's because you're in listen-only mode and you're able to respond in the chat.

01:52:21.000

I didn't, I just noticed that someone was trying to get off mute. You may be in listen-only mode and those are public comments and chat function.

01:52:29.000

Is reserved for that. I hope that clarified the setup for today as we move to take a 10 min break and then we'll come back and move to the next conversation.

01:52:44.000

We do encourage you to move away from your screens, get some water, move around, and we'll see you in 10 min.

02:02:16.000 (Deitre Epps / Zachary Epps)

Alright, we're going to prepare to continue the meeting.

02:02:22.000

If we folks had a chance, to take a break. We have about.

02:02:30.000

Couple more items left on the agenda, but if you'd like you can rejoin my camera or give us a thumbs up or note in the chat that you're ready to Continue.

02:02:39.000

Thank you for the participation so far. We are going to continue the conversation now. Around the roles of partners and how different groups can contribute sort of from different perspectives and roles.

02:02:59.000

Specifically, we've heard the different affinity groups that are represented. I'm going to hand it over to DHCS, I believe Ken, to walk us or really open up the conversation around the role of key partners.

02:03:17.000 (Ken Wilkerson)

And we've already touched on this a little bit, but just going over the DHCS roles and responsibilities.

02:03:23.000

One is just working with the dilemma, to address SB. 65 requirements and also collect and provide data for the work group to consider in its recommendations, to include a report to the department and also the legislature in its recommendations, to include and report to the department and also the legislature as well.

02:03:29.000

Also, write the report, share draft with the state. Next slide, please.

02:03:51.000

So the role of the key partners, which of course includes the health care providers, consumer and community advocates health plans, county representatives and other stakeholders to overall provide insight and perspective from your expertise to ensure DOULA services are readily available.

02:04:01.000

In addition to that, the role of key partners is to also identify barriers to services and recommend solutions for inefficient and effective continued partnership.

02:04:18.000

So with that, I will turn it back over to RACE For Equity.

02:04:25.000 (Deitre Epps / Zachary Epps)

Yeah, appreciate that. And that overview and wanted to open it up to, members.

02:04:33.000

Obviously representing different groups. We heard, you know, sharing perspectives, recommendations. Really want to open up to members how clear are you?

02:04:44.000

We'll take the next few moments how clear you are regarding your role with the Medical Benefit implementation group.

02:04:50.000

That can be.

02:04:55.000

Really share through the chat or

02:05:00.000

If there are any questions posed about the role, you can make them known. We have about 7 or 8 min to answer any questions or thoughts around.

02:05:13.000

The role from your perspective, whether it's a doula health care provider consumer and community advocate.

02:05:21.000

Manage plans or county representatives.

02:05:25.000

Just wanted to do a check for clarity. Are you clear around your rules? Are there any questions about that as we go forward.

02:05:45.000

Okay, good. I this is an active chat so I know if things don't start popin immediately almost so it's good okay so good I see some things are coming through actually what are the roles of social worker I'm clear one so thanks for letting us know Dr. Pepper you're clear what are the roles of social workers here?

02:06:09.000

Someone want from DHCS or wanna speak to that from the, either requirements perspective or?

02:06:31.000

Sorry, Jim, we can't really, I don't, I don't think it may not just be me but I can't really hear you.

02:06:44.000 (Jim Elliott)
Better?

02:06:46.000 (Zachary Epps)
Yes, it's better. It is better.

02:06:49.000 (Jim Elliott)
Okay And, so thank you for the question. We really do appreciate perspective. I would say the ?song? of the social worker would be All the groups as these questions come up, we would appreciate your thoughts.

02:07:11.000
Range.

02:07:20.000 (Zachary Epps)
Sure, it looks like we've lost the audio. Can't hear I can see you talking but we can't hear you.

02:07:28.000
I know you, you started saying that they can fit in. I don't know which some of the groups or you said some in terms of sharing the perspectives but we can't we can't hear you.

02:07:36.000
Okay. I will add it.

02:07:43.000 (Jim Elliott)
I see they moved the microphone even closer to my face. The role the social worker would be the same was for all members of our group and the public.

02:07:57.000
People would comment on issues to bring their perspectives, their insights on the issues that we're discussing because With respect, as we receive the better policy, we can develop better recommendations that the work group can develop.

02:08:34.000 --> 02:08:42.000

I just use the chat.

02:08:42.000 (Deitre Epps / Zachary Epps)

Okay, that did come through and it's the first time this hybrid models being used so some you know some of the hiccups will be ironed out for future meetings I'm sure so appreciate that so Jim we did here you're going to put the response in the chat there was a follow-up seems like social workers can be better positioned to bridge the gaps.

02:09:05.000

And so it might be helpful to know even which. Which group social workers would fit into if I would offer that.

02:09:13.000

Follow up as well. So good. We did see some unclear and I don't see any other questions.

02:09:21.000

So we'll be able to

02:09:26.000 (Jim Elliott)

Follow-up. It looks like licensed social workers can make formal recommendations. And those who work in perinatal services can help connect their clients.

02:09:36.000

To do this and can inform this group about barriers that clients are encountering. So it sounds like a social license, political social worker is an equal member of this team if you're an implementation worker member and can really fit in as it's been described.

02:09:57.000 (Deitre Epps / Zachary Epps)

Okay, we're going to so good. Thanks for that. That's actually something to celebrate.

02:10:03.000

We give great thanks for that. That's actually something to celebrate. We, very for equity, we do celebrate the small win.

02:10:08.000

It's the small win. So role clarity is a small win. It's the small things that make the big things happen.

02:10:09.000

So as we move forward that's something that make the big things happen. So as we move forward that's something too important to sustain.

02:10:15.000

Oh, I do see a question. So yeah, we'll take this one comment before we move forward.

02:10:18.000

Nicole?

02:10:24.000 (Nicole Morris)

Thank you so much. I remember when we discussed role clarity in our co-design meeting, this was more so around implementation and enforcement of the benefit and just wanting a better understanding of how DHCS has influence over managed care plans to actually enforce.

02:10:42.000

Some of addressing some of the challenges that people have mentioned throughout today as well as hospital partners, but more so around like just bureaucratically where is the actual enforcement around addressing any of these challenges.

02:11:00.000 --> 02:11:05.000

Thank you.

02:11:05.000 (Deitre Epps / Zachary Epps)

Thanks and we may have to put that in a chat response or follow-up but very appreciate the question and I saw a head nod from Ken, so that'll always be a chat or be able to be able to follow up with that, question.

02:11:23.000

And around some of the some of the formal authority that comes along with . And the medical plans.

02:11:37.000

Alright, so we will.

02:11:41.000

Move forward and have a conversation around the needs assessment recommendations and the recent response to the recommendation so I'm going to hand it back over to Deitre to walk us.

02:11:58.000 (Deitre Epps)

And for those who are wondering, in case you are, Zachary is my son, some people are like, are they related?

02:12:05.000

Yes, we are. He's my son. I have the great pleasure of working with him regularly.

02:12:10.000

So some people sometimes people ask. So I want the purpose of this next conversation is for you to have a chance to hear back from the Department of Healthcare Services about the needs assessment that race for equity conducted and many of you gave your input insights through surveys through focus groups through feedback through the doula stakeholder work groups and the recommendations were shared with DHCS.

02:12:40.000

So this conversation is for you to hear back from DHCS about those recommendations and what their role is in terms of the MEDICAL benefit.

02:12:51.000

And so hopefully you'll continue to have deeper clarity around the role of DCH HCS and how they'll move forward with the recommendations.

02:12:54.000

That you have shared with them through the needs assessment. So we'll turn it over now to the benefits team to share that information.

02:13:12.000 (Erica Holmes)

I just want to make sure everyone can hear me clearly.

02:13:17.000 (Deitre Epps)

Yes, that is working so that is coming through clearly

02:13:21.000 (Erica Holmes)

Excellent. Okay, so I'm going to walk us through. The recommendations as well as some of our responses.

02:13:25.000

We sort of lump them into larger buckets for purposes of having the conversation. So first I just want to acknowledge that in partnership with RACE for Equity, we were able to have this needs assessment which involved interviewing 96 doulas in both December of 2022 and January of 2023 and the purpose obviously is to help us better understand some of the challenges as well as areas for opportunities for improvement. The investment included recommendations that cover 5 broad categories as I mentioned, enrollment, hospitals, funding, managed care plans, and communications.

02:14:06.000

On the, we received a number of recommendations. The first, was related to integration with ISS or in home support of services.

02:14:16.000

As well as some additional support for training for enrolling, and then information recommendations around waving worker compensation requirements.

02:14:27.000

And so on the slide, recommendations around waiving worker compensation requirements. And so, on the slide you can see our responses, but as a general sort of approach, we did just want to share that from a benefit design and program perspective.

02:14:36.000

IHSS is a very different program, that is administered in partnership with the sister agency and so it's not something at this time that the department would be looking at relative to making any benefit structure changes.

02:14:50.000

That said on the additional support for training relative to enrollment, we are working to develop a checklist and a flow chart that will assist, to, and understanding the enrollment process and hopefully help to reduce some of the administrative burdens as such because the process will be more easily explained in a more accessible format.

02:15:11.000

And then on the worker compensation front, This is probably not surprising. Yes, DHCS doesn't have authority to waive state and local requirements in this space.

02:15:22.000

These are sort of beyond the purview of our department. But we do want to flag that DOULA who do not have employees that work for them are not required to purchase workers compensation under California law.

02:15:35.000

Next slide.

02:15:39.000

In the hospital space, I just want to share that we had a couple of recommendations, relating to developing policy recommendations for hospital access, which has been a big point of concern raised to us in this work group and through other forums.

02:15:53.000

And then providing a process for Doulos to share feedback regarding interactions they have with specific hospitals. So one of the things that we want to highlight is that DHCS is regularly engaged with our hospital partners and associations relative to benefits and access issues.

02:16:09.000

And we will continue to bring any issues that you all raised to us to their attention and assist with resolution whenever possible.

02:16:14.000

Additionally, recognizing that this is a particular area of concern for our Google partners and other members, we also have updated the all-plan letter which is released to our health plan partners relative to dual services which instructs the managed care plan to work with hospitals to ensure that there are no barriers to access.

02:16:37.000

And then to work with their in-network hospitals and birthing centers to ensure that doulas are allowed in addition to the support person to be present during those services.

02:16:47.000

Doulas are encouraged as always to email any specific instances of hospital-based challenges to the department at the email that's on the slide.

02:17:02.000

Particularly as Renee had shared earlier, any specific information about the hospital, if there's managed care. Next slide, please.

02:17:11.000

On the funding front, we certainly have heard, loud and clear, some of the concerns around providing funding to dual collectives and community organizations around financial literacy training.

02:17:25.000

And we also have heard the request for funding to doulas to support other Doulas through in the enrollment process so like peer-to-peer support.

02:17:34.000

On this front, we have the flag, but as a state agency, there's a formal state budget process that all of these types of requests have to go through.

02:17:46.000

We are happy to share any community resources. That are developed. We can post those on our Doula Services web page.

02:17:53.000

And we're also hoping that we can help socialize those with our plan partners and other providers of appropriate.

02:18:00.000

Relatives to manage care plan. We received a number of recommendations. The first was to provide training about the managed care plan enrollment process to provide additional training on billing processes and then to share update and list of enroll.

02:18:16.000

I think as all of you are probably aware, you know, we have a dedicated web page with resources relative to enrolling and billing medical for DOULA services.

02:18:25.000

We also have posted online the contact name, phone numbers and email addresses for each Medicare managed care plan.

02:18:26.000

That you can contact with regard to those contracting and billing questions. And we also maintain a list of enrolled.

02:18:39.000

And our contact information, that is shared with managed care plans every month.

02:18:47.000

The communication front. We also see the recommendation, to develop a position statement on the evidence of benefits of having a doula and then to create channels for bi-directional communication.

02:19:00.000

DHCS is constantly in a state of process improvement in the space and in other spaces as well.

02:19:06.000

At such that end, we've updated the doula webpage and our FAQ document on a flow basis with a position statement on research that support school of services in terms of their efficacy and support.

02:19:15.000

Which we recognize the value of. We've also issued a standing recommendation of was discussed earlier, which clearly indicates that doulas play a key role in preventing perinatal complications and improving health outcomes for our working population.

02:19:28.000

And we will continue to put forward. And reiterate our commitment in the space as we move forward.

02:19:38.000

And additionally, I also just again want to say that if there's any specific feedback, that you can submit those comments and questions directly to our team and we will respond to the comments and questions.

02:19:54.000 (Deitre Epps / Zachary Epps)

If we can go back. Thank you. If we can go back to the previous slides, just so that folks can.

02:20:02.000

Be reminded of what you've shared. We'll go back to the I think to the first slide around this presentation and then that way if someone wants to respond specifically.

02:20:12.000

And then that way if someone wants to respond specifically. Well, go to the next slide, please.

02:20:17.000

That way if someone wants to respond specifically to either enrollment, the enrollment slide, but any of the slides will go back to it.

02:20:25.000

But we'll start off by inviting everyone to put your thoughts in the chat. And around enrollment.

02:20:35.000

Any, enrollment? And we'll go to the next slide.

02:20:41.000 0

As reminder what was shared about hospitals, each of these links are live and active on the slides which will be placed on the web on the web page and then.

02:20:55.000

The next slide please. Funding.

02:21:04.000

And then finally, managed care plans.

02:21:13.000

And communication. So we'll start with we'll start with anyone who wants to come off. Mute verbally and share from the DOULA group.

02:21:25.000

One person who would like to share from the DOULA group. You can raise your hand if you'd like to share from the DOULA group.

02:21:32.000

I know there are a few of you and then you can decide who. Who speaks?

02:21:43.000

Okay, yes, go ahead.

02:21:48.000 (Linda Jones)

Is that me?

02:21:49.000 (Deitre Epps / Zachary Epps)

Yes, I think you're the only one with your hand up. Yeah.

02:21:52.000 (Linda Jones)

Okay. From everything I've heard today and see in the chat, it seems that. The doulas are there trying to do this have managed to get through paid with everybody's assistance on this call.

02:22:05.000

Not by themselves. But when it comes to managed care plans, it seems to be falling down drastically.

02:22:12.000

With Kaiser saying they aren't accept anymore, to people that being paid on time and contracts that refer to other.

02:22:24.000

No, Thanks, I have doulas saying just ignore that. I really I don't understand how we're allowing doulas to sign contracts that lawyers have not looked at and when they don't know anything about what they're signing.

02:22:36.000

I think there's a problem there. How do we get this to be a smaller transition for doulas to sign up with Medicare plans?

02:22:47.000 (Deitre Epps / Zachary Epps)

Thank you. Would you, are you? Is there a specific group that you're asking that?

02:22:55.000

At this time, or you wanted to, is it?

02:22:57.000 (Linda Jones)

Anyone on here, the managed care plan that can tell us how we can help these people to get through the system.

02:23:04.000

I don't understand why they can't come up with one. Standardized contract format for a doula.

02:23:11.000

There's not that many managed care plans. In the different areas even if it's for different areas if you know the Bay Area could there's only 2 or 3 here could come up with one contract for them to sign and LA one contract wherever it is in California find a you know kind of a centralized place and come up with one contract for that area.

02:23:30.000

That someone has looked at. For these people to sign and How long is it taking them to pay people?

02:23:36.000

What is the average turnaround for pay? When they're signing up with the managed care plans because as many people in chat have said, Yeah, we are.

02:23:48.000

Doing this are not doulas who are wealthy. They're doulas that're coming from the same length experiences people are working with.

02:23:55.000

And it's not sustainable for them to go, you know, 2, 3 months without getting paid.

02:24:00.000

For the work they've done. This is not easy work. And they should be paid in a relatively smooth and easy and Quick fashion.

02:24:10.000 (Deitre Epps / Zachary Epps)

Thank you. So we would, and I would invite folks from the managed care plans, put your responses in the chat.

02:24:16.000

And hopefully that is something that. Possibly can be followed up on in future conversations. In terms of the information that was presented around the recommendations, with someone from the healthcare providers.

02:24:33.000

Respond would like to respond to what you've heard about the recommendations.

02:24:42.000

And maybe we can put up the slide for hospitals. Just so we're tracking.

02:25:00.000

Anyone from the Healthcare providers, would you like to respond to anything at all? But this is specifically around hospital.

02:25:13.000

Okay, someone from the consumer and community advocates. Is there anything around the recommendations you'd like to respond to?

02:25:23.000 (Alex Rounds)

I'd like to share that. I'm, pleased that they're findings work to, where MC piece must work with hospitals to ensure there are no barriers to access, but I would also want to.

02:25:34.000

Encourage. Team based care education, and to make it a more welcoming environment to value the work that doula is do because there can be an adversarial.

02:25:46.000

Perspective when doulas enter a birth space and really want to encourage that the hospital-based providers to understand that they're Well, the nurses and the hospital providers are doing great work.

02:26:00.000

So, and together we can really make those outcomes much better.

02:26:06.000 (Deitre Epps / Zachary Epps)

Thank you. Just wanted to note that in the chat regarding the previous comment that, Emily Earhart is sharing.

02:26:16.000 (???)

This is great feedback regarding the language in the contract. And thank you for the insight. I will take this back to my team at Alameda Alliance for health.

02:26:26.000

And Christina Lars says great idea, legal contracting and negotiation support for community-based dealers, ensure insurance companies aren't perpetuating predatory practices.

02:26:37.000

Okay, and so just wanted to highlight that and if others want to share from the managed care plan perspective and response to Linda Jones.

02:26:45.000

Question of that around that work please feel free to do so anyone from the managed care plans or health plans want to come off mute?

02:26:54.000

You can respond to the recommendations or you can respond directly to the request for more information from Linda Jones.

02:27:09.000 (Colleen Townsend)

This is Colleen Townsend for Partnership Health Plan. You know, I think that it's really valid and brave to request that to really lay it out there in the APL that MCPs need to work with the hospitals.

02:27:20.000

However, it's really, I will just say it's. It's not super easy and sometimes it can be awkward, but I'm willing to do that with our doulas and I'm really appreciative that.

02:27:28.000

In our plan as a few doulas have had difficulties with their hospital relationships that we've been able to at least try to learn into our relationship with the hospitals.

02:27:37.000

To get at some of the challenges in the biases that they have doing some all-staff teaching, etc.

02:27:44.000

And I think it remains to be seen how effective that is because over time we'll know more, as new doula has come on.

02:27:52.000

And into the benefit and may face the same barriers because they're just a brand-new person. In, in the program, but we're looking forward to working better over time.

02:28:00.000

And I would love to know. I will just put out there to the community like if there are.

02:28:07.000

Mechanisms or tactics that you've used to be really effective with hospitals. I would love to know what they are.

02:28:13.000

We've been I've been working both proactively, but also as issues arise trying to meet with hospital teams.

02:28:20.000

And introduce to create some mixers within our communities with the Doulas and the hospital staff to try to create relationships.

02:28:30.000

Thank you. And.

02:28:32.000

And I'll just comment about Linda. Your comments about the challenges. It's triggering for me in need for us to I really hate to add additional burden to our who have credentialed and contracted with us, but I think maybe we need to institute at the end of their process just a really quick survey that says how painful was this on a scale of 0 to 10.

02:28:52.000

And if it's over 5, then maybe we need to get into more details. You know, just to really get the feedback around it.

02:28:59.000

So that for our pro I can't fix all the I appreciate the notion of everyone having a uniform.

02:29:03.000

Managed care plan process. I'm not opposed to that at all. However, for me, with partnership, we're in 24 counties.

02:29:17.000

So we can hopefully make the process easier. And our counties. And if we're able to get feedback, perhaps share that out here as to what are the pain points.

02:29:27.000 (Deitre Epps / Zachary Epps)

Thank you, Pauline. It's the opportunity for county representatives to share your feedback or insights regarding the recommendations.

02:29:41.000 (Priya Batra)

This is Priya from Los Angeles County. Appreciate Dr. Townsend being here as a plan representative.

02:29:47.000

That is tough and we are glad you're hearing us. One challenge I just wanted to, well, actually this is a question for DHCS.

02:29:54.000

In terms of like accountability, I think it would be very interesting for us to understand, given like we're having real challenges and seeing a lot of time to do formal health plan DOULA contracts.

02:30:03.000

I am assuming that many of the services being provided today or health plans are meeting that requirement to provide services through letter agreements, which are like individual to each DOULA and each client, which is not the same.

02:30:14.000

As a formal contract, right? That's much more burdensome. So I was asked, I would like to see DHCS break down maybe in this evaluation like how many actual contracts have been executed.

02:30:25.000

Versus kind of quick and fast letter agreements because I think that can cloud the picture of how successful benefit rollout really is.

02:30:32.000

Thanks.

02:30:35.000 (Deitre Epps / Zachary Epps)

Thank you. And we are. Just, about at time, we have about 2 min if any of the DHCS team would like to take the last 2 min of this conversation to share.

02:30:49.000

Reflect back what you've heard or to respond to anything that you've heard.

02:30:57.000 (Erica Holmes)

Erica, yeah, I just wanted to acknowledge Priya's comment. I think that's a really good flag and something we can certainly take back and discuss with our internal managed care partners.

02:31:06.000

You have oversight in that space. I think it would be informative to know exactly what is being executed in this space.

02:31:14.000

So we will take that back as an action item.

02:31:21.000 (Deitre Epps)

Right. There are there are clearly some recommendations that need deeper comment, deeper thought. Feel free to, forward your, clarifying questions or insight to the email.

02:31:38.000

That is the doula email and there will be follow-up in future meetings as well.

02:31:46.000

So we'll close out this conversation for now regarding recommendations and I'll pass it back over to Zachary.

02:31:57.000 (Zachery Epps)

All right, thanks as you can see on the screen. There's the calendar of future stakeholder meetings.

02:32:06.000

The next one is in April 12, 2024. I will also share on the chat if it hasn't been already a frequently asked questions document that might be helpful for you or even to share with others regarding.

02:32:24.000

The implementation efforts. And so we will be able to. Continue the conversation again.

02:32:31.000

Thanks to the co-design team. We'll be able to follow up in that space to be able to hear not only how to What went well in this meeting, but how to plan for that April meeting.

02:32:44.000

So the conversations will continue about how to best. Sort of design these spaces. And so there's some things happening in the chat.

02:32:54.000

I don't There's about 5 min, so it's over. I'm not sure how we want to handle that.

02:33:01.000

If they just wanna be logged or.

02:33:05.000

If we want to use the last 4 min. That's about all in terms of the next steps.

02:33:15.000

Right, so the questions will be captured and followed up on. As a part of next steps.

02:33:18.000 (Deitre Epps)

And the chat is again, that information in the chat is collected as well. So I will pass it back over to the DHCS team to close out as we move forward for next steps.

02:33:37.000 (Erica Holmes)

Yeah, so I did just want to again thank everyone for their time today. Fully recognize that everyone's very busy.

02:33:41.000

But this is a very important benefit that we want to make sure that we are hearing your feedback on to engage in process improvement.

02:33:49.000

I wanted to acknowledge, a comment that was in the chat earlier on today regarding the format of today's meeting.

02:33:54.000

I recognize it's just a different format than some of our prior meeting with you all. So we are going to take that feedback, and talk internally about maybe making some adjustments going forward, recognizing the value of having a more conversational approach to do types of meetings that we can hear from more individuals.

02:34:16.000

So that is going to be an action item for both, and the RACE For Equity team as well because we want to make sure, folks are having a chance to get their feedback heard and that we are also socializing changes to the meeting format and structure with our members.

02:34:28.000

So thank you. Again, for your participation today. We really appreciate it. I hope you all have a good rest of your day.