

Doula Implementation Stakeholder Meeting

DHCS Benefits Division

January 31, 2024

Meeting Purpose

- » DHCS convenes the workgroup to examine implementation of doula services in Medi-Cal and to inform DHCS' report to the Legislature with data on Medi-Cal members using doula services and recommendations to reduce any identified barriers to doula services.

The workgroup will address the following:

- » Ensuring that doula services are available to Medi-Cal members who are eligible for and want doula services.
- » Minimizing barriers and delays in payments to a Medi-Cal doula or in reimbursement to Medi-Cal recipients for doula services.
- » Making recommendations for outreach efforts so that all Medi-Cal members who are eligible for services are aware of the option to use doula services.
- » Helping to inform DHCS' report to the Legislature with data on Medi-Cal members using doula services and recommendations to reduce any identified barriers to doula services

Workgroup Logistics

- » Workgroup members are the only stakeholders who can speak during the meeting.
- » All other 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 by February 5th.
- » DHCS will review all feedback/comments on discussion topics submitted via email (DoulaBenefit@dhcs.ca.gov) and via the chat function.

Instructions for turning on “closed captioning”

- 1. Join the Zoom Meeting:** Start by joining the Zoom meeting as you normally would.
- 2. Access the Zoom Controls:** Once you are in the meeting, locate the Zoom toolbar at the bottom of the screen.
- 3. Click on “Closed Captioning”**
- 4. View Captions:** Once you've enabled captions, you should start seeing them displayed on the screen as the meeting progresses. Captions will typically appear at the bottom of the Zoom window.

Agenda

1	Welcome, Purpose, and Agenda (10 minutes)	DHCS Staff Zachary Epps RACE For Equity
2	DHCS Updates (20 minutes)	DHCS Staff, RACE For Equity
3	Looking Ahead on Senate Bill 65's requirements (40 minutes)	DHCS Staff, Deitre Epps
4	Break (10 minutes)	
5	Role of key partners (10 minutes)	DHCS Staff, RACE For Equity
6	Discussion of Response to Needs Assessment (30 minutes)	DHCS Staff, RACE For Equity
7	Closing Remarks (5 minutes)	RACE for Equity

Appreciation of Co-Design Team



Doula Services Updates



Doula Services Rate Increases

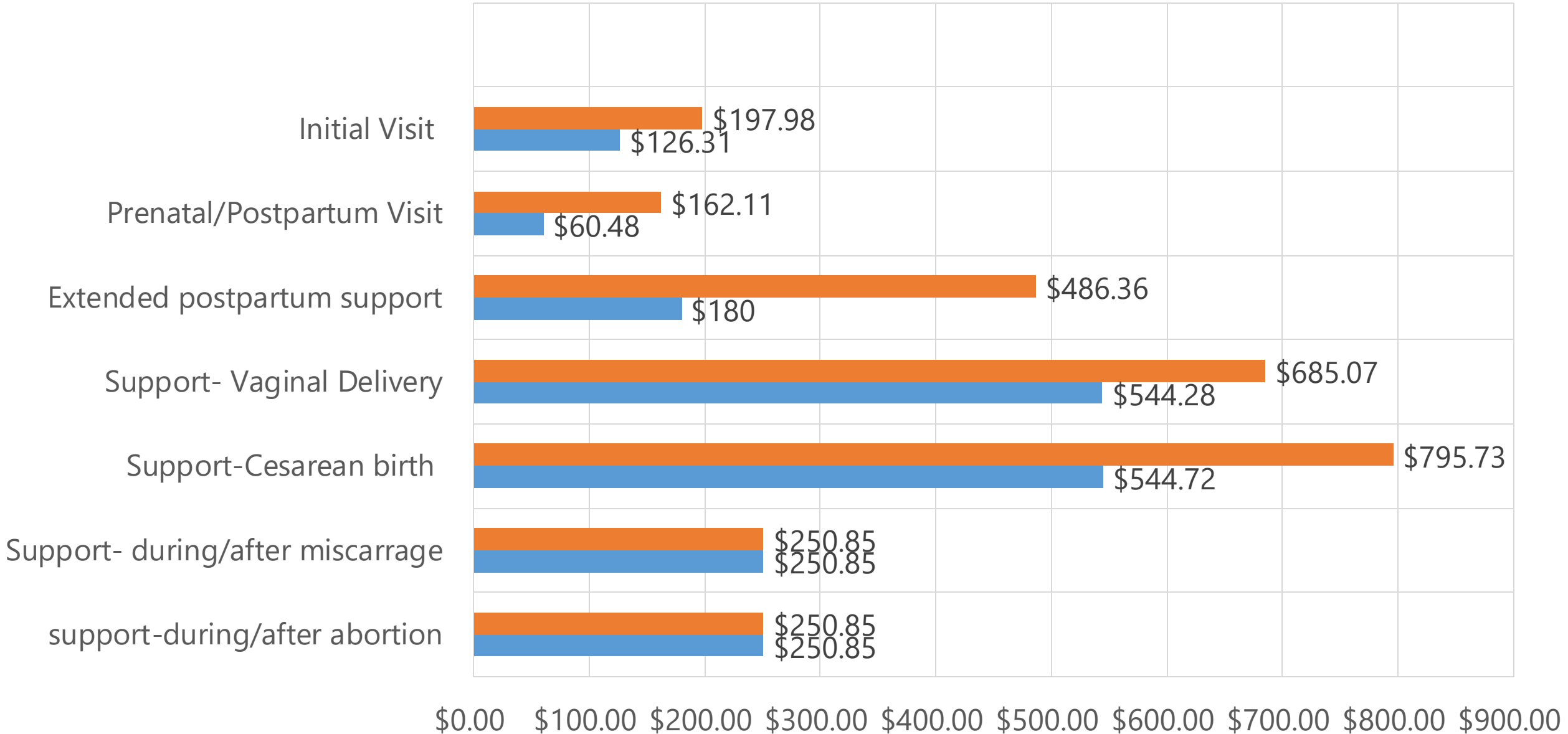
- » DHCS included doula services in the Targeted Provider Rate Increase for obstetric care.
- » Rates are effective for services provided on or after January 1, 2024, in fee-for-service and for eligible network providers contracted with Medi-Cal managed care plans.
- » California has the highest reimbursement rates in the country for Doula Medicaid services.

Payments per pregnancy

- » Current maximum per pregnancy*: **\$3,152.65**
- » Previous maximum per pregnancy*: \$1,514.34
- » *Maximum reflects the total number of services that may be provided with the initial recommendation:
 - One initial visit
 - Eight visits that may be provided in any combination of prenatal and postpartum visits
 - Support during vaginal labor and delivery
 - Two extended postpartum visits
- » For more information regarding the rate increase visit: [Medi-Cal-Targeted-Provider-Rate-Increases](#)

Doula Services Rate Increase

Current Doula Rate Previous Doula Rate



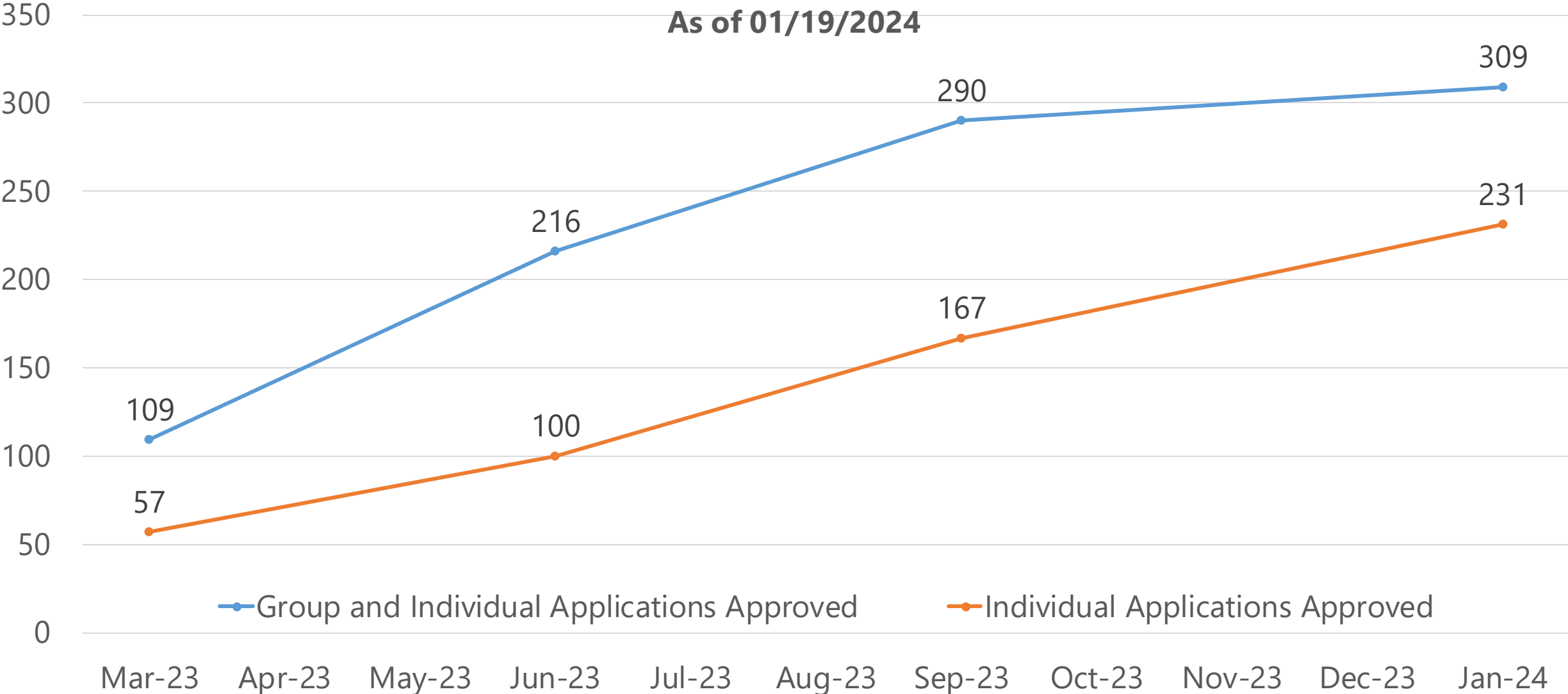
Resources for doulas

» The Doula Services webpage contains helpful resources to all doula providers:

- [Medi-Cal Provider Manual for Doula Services](#)
- [Managed Care Plan Contact List](#)
- [Doula Training regarding enrollment and billing](#)
- [DHCS Medi-Cal Doula Services Recommendation Form](#)
- [DHCS Standing Recommendation for Doula Services](#)
- [Frequently Asked Questions for Doulas](#)

Provider Enrollment Division

Doula Enrollment Progress
As of 01/19/2024



Looking Ahead on Senate Bill 65's Requirements



Standing Recommendation



What is the Standing Recommendation?

- » DHCS issued a Standing Recommendation to meet the federal requirement that doula services be recommended by a physician or other licensed provider.
- » The Standing Recommendation authorizes the following services:
 - One initial visit.
 - Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits.
 - Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage.
 - Up to two extended postpartum visits.
- » The Standing Recommendation does not authorize additional postpartum visits beyond the initial eight perinatal visits.
- » <https://www.dhcs.ca.gov/services/medi-cal/Documents/Medi-Cal-Doula-Standing-Recommendation.pdf>

Additional Nine Postpartum Visits

- » Members may receive up to 9 additional postpartum visits with an additional recommendation from a physician or other licensed practitioner.
- » Members may have a licensed provider complete the Medi-Cal Doula Services Recommendation form on the doula webpage.
- » The Standing Recommendation and Recommendation Form are available on the DHCS doula webpage.
- » <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>

Doula Benefit Implementation Report



Doula Benefit Implementation Report

Senate Bill 65 (2021) sought to address racial disparities in maternal and infant health.

- » Requires the DHCS to publish a report by July 1st, 2025, that:
 - Addresses the number of Medi-Cal recipients utilizing doula services
 - Compares birth outcomes among people who use doulas and those who do not.
 - Identifies barriers that impede Medi-Cal members' access to doulas
 - Includes recommendations from the workgroup on ways to reduce barriers to services

- » DHCS' Birth Equity Focus
 - How has the benefit improved birth outcomes for Black and Indigenous pregnant, birthing, and postpartum people?

- » Plan to include a description of existing concerns raised by the workgroup membership and DHCS's response to them.

Doula Benefit Implementation Report Team

- » DHCS Quality and Population Health Management
 - Oversee report and conduct quantitative study that addresses legislative requirements
- » External Researcher
 - Advise and collaborate on report
 - Conduct qualitative study to examine barriers that impede access
- » Doula Implementation Workgroup
 - Receive regular updates on evaluation activities
 - Support and provide feedback for researcher and DHCS teams

Doula Benefit Report Timeline

Tentative Schedule					
February – March 2024	April 2024	May – June 2024	April 2025	May 2025	July 1st, 2025
Contract with researcher	Introduce researcher to stakeholde rs	Evaluation begins	Draft report shared with stakeholde rs	Final report shared with stakeholde rs	Deadline to post report

Successes and Identification of Barriers



Break

DHCS Roles and Responsibilities

- » Work with the Doula Implementation Workgroup to address the SB 65 requirements.
- » Collect and provide data for the workgroup to consider in its recommendations to include in the report to the Department and Legislature.
- » Write the report and share draft report with stakeholders.
- » Finalize the report and post it on the DHCS website by July 1, 2025

Role of Key Partners

- » Identified by Senate Bill 65 as doulas, health care providers, consumer and community advocates, health plans, county representatives, and other stakeholders with experience with doula services
- » Provide insight and perspective from your area of expertise to the discussion to help ensure that doula services are available
- » Identify barriers to services and recommend solutions

Doula Needs Assessment & Recommendations



Doula Needs Assessment & Recommendations

- » RACE 4 Equity developed the Needs Assessment by interviewing 96 doulas in December 2022 and January 2023.
- » The purpose was for DHCS to hear from doulas on what would help them be successful in enrolling in and billing Medi-Cal
- » The assessment included recommendations that cover five categories:
 - Enrollment
 - Hospitals
 - Funding
 - Managed care plans
 - Communication

Enrollment

» Recommendations:

- Operate the Doula benefit as In-Home Supportive Services (IHSS)
- Providing additional support and training for enrolling
- Waive workers compensation requirements

» DHCS Responses:

- IHSS has a different benefit structure, and DHCS is not contemplating any changes to IHSS.
- DHCS is developing a checklist and flowchart to assist with enrollment
- DHCS does not have authority to waive state and local requirements
 - Note: Doulas who do not have employees are not required to purchase workers compensation

Hospitals

» Recommendations:

- Create and share a doula policy recommendation for hospital access
- Provide a process for doulas to share feedback regarding interactions with hospitals

» DHCS Responses:

- DHCS regularly discusses doula access with hospitals and hospital associations and will continue to bring specific issues to their attention and assist with resolution.
- DHCS updated its [All-Plan Letter](#) for doula services:
 - MCPs must work with hospitals to ensure there are no barriers to access
 - MCPs must work with their In-Network hospitals and birthing centers to allow the doula, in addition to the support person(s), to be present.”
- Doulas are encouraged to email DoulaBenefit@dhcs.ca.gov for assistance if denied access by a hospital.

Funding

» Recommendations:

- Provide funding to doula collectives/community organizations who provide financial literacy training
- Provide funding to doulas to support more doulas through the enrollment process

» DHCS Responses:

- Any additional funding requests would need to go through the State budget process
- Please share any community resources and DHCS will post on the doula webpage

Managed Care Plans (MCPs)

» Recommendations:

- Provide training about the managed care enrollment process
- Provide additional training on billing process
- Share updated lists of enrolled doulas with MCPs

» DHCS Responses:

- DHCS developed a [dedicated webpage](#) with resources for enrolling and billing Medi-Cal.
- DHCS has [posted online](#) the contact names, phone numbers, and email addresses for each managed care plan regarding contracting and billing
- DHCS shares the list of enrolled doulas and contact information with MCPs every month

Communication

» Recommendations:

- Develop a position statement on evidence of the benefits of having a doula
- Create channels for bidirectional communication

» DHCS Responses:

- DHCS updated the [doula webpage](#) and [FAQ](#) with a position statement on research that supports doula services.
- DHCS issued a standing recommendation which states that doulas play a key role in preventing perinatal complications and improving health outcomes
- DHCS responds to comments and questions sent to DoulaBenefit@dhcs.ca.gov.

Questions?



Future Stakeholder Meetings

- April 12, 2024, 10 a.m. to 1 p.m.
- July 12, 2024, 10 a.m. to 12 p.m.
- September 27, 2024, 10 a.m. to 12 p.m., Process for developing report
- November 15, 2024, 10 a.m. to 12 p.m., Discuss data elements and reimbursement
- January 10, 2025, 10 a.m. to 12 p.m., Discuss data to include in report
- March 14, 2025, 10 a.m. to 12 p.m., Develop recommendations for report
- April 11, 2025, 10 a.m. to 12 p.m., Finalize recommendations, discuss draft report
- May 9, 2025, 10 a.m. to 12 p.m., Discuss final draft of report

» Dates are posted on the Doula Services Webpage

- <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>

Questions?



Closing Remarks



Contact Information

» Written comments can be sent to the dedicated doula mailbox:

» DoulaBenefit@dhcs.ca.gov.

» For more information:

<https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>