



# Doula Medi-Cal Benefit Stakeholder Meeting

October 20, 2021

DHCS Benefits Division



# Agenda

## Agenda Items

<b>1.</b>	<b>Welcome and Intro</b> (15 minutes)	DHCS Staff and Workgroup Participants
<b>2.</b>	<b>Meeting Norms</b> (5 minutes)	DHCS Staff
<b>3.</b>	<b>Background and Updates</b> (5 minutes)	DHCS Staff
<b>4.</b>	<b>Clarifying Questions</b> (5 minutes)	Workgroup Participants
<b>5.</b>	<b>Doula State Plan Amendment (SPA) Preventive Services and Qualifications</b> (15 minutes)	DHCS Staff
<b>6.</b>	<b>Clarifying Questions</b> (5 minutes)	Workgroup Participants
<b>7.</b>	<b>Stakeholder Comments</b> (60 minutes)	Workgroup Participant
<b>8.</b>	<b>Tentative Schedule</b> (5 minutes)	DHCS Staff
<b>9.</b>	<b>Wrap-up and Next Steps</b> (5 minutes)	DHCS Staff



# Workgroup Participants

- Amy Chen, *National Health Law Program*
- Ana Delgado, *San Francisco General Hospital and UCSF*
- Anu Manchikanti Gomez, *UC Berkeley*
- Curley Palmer, *Riverside County University Health System - Public Health*
- Davon Crawford, *Doula Doula*
- Deborah Allen, *Los Angeles County Department of Public Health*
- Douglas Fenton, MD, *American College of Obstetrician Gynecologists*
- Elizabeth Simmons, *National Doula Network*
- Jennifer Anderson, *Birth Fusion Childbirth Services*
- Karen Farley, *California WIC Association*
- Karen Tammela, MD, FACOG, *Clinica Sierra Vista*
- Leigh Purry, *Blue Shield of California*
- Linda Jones, *Black Women Birthing Justice*
- Mashariki Kudumu, *March of Dimes*
- Mikaela Lynn, *Doulas Association of Southern California*



# Workgroup Participants

- Nicole Morris, *Alameda County Public Health Department*
- Nikia Lawson, *DONA International*
- Payshia Edwards, *Heluna Health*
- Pooja Mittal, MD, *Health Net*
- Priya Batra, *Inland Empire Health Plan*
- Ruta Lauleva Aiono, *MANA Pasefika; Masina Fou Birth Services; SF Pacific Islander Maternal Advisory Board*
- Samsarah Morgan, *Oakland Better Birth Foundation*
- Sayida Peprah, *Diversity Uplifts, Inc. / Frontline Doulas*
- Shania Williams, *Amiable LLC*
- Shantay Davies-Balch, *Black Wellness and Prosperity Center*
- Shene' Bowie-Hussey, *Riverside Community Health Foundation*
- Teri Nava-Anderson, *DONA International*
- Trong Le, *Local Health Plans of California*
- Zea Malawa, MD, MPH, *San Francisco Department of Public Health*



# Meeting Norms

- Listen and seek to understand different perspectives.
- Respect each other and the process.
- Minimize distractions, including chat.
- Please stay on-topic.

Staff will facilitate the meeting.



# Background

- Adding services requires a State Plan Amendment (SPA).
- Seeking to include services by a doula for emotional and physical support to women and families throughout a woman's pregnancy, childbirth and postpartum period, subject to federal approval.
- DHCS proposes to add doula services under "Preventive Services" in the State Plan.
- Will be available in both managed care and fee-for-service delivery systems.



# Update: Effective Date

- Doula services will be added effective **July 1, 2022**
  - Previously planned for January 1, 2022.
- Benefits:
  - Greater opportunity to work with stakeholders on benefit design.
  - Operational readiness for Managed Care plans.
  - More time to work with federal government to gain approval of the doula services SPA.



# Update: Senate Bill 65

- Signed by Governor Newsom on October 4
- Requires DHCS to convene a doula workgroup by April 1, 2022 to:
  - Ensure that doula services are available
  - Minimize barriers and delays in payment to doulas or reimbursement to beneficiaries
  - Make recommendations on outreach options





# Update: Senate Bill 65

- Requires DHCS to publish a report by July 1, 2024
  - Reports data of recipients using doulas
  - Numerical comparison in birthing outcomes
  - Makes recommendations on numerical comparison in birthing outcomes
  - Post report on its website



# Clarifying Questions

(Will be moderated via chat)



# DHCS SPA Considerations

- Allow doulas to bill for services provided and perform a range of appropriate preventive services
- Open to multiple paths to demonstrate qualifications
- Develop the SPA to obtain CMS approval
- Develop additional details in the Provider Manual



# “Preventive Services” allows doulas to bill for their services

## Other Licensed Practitioners (42 CFR 440.60)

- Practitioners must work under supervision of licensed provider
- **Licensed supervisor bills for service**
- Supervisor’s scope of practice specifically allows them to supervise unlicensed provider
- Licensed supervisor is able to furnish service
- Supervisor assumes professional responsibility

## Preventive Services (42 CFR 440.130(c))

- Practitioner must be supervised
- **Practitioner may bill directly**
- Service must meet federal definition of preventive services
- Service must be recommended by a physician or licensed provider
- Service involves direct patient care
- Service must meet definition of preventive services
- State Plan must list provider’s qualifications



# SPA requirements

For unlicensed providers of preventive services, the federal Centers for Medicare and Medicaid Services (CMS) requires that the State Plan:

1. Define the services
2. Define the service provider and their qualifications
3. Define supervision



# Today's discussion

- Defining **qualifications** for doulas in the SPA
  - “any required education, training, experience, credentialing, supervision, oversight, and/or registration”



# Preventive Services

- Federal Medicaid regulations<sup>1</sup> define preventive services as services recommended by a physician or other licensed practitioner within their scope of practice to—
  - Prevent disease, disability, and other health conditions or their progression
  - Prolong life, and
  - Promote physical and mental health and efficiency

(1) Title 42, Section 440.130(c), of the Code of Federal Regulations



# Preventive Services

- “A regulatory change that took effect January 1, 2014, permits coverage of preventive services furnished by non-licensed practitioners who meet the qualifications set by the state, to furnish services under this state plan benefit as long as the services are recommended by a physician or other licensed practitioner.”<sup>2</sup>

<sup>2</sup> (CMSC Informational Bulletin dated July 7, 2014)





# Preventive Services

- Preventive services<sup>2</sup>:
  - involve direct patient care; **and**
  - are for the express purpose of diagnosing, treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health.

(2) Section 4385 of the State Medicaid Manual



# Example from New Jersey

## General Description:

- “Doula services will be used to provide support for pregnant individuals throughout the perinatal period, which may improve birth-related outcomes. Pursuant to 42 C.F.R. Section 440.130(c), doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.”



# Requirements from State Medicaid Manual

- Preventive in nature
- Medical or remedial in nature
- Directed at the patient rather than patient's environment
- No additional payment for services that are part of a paid service
- Can include coordination with other programs for preventive care



# Qualifications

- State Plan will need to provide doula qualification to provide preventive services, including “any required education, training, experience, credentialing, supervision, oversight, and/or registration”
- SPAs from other states refer to their state’s statutory requirements for doula qualifications in their SPA
- Qualifications are subject to federal approval



# Example from New Jersey

## Qualified Provider Specifications:

- “Doula services shall be provided by qualified individuals who are at least 18 years of age. Doulas must complete doula training, which must include core competencies (perinatal counseling, infant care, labor support) and community-based/cultural competency training, HIPAA training, and adult/infant CPR certification. Doula trainings must be approved by the New Jersey Department of Human Services (NJ-DHS)—in consultation with NJ Department of Health.”



# Supervision requirements

- DHCS will seek stakeholder feedback on possible supervisors
  - Considering physician, physician assistant, nurse practitioner, nurse midwife, licensed midwife, and clinic



# Clarifying Questions

(Will be moderated via chat)



# Preview of Areas for Stakeholder Discussion

- What qualifications are currently the **industry standards** today?
- What are the **core competencies** that a doula should possess?
- What are some options for **existing certification programs** as one option?
- What standards could be paired together to create **different pathways** to demonstrate qualifications?
- Is there one qualification that **all doulas** should meet?
- Who are appropriate **supervisors**?





# Industry Standards

- What is the industry standard, or what does your organization use, for the following?
  - Years of experience
  - Hours of training
  - Education level



# Existing Certification Programs

- Pros and cons of listing which certification programs are accepted for qualifications?
- Pros and cons of listing core competencies for acceptable certificate programs?
- If a doula does not have a certificate, should they be required earn a certificate within XX number of years?
- How can DHCS describe certification requirements in a way that addresses equity?



# Allowing Different Paths to Demonstrate Qualifications\*

Possible combinations:

- Years of experience and certificate, or
- Education level and certificate, or
- Years of experience and XX hours of trainings
- One qualification for all and option for a second qualification?
- Other combinations?

DHCS seeks meaningful requirements that will ensure high-quality services, without being unduly restrictive

*\* Subject to federal approval*



# Supervision requirements

- Are there additional possible supervisors to consider?
  - Considering physician, physician assistant, nurse practitioner, nurse midwife, licensed midwife, and clinic



# Next Steps

- DHCS will accept written feedback on competencies and qualifications from all stakeholders
- Responses are due by November 1.
- DHCS plans to informally submit the SPA to CMS by November 30 for feedback.
- Next stakeholder meeting is November 5 to further discuss doula services.



# Tentative Schedule

<b>September 16</b>	<b>Stakeholder meeting and solicitation for workgroup</b>
<b>October 20</b>	<b>Stakeholder workgroup meeting</b>
October 22	DHCS sends out stakeholder survey
November 1	Deadline for stakeholder feedback
<b>November 19</b>	<b>Stakeholder workgroup meeting</b>
November 30	Informal SPA submission to CMS
December 31	CMS Feedback (approximate)
<b>January</b>	<b>Stakeholder workgroup meeting</b>
<b>February</b>	<b>Stakeholder workgroup meeting</b>
<b>No later than March 31</b>	<b>DHCS formally submit SPA to CMS</b>
June 2022	DHCS publishes doula provider manual pages
<b>July 1, 2022</b>	<b>Effective date</b>



# Contact Information

Written comments are welcome!

## Benefits Division

[Medi-Cal.Benefits@dhcs.ca.gov](mailto:Medi-Cal.Benefits@dhcs.ca.gov)

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