# Birthing Care Pathway

# Public Webinar

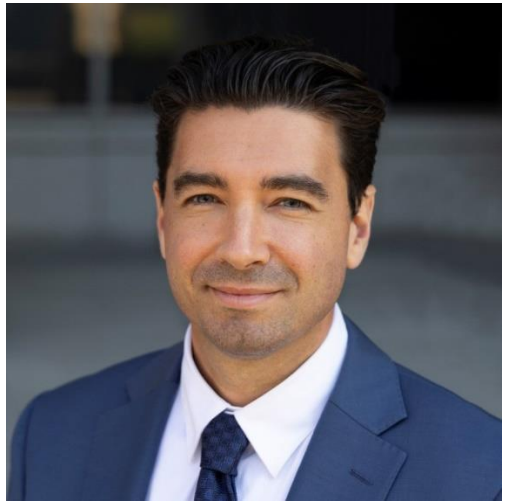
DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

March 4, 2025

# Agenda

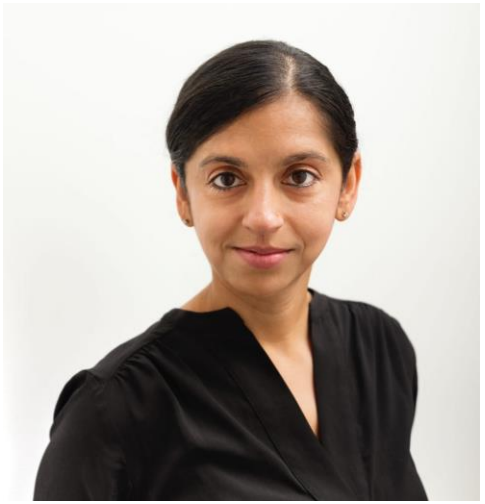
- Welcome & Opening Remarks
- Medi-Cal Member Story
- Birthing Care Pathway Development & Community Engagement
- Birthing Care Pathway Policy Roadmap
  - Policies DHCS Has Implemented/Is Implementing
  - Strategic Opportunities for Further Exploration
- Looking Ahead
- Transforming Maternal Health (TMaH) Model Update
- Closing Remarks

# Today's DHCS Speakers



**Tyler Sadwith**

State Medicaid Director

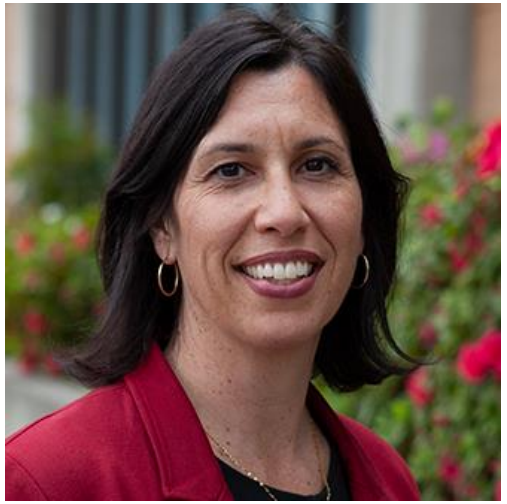


**Palav Babaria**

Chief Quality and Medical Officer and Deputy Director, Quality and Population Health Management

**Karen Mark**

Medical Director



**Michelle Baass**

Director

# Welcome & Opening Remarks

Tyler Sadwith, State Medicaid Director

# Medi-Cal Member Story #1

Pamela, Medi-Cal Member,
Partnership HealthPlan

# Medi-Cal Member Story #2

Anita L. Chacon Terry, Manager, Care Management and
Transitional Care Services, Health Net

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# Birthing Care Pathway Development & Community Engagement

Palav Babaria, Chief Quality and Medical Officer and Deputy Director, Quality and Population Health Management

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# DHCS' Vision for Maternity Care in Medi-Cal

**With the launch of the Birthing Care Pathway, DHCS envisions a future in which:**

- Medi-Cal members have access to a comprehensive menu of maternity care providers and services, regardless of where they live.
- Members can access risk-appropriate care and are empowered to choose the provider team and birthing location that align with their needs and preferences.
- All members feel respected and heard throughout their pregnancy and postpartum journeys.
- Members are educated about the services available to them and receive the navigational support they need for all aspects of their care.
- Behavioral health services and social supports are accessible to all members, their newborns, and their families.
- Data collection and sharing are improved to strengthen care for pregnant and postpartum members.

# Birthing Care Pathway

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

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

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

# Report Overview

DHCS published the **Birthing Care Pathway Report** in February 2025.

**The Report:**

- Summarizes the current state of maternal health in Medi-Cal.
- Shares findings from Birthing Care Pathway Medi-Cal member engagement.
- Provides an overview of partner engagement conducted to date.
- Discusses the policies DHCS has implemented/is implementing for the Birthing Care Pathway and shares progress to date.
- Identifies strategic opportunities for further exploration.

*The Birthing Care Pathway is generously supported by the California Health Care Foundation (CHCF) and the David & Lucile Packard Foundation.*

# Report Development

**To develop the Birthing Care Pathway, DHCS:**

**Conducted a landscape assessment** to review California's existing maternal health policies and initiatives, and identify evidence-based programs, policies, and interventions.

**Engaged Medi-Cal members** through a Member Voice Workgroup, interviews, and member journaling to ensure their lived experiences shaped the design of the Birthing Care Pathway.

**Interviewed** more than 25 state leaders, providers, community-based organizations (CBO), associations, health plans, and advocates to inform the design of the Birthing Care Pathway.

**Launched** the **Clinical Care Workgroup, Social Drivers of Health Workgroup,** and **Postpartum Sub-Workgroup** to identify challenges and opportunities in perinatal care and develop and validate policy options for the Birthing Care Pathway.

# Engaged Medi-Cal Members

- DHCS engaged 30 members who were either currently pregnant or up to 24 months postpartum to share their lived experience.
- Medi-Cal members were selected to represent a diversity of experiences, especially the lived experiences of groups that experience health disparities.

| Activity | Description |
|---|---|
| **Interviews** | Conducted **1:1 interviews** with **6** members. |
| **Journaling** | Invited **6** members to submit five biweekly **journal entries** about their perinatal experience. |
| **Member Voice Workgroup** | Launched a **Member Voice Workgroup** with **18** members and held three workgroup meetings. |

*All members were compensated for their participation.*

# Birthing Care Pathway Medi-Cal Member Engagement Key Findings (1 of 2)

**Feeling respected and heard by health care providers is critical** to a member's perinatal experience in Medi-Cal. Members often feel that their birth plans and breastfeeding choices are not respected. However, members feel like midwives and doulas listen to their needs and preferences.

Some members **experienced discrimination in their health care encounters** during all three perinatal phases. Members felt connected to their health care providers and better supported when they received racially concordant care.

**Key moments for trust building with members are often missed**, particularly around mindful discussions on behavioral health screening results and referrals to services, trauma-informed approaches to intimate partner violence (IPV) screenings, smooth hospital discharges after birth, and timely access to high-quality breast pumps.

# Birthing Care Pathway Medi-Cal Member Engagement Key Findings (2 of 2)

Medi-Cal members often felt like the **onus was on them to independently navigate and coordinate many aspects of their perinatal care** – ranging from coordinating their care across different health care providers to ensuring Medi-Cal coverage for themselves and their newborns.

**Finding mental health providers that accept Medi-Cal, are taking new patients, and have perinatal experience is difficult**. Medi-Cal members want more frequent and intensive mental health supports.

Medi-Cal members often **do not understand what Medi-Cal benefits and public benefits/social services are available** to them in pregnancy or during the postpartum period (e.g., doula services; Enhanced Care Management (ECM); Women, Infants, and Children Program (WIC)/CalFresh; and transportation services).

# Key Informant Interviews

DHCS interviewed more than 25 state leaders, perinatal care providers, advocates, and representatives from CBOs, associations, and health plans to inform the development of the Birthing Care Pathway.

| Category | Interviewees |
|---|---|
| **Provider Associations** | Representatives from the American College of Obstetricians and Gynecologists (ACOG), California Nurse-Midwives Association (CNMA), and California Association of Licensed Midwives (CALM). |
| **Individual Providers** | Obstetrician-gynecologists (OB/GYN); family and addiction medicine physicians; certified nurse midwives (CNM); licensed midwives (LM); freestanding birth center (FBC) providers; pediatricians; reproductive psychiatrists; lactation consultants; doulas; and community health workers (CHW). |
| **County Leaders** | Representatives from Black Infant Health (BIH), WIC, and Maternal, Child, Adolescent Health (MCAH) programs. |
| **CBO Leaders & Advocates** | Individuals focused on LGBTQ+ health; IPV services; and birth justice and supports for Black, American Indian/Alaska Native, and Pacific Islander individuals. |

# Birthing Care Pathway Workgroups

| Workgroup | Participant Charges | Composition |
|---|---|---|
| **Clinical Care** | Identifying what needs to happen in the hospital, birthing center, provider office, and other community settings from a Medi-Cal member's perspective. | Physicians; midwives; lactation consultants; doulas; Tribal health providers; FBC, behavioral health, and federally qualified health center (FQHC) providers; managed care plans (MCP); and local public health. |
| **Social Drivers of Health** | Identifying best practices and needs from programs and providers that currently work to address perinatal health-related social needs. | CHWs; doulas; violence prevention organization representatives; local public health and social service program representatives; home visitors; and providers with Black birthing expertise. |
| **Postpartum Sub-Workgroup** | Designing a clinical pathway for what providers can do during the postpartum period to achieve positive health outcomes. | Cross-representation from the Clinical Care and Social Drivers of Health Workgroups, as well as additional physicians. |

All three workgroups met throughout 2023 and 2024 to discuss key challenges with the Medi-Cal birthing experience and provide feedback on proposed policy solutions. Workgroup members who indicated financial barriers to participation were compensated for each meeting they attended.

# Birthing Care Pathway Partner Engagement Key Findings (1 of 2)

Access to maternity hospitals in rural communities is **rapidly diminishing.**

Midwives and lactation consultants face **barriers to Medi-Cal provider enrollment and reimbursement**, impeding member access.

Limited qualified providers and long appointment wait times hinder access to **perinatal behavioral health care.**

Improved collaboration, integration, and data sharing among perinatal providers and health systems are needed to deliver **coordinated care** to pregnant and postpartum Medi-Cal members.

The **group care model** provides a team-based, whole-person approach to birthing care and builds community.

# Birthing Care Pathway Partner Engagement Key Findings (2 of 2)

**The Comprehensive Perinatal Services Program (CPSP) should be modernized** to bolster access to comprehensive perinatal services to all pregnant and postpartum members.

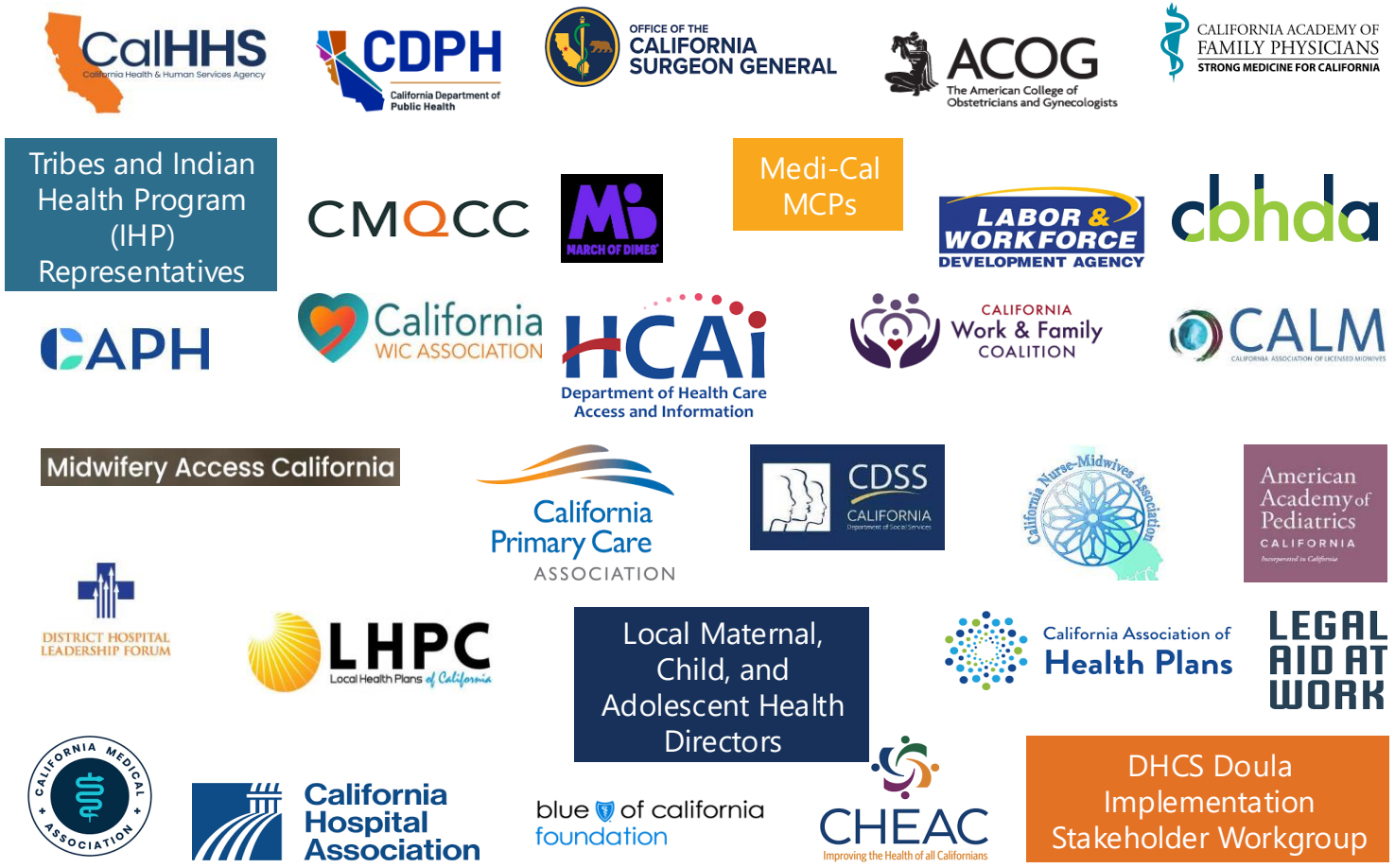
Pregnant members are not consistently being connected to **providers and facilities that meet their risk level.** Screenings should be updated and streamlined to better assess a member's risk level, connect members to services, and prevent screening fatigue.

There are **limited housing programs** available to pregnant Medi-Cal members.

**Medi-Cal members would benefit from additional educational resources** on how to navigate the perinatal period.

# Additional Input for the Birthing Care Pathway

DHCS received additional input on the Birthing Care Pathway from maternity care and social services providers, state leaders, MCP representatives, Tribal health providers, local public health, and birth equity advocates.



# Questions?

# Birthing Care Pathway Policy Roadmap

DHCS

# Birthing Care Pathway Policy Roadmap

## Policies DHCS Has Implemented/Is Implementing

**Of these 42 policies:**

**10** are completed

**27** are in progress

**5** are not started

The Report also includes **Strategic Opportunities for Further Exploration** which **require additional assessment and planning to determine if implementation is feasible and would be contingent on external factors** (e.g., additional state budget resources).

# Focus Areas of Policies DHCS Has Implemented/Is Implementing:

**The 42 policies DHCS is committing to for the Birthing Care Pathway are in eight focus areas:**

- Provider Access and MCP Oversight and Monitoring
- Behavioral Health and Trauma-Informed Care
- Risk Stratification and Assessment
- Medi-Cal Maternity Care Payment Redesign
- Care Management and Social Drivers of Health
- Perinatal Care for Justice-Involved Individuals
- Data and Quality
- State Agency Partnerships

# Provider Access and MCP Oversight and Monitoring (1 of 4)

### Problem Statements

- **Limited racial and ethnic diversity of maternity care providers** in Medi-Cal today.
- Members face **delays in obtaining breast pumps.**
- **Smoother hospital discharges are needed after birth.**

| Policy Solutions | Status |
|---|---|
| Leverage CalHealthCares education **loan repayment program** to build pipeline and increase diversity of OB/GYN and family medicine workforce. | In Progress |
| Streamline requirements and improve access to a range of **high-quality breast pumps**. | In Progress |
| Create guidance and/or technical assistance for MCPs on supporting pregnant and postpartum members **transferring to different care settings and levels of care**. | In Progress |

# Provider Access and MCP Oversight and Monitoring (2 of 4)

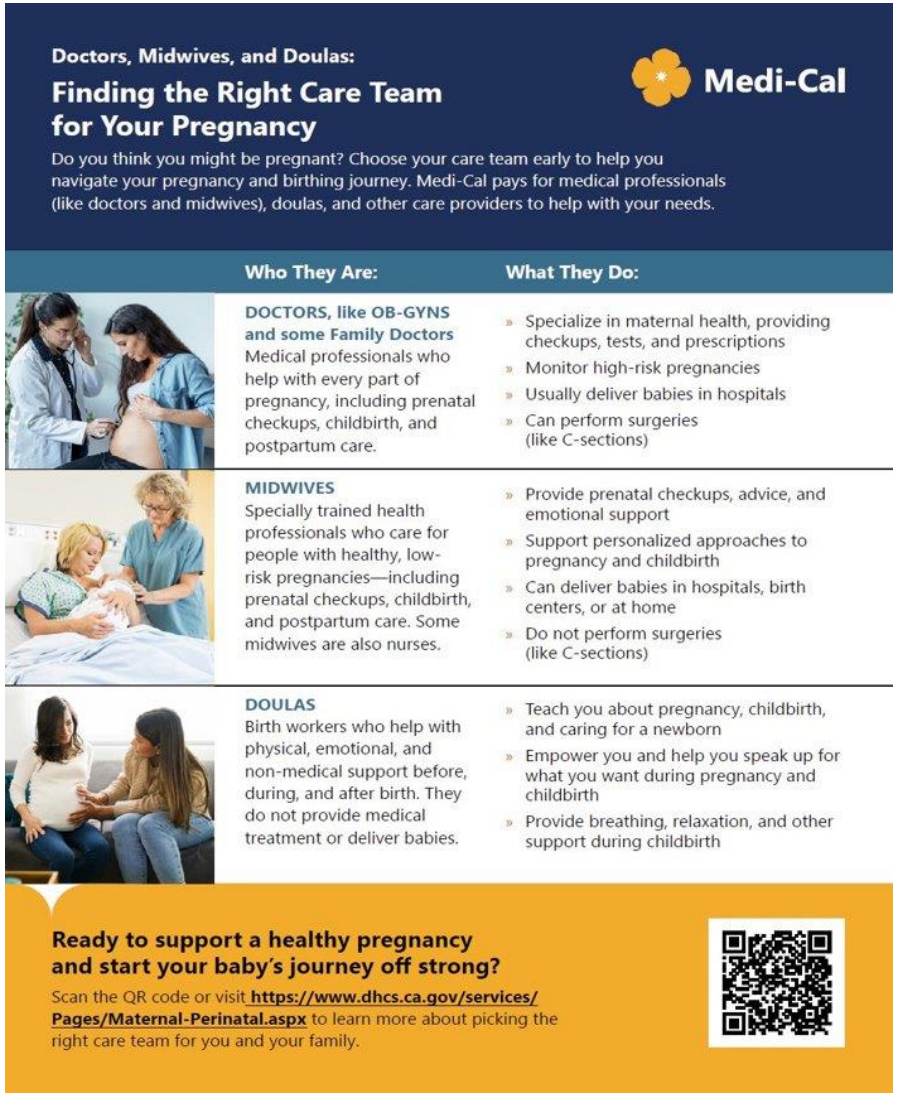
### Problem Statements

- Members and providers are often **unaware of the full array of available maternity care services.**

| Policy Solutions | Status |
|---|---|
| Create and enhance **member-facing communications materials** and outreach strategies on perinatal Medi-Cal benefits and provider types to bolster awareness during and after pregnancy. | In Progress |
| Issue a **standing recommendation for doula services** for all pregnant and postpartum Medi-Cal members to increase access to doula services and launch a **Doula Directory** for use by Medi-Cal members, providers, and MCPs to identify doulas in their community/network. | Completed |
| Establish a **Doula Implementation Stakeholder Workgroup** comprised of doulas, Black birthing justice experts, Tribal representatives, local health departments, advocates, and provider associations to inform DHCS' doula benefit design and reimbursement approach. | In Progress |

# Member Fact Sheets

## Doctors, Midwives, and Doulas: Finding the Right Care Team for Your Pregnancy



Doctors, Midwives, and Doulas:

**Finding the Right Care Team for Your Pregnancy**

Medi-Cal

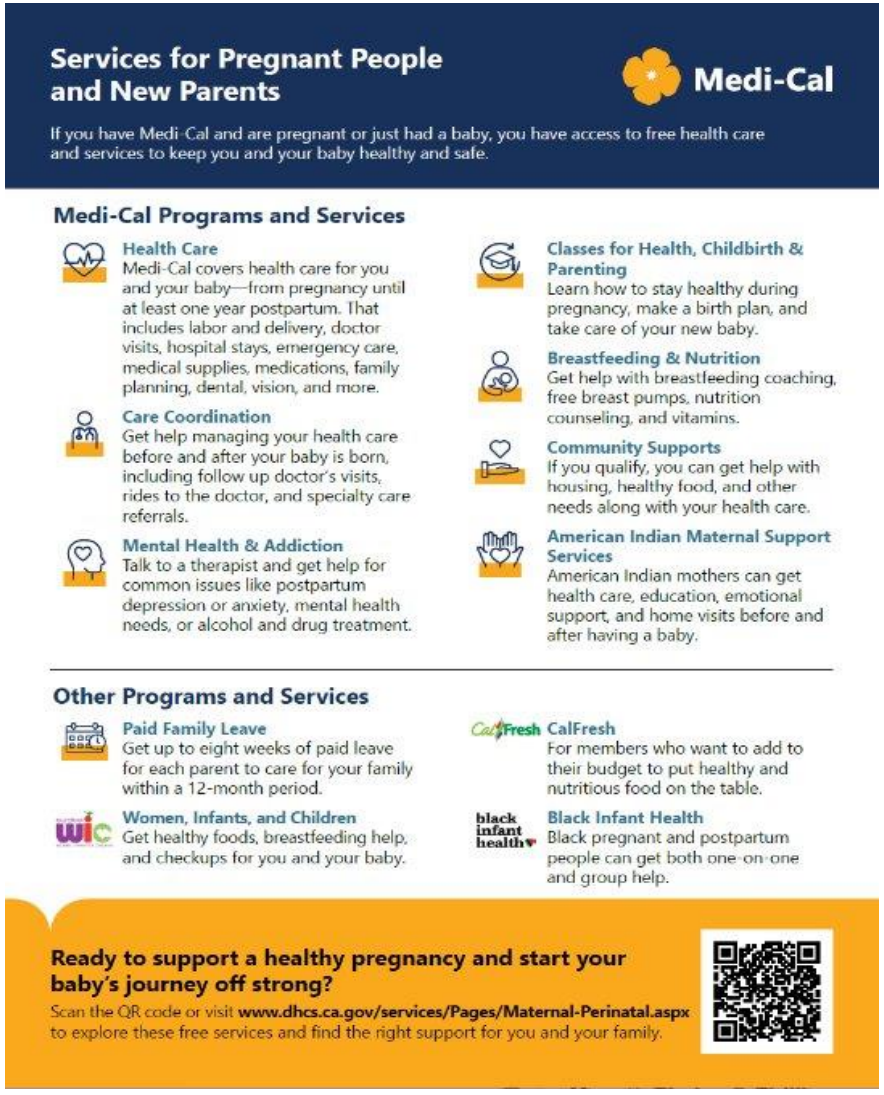
Do you think you might be pregnant? Choose your care team early to help you navigate your pregnancy and birthing journey. Medi-Cal pays for medical professionals (like doctors and midwives), doulas, and other care providers to help with your needs.

| | Who They Are: | What They Do: |
|---|---|---|
|  | **DOCTORS, like OB-GYNS and some Family Doctors** Medical professionals who help with every part of pregnancy, including prenatal checkups, childbirth, and postpartum care. | » Specialize in maternal health, providing checkups, tests, and prescriptions<br>» Monitor high-risk pregnancies<br>» Usually deliver babies in hospitals<br>» Can perform surgeries (like C-sections) |
|  | **MIDWIVES** Specially trained health professionals who care for people with healthy, low-risk pregnancies—including prenatal checkups, childbirth, and postpartum care. Some midwives are also nurses. | » Provide prenatal checkups, advice, and emotional support<br>» Support personalized approaches to pregnancy and childbirth<br>» Can deliver babies in hospitals, birth centers, or at home<br>» Do not perform surgeries (like C-sections) |
|  | **DOULAS** Birth workers who help with physical, emotional, and non-medical support before, during, and after birth. They do not provide medical treatment or deliver babies. | » Teach you about pregnancy, childbirth, and caring for a newborn<br>» Empower you and help you speak up for what you want during pregnancy and childbirth<br>» Provide breathing, relaxation, and other support during childbirth |

**Ready to support a healthy pregnancy and start your baby's journey off strong?**

Scan the QR code or visit **https://www.dhcs.ca.gov/services/Pages/Maternal-Perinatal.aspx** to learn more about picking the right care team for you and your family.

## Services for Pregnant People and New Parents



**Services for Pregnant People and New Parents**

Medi-Cal

If you have Medi-Cal and are pregnant or just had a baby, you have access to free health care and services to keep you and your baby healthy and safe.

### Medi-Cal Programs and Services

**Health Care**
Medi-Cal covers health care for you and your baby—from pregnancy until at least one year postpartum. That includes labor and delivery, doctor visits, hospital stays, emergency care, medical supplies, medications, family planning, dental, vision, and more.

**Care Coordination**
Get help managing your health care before and after your baby is born, including follow up doctor's visits, rides to the doctor, and specialty care referrals.

**Mental Health & Addiction**
Talk to a therapist and get help for common issues like postpartum depression or anxiety, mental health needs, or alcohol and drug treatment.

**Classes for Health, Childbirth & Parenting**
Learn how to stay healthy during pregnancy, make a birth plan, and take care of your new baby.

**Breastfeeding & Nutrition**
Get help with breastfeeding coaching, free breast pumps, nutrition counseling, and vitamins.

**Community Supports**
If you qualify, you can get help with housing, healthy food, and other needs along with your health care.

**American Indian Maternal Support Services**
American Indian mothers can get health care, education, emotional support, and home visits before and after having a baby.

### Other Programs and Services

**Paid Family Leave**
Get up to eight weeks of paid leave for each parent to care for your family within a 12-month period.

**Women, Infants, and Children**
Get healthy foods, breastfeeding help, and checkups for you and your baby.

**CalFresh**
For members who want to add to their budget to put healthy and nutritious food on the table.

**Black Infant Health**
Black pregnant and postpartum people can get both one-on-one and group help.

**Ready to support a healthy pregnancy and start your baby's journey off strong?**

Scan the QR code or visit **www.dhcs.ca.gov/services/Pages/Maternal-Perinatal.aspx** to explore these free services and find the right support for you and your family.

# Provider Access and MCP Oversight and Monitoring (3 of 4)

### Problem Statements

- Members and providers are often **unaware of the full array of available maternity care services.**

| Policy Solutions | Status |
|---|---|
| **Survey MCPs on promising practices to promote covered perinatal benefits among members and providers** and reduce administrative burden for providers. | In Progress |
| **Consolidate and update Medi-Cal perinatal policies** through a single All Plan Letter (APL) and update provider manuals **to clearly define perinatal benefits and provider enrollment requirements** for midwives, birth centers, and doulas. Encourage MCPs to incentivize network providers to offer group perinatal care models to members. | In Progress |

# Provider Access and MCP Oversight and Monitoring (4 of 4)

### Problem Statements

- Medi-Cal provider enrollment requirements created **potential barriers for midwives participating in Medi-Cal.**
- **Downstream subcontracting arrangements** can create barriers to perinatal services.

| Policy Solutions | Status |
|---|---|
| **Remove administrative barriers** to Medi-Cal provider enrollment and reimbursement requirements **for midwives** by ensuring alignment with state licensing and scope of practice requirements. | Completed |
| Clarify MCP **network adequacy requirements for CNMs, LMs, and FBCs** as mandatory provider types and strengthen thresholds that must be met. | In Progress |
| **Enhance oversight of network agreements and/or delegated arrangements** for maternity/perinatal care services to ensure covered benefits are clearly outlined. | In Progress |

# Behavioral Health and Trauma-Informed Care (1 of 2)

**Problem Statements**

- Members face **challenges accessing timely behavioral health care** with limited mental health providers who accept Medi-Cal, are taking new patients, and have perinatal experience.

| Policy Solutions | Status |
|---|---|
| Raise awareness of Children and Youth Behavioral Health Initiative (CYBHI) ongoing investments to **provide behavioral health services to children and their parents**. | Completed |
| Review MCP and behavioral health contracts to identify opportunities for **strengthening existing language to ensure pregnant and postpartum members have access to qualified behavioral health providers**. | In Progress |

# Behavioral Health and Trauma-Informed Care (2 of 2)

## Problem Statements

- Some providers are **confused around how long a pregnant or postpartum member can receive residential substance use disorder (SUD) treatment.**
- **Trauma can negatively impact a member's physical and mental health outcomes,** relationships with health care providers, and adherence to treatment.

| Policy Solutions | Status |
|---|---|
| Reinforce communication of **existing Medi-Cal coverage policy of no maximum stay** (e.g., 60 days) **for members** – including pregnant and postpartum members – **receiving residential SUD treatment**. | Completed |
| **Update and disseminate SUD Perinatal Practice Guidelines** for providers that deliver SUD treatment to pregnant and parenting women. | Completed |
| **Reframe services in a trauma-informed context**, acknowledging how care needs to be delivered to pregnant and postpartum members who are experiencing or have experienced Adverse Childhood Experiences (ACEs), IPV, community violence, and racism. | In Progress |

# Risk Stratification and Assessment

## Problem Statements

- **Lack of standardization for how MCPs use risk stratification algorithms,** employ risk tiers, and connect members to services.
- **IPV screening is inconsistent** with limited follow-up care or support.

| Policy Solutions | Status |
|---|---|
| **Develop a risk stratification, segmentation, and tiering (RSST) process in Medi-Cal Connect to identify pregnant and postpartum members who are high risk**. The RSST will identify members who may benefit from connections to additional social support and clinical care. | In Progress |
| **Incorporate IPV screening as part of Medi-Cal assessments** performed by providers and clinical care managers. | In Progress |

# Medi-Cal Maternity Care Payment Redesign (1 of 2)

## Problem Statements

- Partners explained that **Medi-Cal's reimbursement rates for licensed and non-licensed maternity care providers are not high enough** to incentivize participation in Medi-Cal.
- The existing FQHC and rural health clinic (RHC) reimbursement methodology **does not incentivize clinics to provide dyadic services.**

| Policy Solutions | Status |
|---|---|
| **Increase rates for maternity care providers and enhance supplemental payments** for Labor-and-Delivery (L&D) and hospital-based birthing center services. | Completed |
| **Expand Quality Incentive Pool (QIP)** for Designated Public Hospitals (DPH) and District and Municipal Public Hospitals (DMPH). | Completed |
| **Strengthen implementation of dyadic services by establishing an alternative payment methodology (APM)** allowing FQHCs, RHCs, and Tribal Health Programs (THP) to be reimbursed for dyadic services at the Medi-Cal fee-for-service (FFS) reimbursement rate in addition to the FQHC/RHCs' Prospective Payment System (PPS) reimbursement rate and THPs' All-Inclusive Rate (AIR) for an eligible visit. | In Progress |

# Medi-Cal Maternity Care Payment Redesign (2 of 2)

### Problem Statements

- FBCs and midwives providing home births face **challenges being recognized and reimbursed for their birthing approaches.**
- Providers are not incentivized to **appropriately transfer a patient to a higher level of care** based on their needs.

| Policy Solutions | Status |
|---|---|
| **Redesign how Medi-Cal pays for maternity care services to create a new birthing care payment model** that rewards value-based care, incentivizes best practices for pregnant and postpartum members, and supports the goals of the Birthing Care Pathway. | In Progress |
| **Develop billing/reimbursement guidance** for Medi-Cal providers as well as MCPs and their subcontractors on LM services, including home births, and FBC services. | Not Started |

# Care Management and Social Drivers of Health (1 of 3)

## Problem Statements

- **Homelessness and housing insecurity** contribute to adverse maternal and infant outcomes.

| Policy Solutions | Status |
|---|---|
| **Encourage utilization of Transitional Rent** under the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 waiver demonstration as a Community Supports service **for eligible Medi-Cal members** – i.e., those who (1) meet one or more of the qualifying clinical risk factors (e.g., pregnancy and up to 12 months postpartum), are (2) experiencing or at risk of homelessness, and (3) fall within one or more of the transitioning populations (e.g., transitioning out of a hospital after giving birth). | In Progress |
| Encourage **MCPs to consider working with facilities that offer rooming in with short-term post-hospitalization stays** to provide Recuperative Care (medical respite) or Short-Term Post-Hospitalization Housing to members experiencing homelessness and who meet clinical criteria. | Not Started |

# Care Management and Social Drivers of Health (2 of 3)

### Problem Statements

- **ECM and Community Supports providers** serving pregnant and postpartum members **need perinatal expertise.**
- Some **members are unaware of what ECM and Community Supports cover** and how they can find out if they are eligible.

| Policy Solutions | Status |
|---|---|
| Conduct outreach to **WIC, home visitors, CBOs, and county behavioral health and nutrition services providers with perinatal expertise** to become ECM providers. | In Progress |
| Encourage **MCPs to build partnerships with IPV CBOs** to serve as ECM and Community Supports providers. | Not Started |
| Encourage **MCPs to partner with housing providers that meet the needs of perinatal populations** from pregnancy through 12 months postpartum **to serve as ECM and Community Supports providers**. | Not Started |

# Care Management and Social Drivers of Health (3 of 3)

### Problem Statements

- Providers need **technical assistance, support, and educational materials around the ECM Birth Equity Population of Focus** (POF) as well as **education on which Community Supports can best support** their patients.

| Policy Solutions | Status |
|---|---|
| **Expand ECM referral pathways**, particularly from social services and behavioral health providers, for pregnant and postpartum members. | In Progress |
| Leverage **Providing Access and Transforming Health (PATH)** to support ECM Birth Equity providers by providing technical assistance and prioritize ECM Birth Equity providers for **Capacity and Infrastructure, Transition, Expansion, and Development (CITED) Initiative awards**. | Completed |

# Perinatal Care for Justice-Involved Individuals

### Problem Statements

- While some jails provide medications for opioid use disorder (MOUD) during pregnancy, many individuals are **abruptly discontinued** from these medications postpartum.

| Policy Solutions | Status |
|---|---|
| Ensure pregnant and postpartum individuals are **enrolled in Medi-Cal pre-release**. | Completed |
| Ensure eligible pregnant and postpartum individuals **receive 90-day pre-release services**. | In Progress |
| Encourage **connection to ECM upon release**. | In Progress |

# Data and Quality (1 of 2)

## Problem Statements

- California **does not have a statewide technology platform for maternity care providers, programs, and MCPs to easily and safely share patient data** and help members manage their medical, behavioral, and social needs.
- Eligibility and enrollment **data sharing across public benefits and programs are inconsistent** in California causing gaps in care and service delivery.

| Policy Solutions | Status |
|---|---|
| Leverage Medi-Cal Connect to support whole person care and provide population insights by **safely sharing integrated health care and social data and insights about members among providers, delivery systems, programs, and state agencies** that support Medi-Cal members. | In Progress |
| Leverage learnings from pilot programs aimed at **cross-enrolling Medi-Cal members into crucial safety net supports** upon pregnancy through 12 months postpartum to inform strategies to facilitate cross-enrollment and the ongoing rollout of Medi-Cal Connect. | In Progress |

# Data and Quality (2 of 2)

## Problem Statements

- **Maternity care quality metrics** that are used for MCP quality improvement and accountability processes **are limited.**

| Policy Solutions | Status |
|---|---|
| Identify opportunities to **leverage and integrate existing California maternity data centers with Medi-Cal data** to more comprehensively measure and monitor birth outcomes. | In Progress |
| Create **key performance indicators to track the efficacy of maternity care** and monitor adherence to Birthing Care Pathway policies. | Not Started |

# State Agency Partnerships (1 of 2)

### Problem Statements

- California's **home visiting programs** are not coordinated across state agencies, causing a **lack of member awareness and underutilization.**
- Low-income individuals in California are less likely to take advantage of the state's **Paid Family Leave (PFL) program.**

| Policy Solutions | Status |
|---|---|
| Collaborate with California Department of Public Health (CDPH), California Department of Social Services (CDSS), and MCPs to **promote home visiting for Medi-Cal members** and ensure eligible members can access home visiting programs. | In Progress |
| Partner with the Employment Development Department (EDD) and Legal Aid at Work (LAAW) to **develop a resource guide for perinatal providers** on how their pregnant and postpartum patients can **access the state's PFL and State Disability Insurance (SDI) programs**. | Completed |

# State Agency Partnerships (2 of 2)

**Problem Statements**

- Lack of **access** and links to **risk-appropriate care.**
- **Siloed** services, programs, and interventions.

| Policy Solutions | Status |
|---|---|
| Partner with CDPH, Office of the California Surgeon General (OSG), and California Maternal Quality Care Collaborative (CMQCC) to develop the **statewide Maternal Health Strategic Plan.** | In Progress |
| Leverage the Family First Prevention Services Act (FFPSA) to **support SUD and mental health treatment** services for pregnant and postpartum individuals at risk of child welfare involvement. | In Progress |
| Continue to support the OSG Strong Start & Beyond movement through participation in the **Perinatal Advisory Group (PAG)**. | In Progress |

# Comments and Questions?

# Focus Areas of Strategic Opportunities for Further Exploration

**The opportunities for future discussion for the Birthing Care Pathway are in the following six focus areas:**

- Provider Access and MCP Oversight and Monitoring
- Behavioral Health
- Maternal Care Models and Access
- Provider Resources
- Data and Quality
- State Agency Partnerships

# Provider Access and MCP Oversight and Monitoring (1 of 2)

## Problem Statements

- **Access issues persist** despite MCPs meeting existing Medi-Cal network adequacy standards.
- **Significant racial and ethnic disparities** in maternal health outcomes persist.

## Potential Opportunities

- **Strengthen oversight and monitoring of network adequacy standards for maternal providers**, including adopting an appropriate threshold for accepting Alternative Access Standards (AAS) requests.
- Require MCPs to participate in a **joint performance improvement project (PIP)** in which all MCPs are required to participate, focused on **reducing disparities for Black, American Indian/Alaska Native, and Pacific Islander** pregnant and postpartum members.

# Provider Access and MCP Oversight and Monitoring (2 of 2)

## Problem Statements

- Many perinatal providers **lack the training to conduct IPV screening.**
- Only physicians, registered nurses, and dieticians working under the supervision of a physician can provide **lactation services** in Medi-Cal today.

## Potential Opportunities

- Require MCPs to **incorporate IPV training into required network provider training** and **promote universal IPV education** in health care settings.
- Update lactation policy to **recognize International Board Certified Lactation Consultants (IBCLC) and Certified Lactation Counselors (CLC) as a provider type** that can bill Medi-Cal.

# Behavioral Health (1 of 2)

## Problem Statements

- Members face **challenges accessing behavioral health providers** that have perinatal training and appointment availability.

## Potential Opportunities

- Develop **statewide perinatal behavioral health consultation line** for maternal providers and therapists without perinatal training to receive consultations from qualified mental health and SUD providers with perinatal expertise for pregnant and postpartum members living with behavioral health needs.
- Support implementation of **perinatal workforce training on trauma-informed, culturally relevant crisis care** and integration of county behavioral health services into obstetric provider practices for pregnant members living with SUD or serious mental health needs.
- Support CBOs serving pregnant and postpartum individuals living with behavioral health needs by providing counties with a **list of proposed uses for Behavioral Health Services Act (BHSA) funds** that address gaps identified for this population.

# Behavioral Health (2 of 2)

## Problem Statements

- Parents must be allowed to **stay with their infants** while undergoing **treatment for neonatal abstinence syndrome (NAS).**

## Potential Opportunities

- Support postpartum members to **stay in the hospital with their newborns (e.g., rooming in) while the newborn is being treated for NAS/Neonatal Opioid Withdrawal Syndrome (NOWS)** and not be discharged until their newborn is discharged.

# Maternal Care Models and Access (1 of 2)

## Problem Statements

- **Limited oversight of** the **CPSP and insufficient data to track utilization** of CPSP services.
- **Separate CPSP provider enrollment process** with CDPH is burdensome.
- Existing CPSP payment structure for FQHCs/RHCs **encourages clinics to maximize service volume** over reducing member burden.

## Potential Opportunities

- **Enhance the delivery of comprehensive perinatal services** across the FFS delivery system and Medi-Cal MCPs, including:
  - Aligning with the most recent clinical guidelines.
  - Updating benefit delivery structure.
  - Improving state oversight with data-driven monitoring.
  - Modernizing the payment and billing code structure.

# Maternal Care Models and Access (2 of 2)

## Problem Statements

- There is **no perinatal specialization for CHWs.**
- **More racially concordant providers**, including midwives, are needed.
- **Short-term housing solutions** are needed for high-risk pregnant members to be closer to risk-appropriate care.

## Potential Opportunities

- Develop **perinatal specialization for CHWs.**
- Develop **loan repayment program** to increase diversity and rural representation of **midwives**.
- Provide **short-term housing for high-risk pregnant members** who live in remote counties that is near hospitals equipped to care for complex maternal and fetal medical conditions and obstetric complications.

# Provider Resources

## Problem Statements

- **Additional Medi-Cal provider education is needed on the programs and services for which** pregnant and postpartum members may be eligible.

## Potential Opportunities

- Require MCPs to **augment provider training requirements to include a focus on Medi-Cal perinatal benefits, perinatal mental health, and SUD.**

# Data and Quality

## Problem Statements

- There is a **need for additional maternity care quality metrics** beyond those currently tracked.
- DHCS does not currently require reporting on **patient-reported measures around access and patient experience** for perinatal care and services.

## Potential Opportunities

- Develop **technical workgroup to advise** on perinatal health and birth outcome **quality measures.**
- Identify quality metrics and require reporting on **patient-reported outcome measures (PROM)** around access and patient experience for perinatal care and services.

# State Agency Partnerships (1 of 3)

## Problem Statements

- **Members and providers may be unaware of which birth setting would be best suited** based on their level of risk during pregnancy.
- Members are also often **unaware of the impact their current health has on pregnancy outcomes** until they attend their first prenatal appointment.

## Potential Opportunities

- Partner with CDPH to **require birthing hospitals to have a verified ACOG Levels of Maternal Care designation.**
- Partner with OSG to promote community education and **pregnancy risk awareness.**

# State Agency Partnerships (2 of 3)

## Problem Statements

- Low-income individuals in California are **less likely to take advantage** of the state's **PFL program.**
- California faces **maternal health care workforce shortages** across multiple provider types.
- **None** of California's **home visiting programs** are available **statewide**, and each has **differing eligibility criteria.**

## Potential Opportunities

- Explore options to **obtain data from EDD to improve outreach** to pregnant and postpartum Medi-Cal members **about the state's PFL and SDI programs**.
- Coordinate with the California Department of Health Care Access and Information (HCAI) to fund **workforce development strategies for perinatal providers**.
- Collaborate with CDPH, CDSS, and MCPs to **provide at least one voluntary home visit to every newly pregnant Medi-Cal member** and develop a standard to identify members who would benefit from more than one home visit in the prenatal and postpartum periods.

# State Agency Partnerships (3 of 3)

## Problem Statements

- **Stigma around SUD treatment** results in many members **forgoing necessary care for fear of prosecution or child protective services involvement.**

## Potential Opportunities

- Examine opportunities to partner with state agencies to **protect pregnant and postpartum individuals from prosecution** for drug-related offenses that may be initiated after they seek SUD treatment.
- Partner with CDSS to **educate health care partners on child welfare policy nuances** that may inadvertently require or permit revoking custody from the parent due to use of medications for SUD treatment and consider modifications to the policies.
- Collaborate with CDSS on **training for labor and delivery clinical care teams and child welfare case managers about perinatal SUDs** to reduce stigma, misinformation, and barriers to treatment.

# Comments and Questions?

# Looking Ahead

# Continued Community Engagement on Birthing Care Pathway

- The Birthing Care Pathway is a **multi-year initiative.**
- **DHCS aims to continue to engage a diverse set of partners** to implement and further develop the Birthing Care Pathway.

# Transforming Maternal Health (TMaH) Model Update

Karen Mark, Medical Director

DHCS

# TMaH Model Overview

In January 2025, the federal Centers for Medicare & Medicaid Services (CMS) announced California as one of 15 states selected to implement the **TMaH Model**.

- TMaH is a **10-year delivery and payment model** designed to test whether evidence-informed interventions, sustained by a **value-based payment (VBP) model**, can improve maternal outcomes and reduce Medicaid and Children's Health Insurance Program (CHIP) program expenditures.
- DHCS will implement TMaH in five Central Valley counties: **Fresno, Kern, Kings, Madera, and Tulare.**
- DHCS will receive **$17 million in federal funding** and targeted technical assistance.

# TMaH Model Partners

DHCS will partner with providers, care delivery locations, and other partner organizations, including MCPs and CDPH, to implement various TMaH elements in the model test region. DHCS has already been engaging with many of these partners through the Birthing Care Pathway.

**Partner Providers**

- OB/GYNs, midwives, physicians, maternal-fetal medicine specialists, nurses, and other clinical and support staff, such as doulas, lactation consultants, and perinatal CHWs.

**Partner Care Delivery Locations**

- Hospitals, OB/GYN and family medicine practices, safety set providers (FQHC and RHC), Tribal sites, birth centers, and other sites of care.

**Partner Organizations**

- MCPs, CDPH, CMQCC, California Perinatal Quality Care Collaborative (CPQCC), Pregnancy-Associated Review Committee (PARC), universities, CBOs, and other non-clinical partners.

# TMaH Model Timeline

**Pre-Implementation Period: Model Years 1-3**

» January 2025-December 2027

- Model Years 1-3: DHCS receives technical assistance to develop the TMaH Model and achieve pre-implementation milestones.
- Model Year 3: Infrastructure payments are made to providers.

**Implementation Period: Model Years 4-10**

» January 2028-December 2034

- Model Years 4-10: DHCS implements the TMaH Model
- Model Year 4: Quality & Performance Incentive Payments are made to eligible providers.
- Model Year 5: DHCS will transition to a VBP model.

## Comments and Questions?

Visit the Birthing Care Pathway webpage for additional details or contact us at BirthingCarePathway@dhcs.ca.gov with any further questions.

# Closing Remarks

Michelle Baass, Director

DHCS

# Thank You!

DHCS