



Welcome to the Coverage
Ambassadors Webinar! We will begin
shortly.

¡Bienvenidos al Seminario Web de
Embajadores de la Cobertura!
Comenzaremos en breve.

Translation and Captions



Spanish Translation - Select three dots on the top right, Language and Speech, Language Interpretation, and select Spanish.

Traducción al español - Seleccione tres puntos en la parte superior a la derecha, Idioma y Habla, Interpretación de Idiomas, y seleccione Español.



Closed captioning - Select the three dots, Language and Speech, Turn on Live Captions.

Subtítulos – Seleccione los tres puntos, Idioma y Habla, active Subtítulos en Vivo.

Chat and Q&A



All participants will remain muted during the meeting.



Use the Chat only for comments or to report technical issues.



Use the Q&A button to submit questions. We will call on participants who enter their questions there.



When called on, please turn on your camera if you're able.

Announcements

[What Medi-Cal Members Need to Know](#)
[Federal Policy Impacts on Medi-Cal](#)
[April Community Highlights Newsletter](#)
[Coverage Ambassador Webpage](#)
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Contact us:

Email: ambassadors@dhcs.ca.gov

Coverage Ambassadors Webinar

Birthing Care Pathway Report: One Year Anniversary Update

Anastasia Coutinho, DHCS

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:

- » Summarized the current state of maternal health in Medi-Cal.
- » Shared findings from Birthing Care Pathway Medi-Cal member engagement.
- » Provided an overview of partner engagement conducted.
- » **Discussed the policies DHCS has implemented/is implementing for the Birthing Care Pathway and shared progress to date.**
- » Identified 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.

Birthing Care Pathway Policy Roadmap

Of the 42 policies implemented or underway by DHCS:



Birthing Care Pathway Policy Updates

This page details the ongoing status and completion of the 42 policies outlined in the Birthing Care Pathway. By completing the outlined policy solutions, DHCS advances the ability to address the physical, behavioral, and health-related social needs of pregnant and postpartum members. DHCS has successfully had State Plan Amendments (SPAs) approved, released All County Letters and Behavioral Health Information Notices, and released guidance for MCPs via the Population Health Management (PHM) and the Enhanced Care Management (ECM) Policy Guides. We have also updated websites, held webinars, and released support documents for both members and providers to improve access to care and provider administrative burden. DHCS has additionally collaborated with state agency partners, such as the California Department of Public Health (CDPH), the California Department of Social Services (CDSS), the Office of the Surgeon General (OSG), and the California Maternal Quality Care Collaborative (CMQCC) to create state-level Strategic Plans, soon-to-be-released joint guidance for home visiting for pregnant and postpartum members, and Learning Collaboratives for MCP policy implementation. One year after the release of the Birthing Care Pathway Report, a total of 28 policies have been completed, while 14 remain in progress.

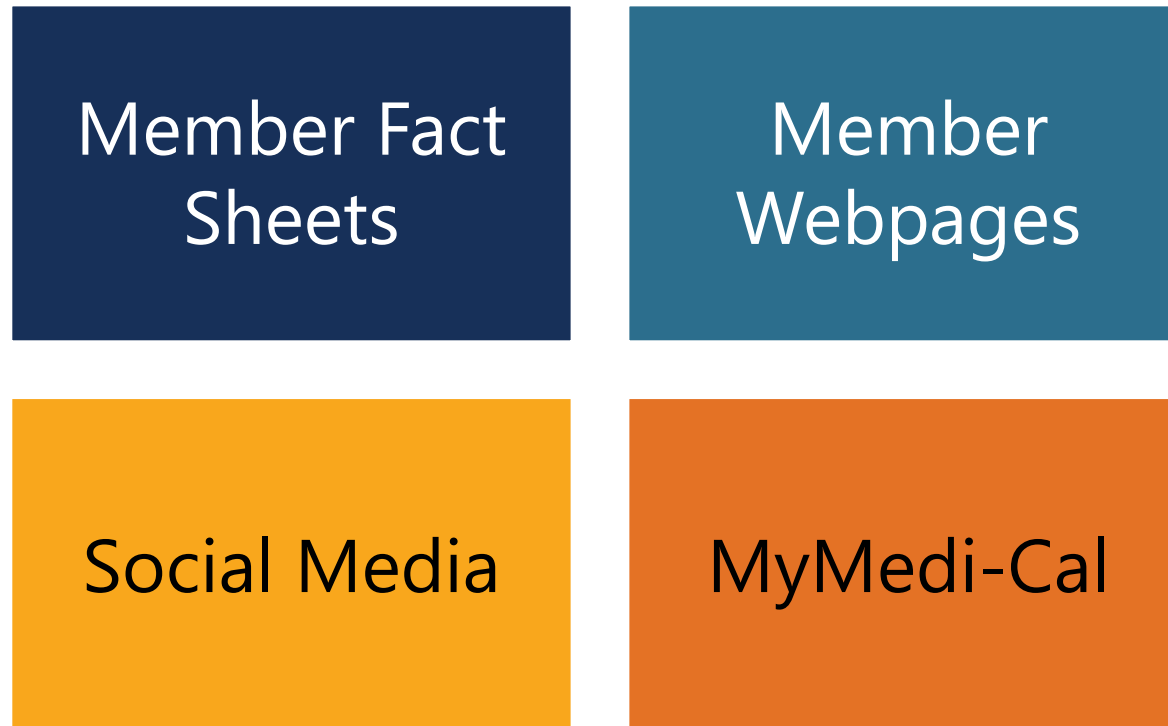
Policies DHCS Has Implemented/Is Implementing for the Birthing Care Pathway

A. Provider Access and MCP Monitoring and Oversight

Policy Solution	Status	Ongoing Work Update or Completion Date(s) & Product(s)
1. Leverage CalHealthCares education loan repayment program to build pipeline and increase diversity of obstetrician/gynecologist (OB/GYN) and family medicine workforce.	In Progress	<ul style="list-style-type: none"> Additional cohorts in the CalHealthCares Loan Repayment Program are contingent on budget appropriations. None are planned at this time.
2. Remove administrative barriers to Medi-Cal provider enrollment and reimbursement requirements for all midwives, with a particular emphasis on LMs, by ensuring alignment with state licensing and scope of practice requirements.	Completed	<ul style="list-style-type: none"> October 2024: Medi-Cal billing training was hosted for LMs and subsequently posted to the DHCS website September 2024: Released new guidance for support: Licensed Midwife Application Information; Updated Medi-Cal Established Place of Business Enrollment Requirements for LMs and CNMs May 2024: Launched Midwifery Services in Medi-Cal webpage March 2024: Updated Non-Physician Medical Practitioners Medi-Cal Provider Manual to align with CNMs' and LMs' scopes of

Improving Communication to Pregnant and Postpartum Medi-Cal Members

As part of the Birthing Care Pathway, DHCS is bolstering member awareness of perinatal Medi-Cal benefits and provider types through the following channels:



Member Fact Sheets

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

Services for Pregnant People and New Parents

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



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:
	<p>DOCTORS, like OB-GYNS and some Family Doctors Medical professionals who help with every part of pregnancy, including prenatal checkups, childbirth, and postpartum care.</p>	<ul style="list-style-type: none"> ➤ Specialize in maternal health, providing checkups, tests, and prescriptions ➤ Monitor high-risk pregnancies ➤ Usually deliver babies in hospitals ➤ Can perform surgeries (like C-sections)
	<p>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.</p>	<ul style="list-style-type: none"> ➤ Provide prenatal checkups, advice, and emotional support ➤ Support personalized approaches to pregnancy and childbirth ➤ Can deliver babies in hospitals, birth centers, or at home ➤ Do not perform surgeries (like C-sections)
	<p>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.</p>	<ul style="list-style-type: none"> ➤ Teach you about pregnancy, childbirth, and caring for a newborn ➤ Empower you and help you speak up for what you want during pregnancy and childbirth ➤ 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



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.

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

 **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.

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

 **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.

 **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 in select counties 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.

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

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

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

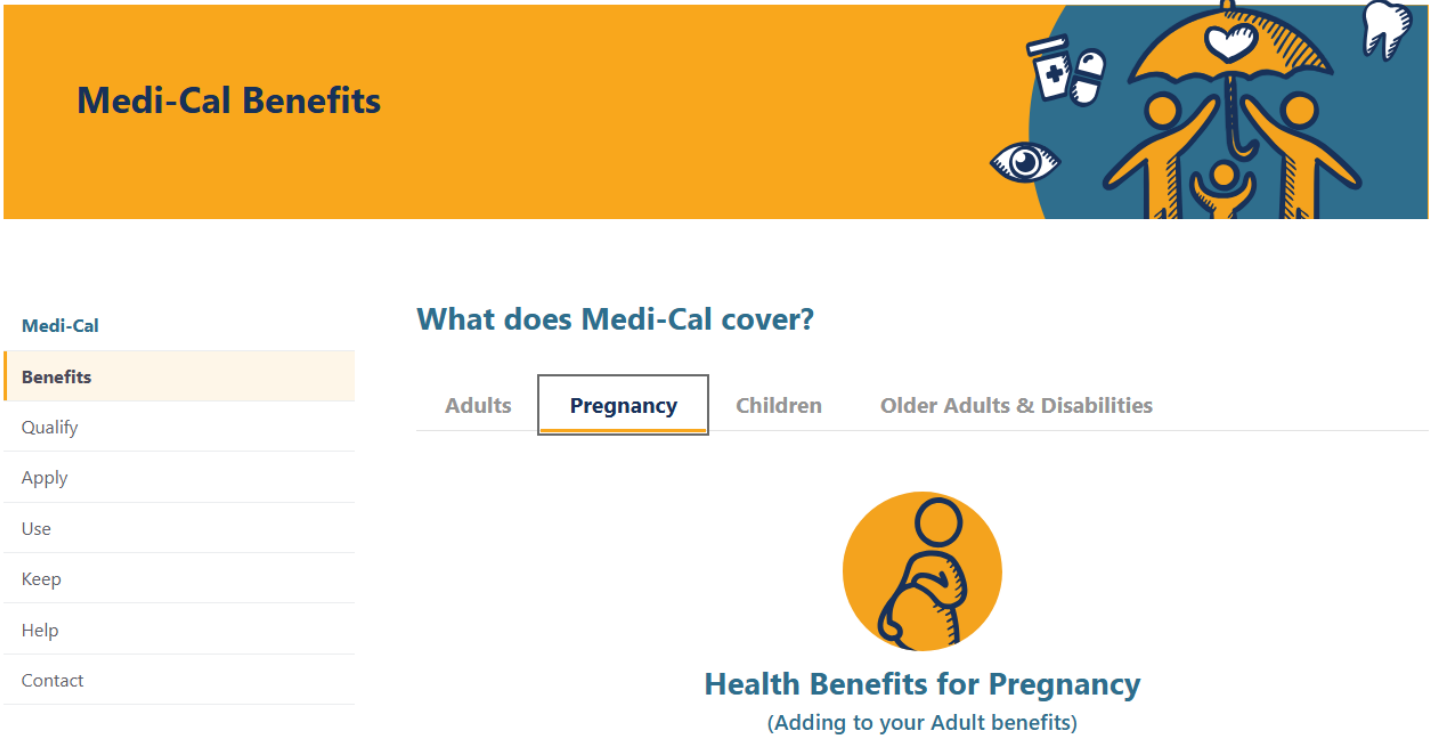
Ready to support a healthy pregnancy and start your baby's journey off strong?

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.



MyMedi-Cal

DHCS published an updated [MyMedi-Cal](#) – a guide for members on how to use their Medi-Cal benefits – with information on perinatal benefits and providers.




Medi-Cal Benefits

Medi-Cal

- Benefits**
- Qualify
- Apply
- Use
- Keep
- Help
- Contact

What does Medi-Cal cover?

Adults **Pregnancy** Children Older Adults & Disabilities



Health Benefits for Pregnancy
(Adding to your Adult benefits)

The screenshot shows the MyMedi-Cal website interface. At the top, there is a banner with the text 'Medi-Cal Benefits' and an illustration of a family under an umbrella, with icons for a pill, an eye, and a tooth. Below the banner is a navigation menu with 'Medi-Cal' and 'Benefits' (highlighted). To the right, there is a section titled 'What does Medi-Cal cover?' with tabs for 'Adults', 'Pregnancy' (selected), 'Children', and 'Older Adults & Disabilities'. Below the 'Pregnancy' tab, there is an icon of a pregnant woman and the text 'Health Benefits for Pregnancy (Adding to your Adult benefits)'.

Doula Implementation Stakeholder Workgroup

- » Established in March 2023, Concluded May 2025
- » Comprised of doulas, health care providers, consumer and community advocates, health plans, county representatives, and others
- » Informed the doula benefit design and reimbursement approach
- » Upon conclusion, submitted recommendations to DHCS in the [Doula Benefit Implementation Report](#) for continued outreach efforts to increase the contracted doula supply and how to reduce barriers to access for members
- » DHCS continues to have ongoing, ad hoc engagement with a group of doulas

No Treatment Authorization Requests (TARs) on Breast Pumps

- » Clarified and changed requirements for lactation management aids including breast pumps, nipple shields, and other equipment
- » Removed any TAR requirements for all levels of breast pump (electric and hospital-grade)

Transitional Care Services (TCS) for Pregnant and Postpartum Members

High-Risk TCS (Not Pregnant or Postpartum)

- » Applies to all members listed under PHM Policy Guide definition; and who are **not** pregnant or postpartum (including but not limited to Members with LTSS needs, in or entering ECM or CCM, children with special health care needs)

Lower-Risk TCS (Not Pregnant or Postpartum)

- » Lower-risk members in transitions are defined as those not included in **any of the three categories (in orange, blue, and green)**

High-Intensity Pregnancy and Postpartum TCS

- » Any pregnant or postpartum member who meets any one of the criteria outlined on slide 18

Moderate-Intensity Pregnancy and Postpartum TCS

- » Any pregnant or postpartum member who does **not** meet any one of the criteria outlined on slide 18

**Requirements align with CPSP requirements and ACOG and USPSTF guidelines*

Pregnancy and Postpartum TCS Categories

Defining High vs. Moderate Intensity TCS for Pregnant and Postpartum Members



TCS intensity is based on medical, behavioral health, and social risk criteria.

Note: There is *no* lower-risk TCS category for this population.

High-intensity TCS

Provide High-Intensity Pregnancy and Postpartum TCS to any member who meets any of the following:

- » Have an admission that is not for their delivery at any point during pregnancy or in the 12 months postpartum
- » Is identified as high-risk through risk stratification, segmentation, and/or tiering (RSST)
- » Meets high-risk criteria for TCS in another program (e.g., LTSS, receiving ECM)
- » Has any single DHCS-specified medical, behavioral health, or social risk factor*
- » Is referred as high-risk by a provider, care team, or discharging facility based on clinical judgment

Moderate-Intensity TCS

- » Members who do not meet any of the criteria above should receive Moderate-Intensity Pregnancy and Postpartum TCS.

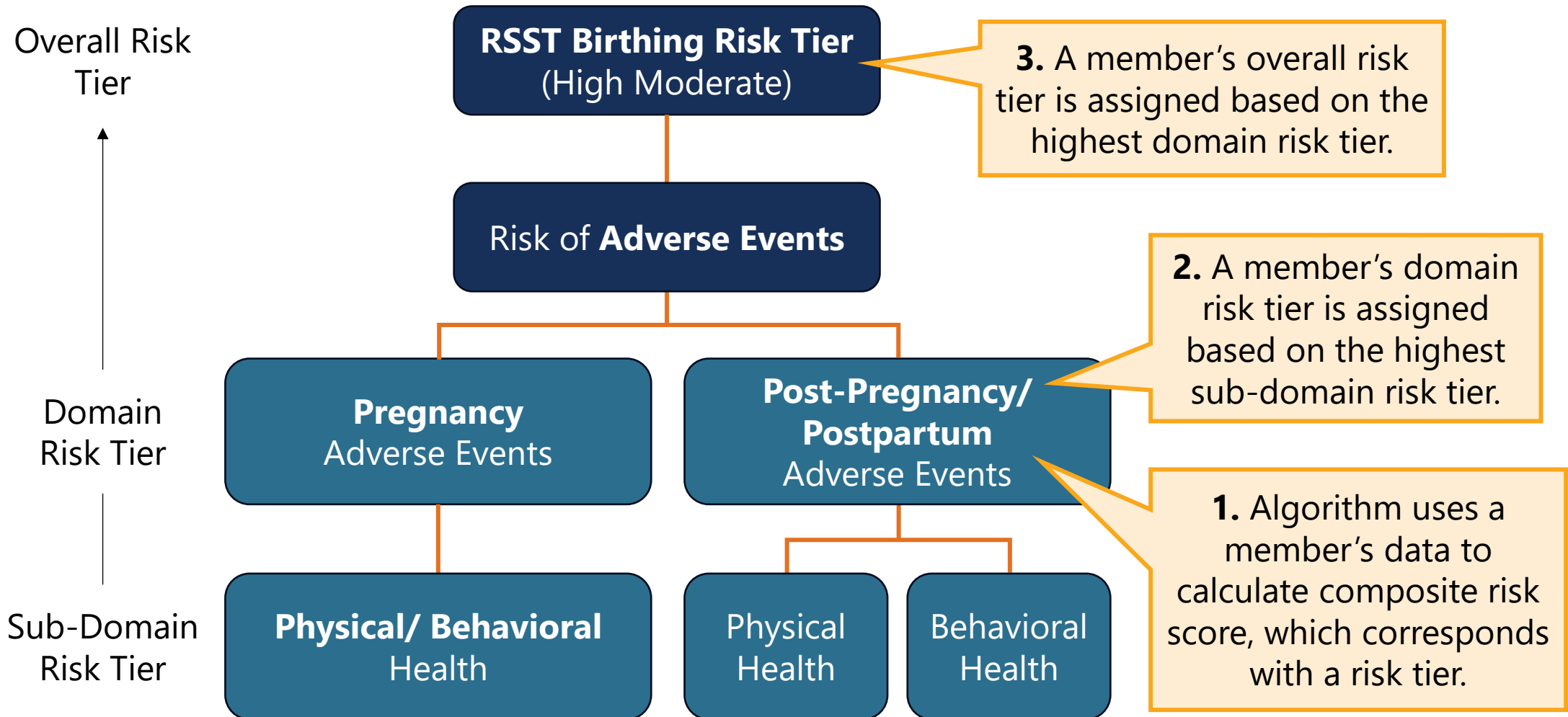
**DHCS-specified criteria were selected to allow MCPs to use existing claims data and information that plans already have to support implementation.*

Risk Stratification, Segmentation, and Tiering (RSST) Birthing (1 of 2)

The RSST Birthing Algorithm includes three models in its structure:

1. Pregnancy Adverse Outcomes (Prenatal and Delivery) – includes both physical and behavioral health adverse events during pregnancy and ends at delivery or pregnancy loss.
2. Post-Partum/Post-Pregnancy Physical Adverse Outcomes – maternal and infant physical complications in the 12 months following end of pregnancy.
3. Post-Partum/Post-Pregnancy Behavioral Adverse Outcomes – maternal behavioral health and substance use outcomes, and infant outcomes related to exposure in the 12-mo following end of pregnancy.

Risk Stratification, Segmentation, and Tiering (RSST) Birthing (2 of 2)



Omnibus Maternity All Plan Letter (APL)



- » Medi-Cal maternity guidance had historically been documented across more than 30 DHCS policy letters, as well as multiple provider manuals, policy guides, and other DHCS resources.
- » The omnibus maternity APL (26-005) – released on March 25, 2026 – consolidates these many policies and to serve as the “**one-stop shop**” for Medi-Cal managed care plans (MCPs) on the maternity services that MCPs must provide to pregnant and postpartum Medi-Cal Members, in addition to opportunities for MCPs to enhance the quality of maternal health care services.
- » The policies in this omnibus maternity APL are grounded in:
 - Federal and state law, regulations, and guidance
 - California’s [Medicaid State Plan](#)
 - [Medi-Cal Managed Care Contract](#)
 - [Medi-Cal Provider Manual](#)

APL's Table of Contents

The omnibus maternity APL is divided into 13 sections that cover the spectrum of prenatal to postpartum care.

1. Risk Assessments for Pregnant & Postpartum Members
2. Maternity Services
3. Non-Invasive Prenatal and Newborn Screenings
4. Access to Maternal Providers
5. Behavioral Health During Prenatal and Postpartum Periods
6. Lactation Services
8. Doula Services
9. Community Health Worker Services
10. Group Perinatal Care
11. Community Supports
12. Population Health Management
13. Family Planning Services and Reproductive Health
14. Abortion Services



Questions?



Please take a moment
to answer our live poll.

2026 Coverage Ambassador Webinar Dates



- » July 30, 2026
- » September 24, 2026
- » November 19, 2026

Appendix

The image features the word "Appendix" centered in a dark blue, sans-serif font. Below the text, there are two thick, wavy lines that span the width of the page. The top line is a teal color, and the bottom line is a darker blue. Both lines have a smooth, undulating shape, creating a decorative border at the bottom of the page.

Birthing Care Pathway Policy Roadmap

Focus Areas of Policies



Provider Access and MCP Oversight. Expanding access to a range of maternity providers – including doctors, midwives, and doulas; enhancing oversight of maternity services delivered through Medi-Cal MCPs; and improving communication to Medi-Cal members on available benefits and provider types.



Behavioral Health. Enhancing trauma-informed care and increasing access to mental health and substance use services.



Risk Assessment. Identifying pregnant and postpartum Medi-Cal members who are high risk and connecting them to needed services and supports; and strengthening intimate partner violence screening.



Care Management and Social Drivers of Health. Delivering whole-person care; addressing social needs, including housing and nutrition; and strengthening partnerships with community providers that have perinatal expertise.

Focus Areas of Policies



Justice-Involved Care. Facilitating enrollment in Medi-Cal and ensuring access to services before and after release from prison or jail.



Payment Redesign. Increasing reimbursement rates for a range of maternity care providers and supporting value-based maternity care.



Data and Quality. Building integrated systems for data sharing; supporting cross-enrollment of Medi-Cal members into crucial safety net supports; and creating new performance metrics to improve the quality of Medi-Cal maternity care.



State Agency Partnerships. Coordinating across different California programs for maternal health – such as home visiting and Paid Family Leave – to boost member awareness and access.

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

Leverage [CalHealthCares](#) education **loan repayment program** to build pipeline and increase diversity of OB/GYN and family medicine workforce.

Streamline requirements and improve access to a range of **high-quality breast pumps**.

Create guidance and/or technical assistance for MCPs on supporting pregnant and postpartum members **transferring to different care settings and levels of care**.

Status

In Progress

Completed

Completed

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.	Completed
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.	Completed

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.	Completed

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.	Completed

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.	Completed
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
<p>Increase rates for maternity care providers and enhance supplemental payments for Labor-and-Delivery (L&D) and hospital-based birthing center services.</p>	Completed
<p>Expand maternity measures in the Quality Incentive Pool (QIP) for Designated Public Hospitals (DPH) and District and Municipal Public Hospitals (DMPH).</p>	Completed
<p>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.</p>	Completed

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.	In Progress

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
<p>Encourage utilization of Transitional Rent under the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 waiver <u>demonstration</u> 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).</p>	Completed
<p>Encourage MCPs to consider working with facilities that offer rooming in with short-term post-hospitalization stays to provide <u>Recuperative Care</u> (medical respite) or <u>Short-Term Post-Hospitalization Housing</u> to members experiencing homelessness and who meet clinical criteria.</p>	Completed

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.	Completed
Encourage MCPs to build partnerships with IPV CBOs to serve as ECM and Community Supports providers.	Completed
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.	In Progress

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.	Completed
Leverage <u>Providing Access and Transforming Health (PATH)</u> to support ECM Birth Equity providers by providing technical assistance and prioritize ECM Birth Equity providers for <u>Capacity and Infrastructure, Transition, Expansion, and Development (CITED)</u> 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.	Completed

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.	Completed
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.	Completed

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 .	Completed
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.	Completed
Continue to support the OSG Strong Start & Beyond movement through participation in the Perinatal Advisory Group (PAG) .	Completed