



Policy: GG.1707
Title: **Doula Services**
Department: Medical Management
Section: Population Health Management

CEO Approval: /s/ Michael Hunn 02/22/2024

Effective Date: 01/01/2023

Revised Date: 02/01/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes the eligibility criteria for CalOptima Health Doula services, identifies the qualifications for becoming a Doula provider, and provision of CalOptima Health Doula as a benefit.

II. POLICY

- A. CalOptima Health and Health Networks are required to provide Doula Services for prenatal, perinatal, and postpartum Members, regardless of pregnancy outcome, when it recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.
- B. CalOptima Health and Health Networks must provide Doulas with all necessary, initial, and ongoing training and resources regarding relevant services and processes, including any available services for prenatal, perinatal, and postpartum Members in accordance with CalOptima Health Policy EE.1103: Provider Network Training.
 - 1. Training must be provided initially when a Doula is enrolled with CalOptima Health and Health Networks, as well as on an ongoing basis.
 - 2. CalOptima Health and Health Networks are required to provide technical support in the administration of Doula Services, ensuring accountability for all service requirements contained in the Contract, and any associated guidance issued by the Department of Health Care Services (DHCS).
 - 3. CalOptima Health shall support initial and ongoing capacity building for Doulas with CalOptima Health and Health Networks.
- C. Network Providers, including those who will operate as Providers of Doula Services, are required to enroll as Medi-Cal Providers, consistent with the Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment, or any superseding APL, and CalOptima Health Policy GG.1650: Credentialing, Re-credentialing of Practitioners, if there is a state-level enrollment pathway for them to do so.
- D. CalOptima Health and Health Networks must ensure and monitor sufficient Provider networks within their service areas, including Doulas, in accordance with CalOptima Health Policy GG.1600: Access and Availability Standards.

1. CalOptima Health and Health Networks must make contracting available to both individual Doulas and Doula groups.
 2. CalOptima Health and Health Networks must collaborate with their network hospitals/birthing centers to ensure there are no barriers to accessing these Providers when accompanying Members for prenatal visits, labor and delivery support, and postpartum visits regardless of outcome (stillbirth, abortion, miscarriage, live birth).
 3. CalOptima Health must coordinate for Out-of-Network (OON) access to Doula Services for Members if an In-Network Doula provider is not available for Medically Necessary Doula Services, in accordance with CalOptima Health Policy GG.1539: Authorization for Out-of-Network and Out-of-Area Services.
 4. If a Member desires to have a Doula during labor and delivery, CalOptima Health and its Health Networks, must work with their In-Network hospitals and birthing centers to allow the Doula, in addition to the support person(s), to be present.
- E. Receiving Doula Services does not limit Members from receiving Perinatal Support Services (PSS) through Comprehensive Perinatal Service Program (CPSP) providers or Bright Steps in accordance with CalOptima Health Policy GG.1701: CalOptima Perinatal Support Services (PSS) Program.

III. PROCEDURE

- A. Doula Services can be provided virtually, in accordance with CalOptima Health Policy GG.1665: Telehealth and Other Technology-Enabled Services, or in person with locations in any setting including, but not limited to, homes, office visits, hospitals, or alternative birth centers.
1. A Doula is not prohibited from providing assistive or supportive services in the home during a prenatal or postpartum visit (i.e., a Doula may help the postpartum person fold laundry while providing emotional support and offering advice on infant care).
 - a. The visit must be face-to-face, and the assistive or supportive service must be incidental to Doula Services provided during the prenatal or postpartum visit.
 - b. The Member cannot be billed for the assistive or supportive service.
- B. The recommending physician or licensed practitioner does not need to be enrolled in Medi-Cal or be a Network Provider with CalOptima Health.
- C. Initial Recommendation
1. An initial recommendation for Doula Services can be provided through:
 - a. A written recommendation in the Member's record;
 - b. A standing order for Doula Services by CalOptima Health or a Health Network, physician group or other group by a licensed Provider, the Department of Health Care Services (DHCS); or
 - i. The standing recommendation issued by DHCS on November 1, 2023, fulfills this requirement until the time it is rescinded or modified.

- c. A standard form, such as the DHCS Medi-Cal Doula Services Recommendation or CalOptima Health Recommendation Form(s), signed by a physician or other licensed practitioner that a member can provide to a Doula.
- 2. The initial recommendation includes the following authorizations:
 - a. One initial visit;
 - b. Up to eight (8) additional visits that can be provided in any combination of prenatal and postpartum visits;
 - c. Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage; and
 - d. Up to two (2) extended three (3) hour postpartum visits after the end of a pregnancy.
- D. The extended three (3) hour postpartum visits provided after the end of pregnancy do not require the Member to meet additional criteria or receive a separate recommendation.
- E. Doulas should work with the Member's Primary Care Provider (PCP) (if that information is available) or work with CalOptima Health or Health Networks to refer the Member to a Network Provider who is able to render the service, if a Member requests or requires pregnancy-related services that are available through Medi-Cal.
- 1. These Medi-Cal services include but are not limited to:
 - a. Behavioral health services;
 - b. Belly binding after cesarean section by clinical personnel;
 - c. Clinical case coordination;
 - d. Health care services related to pregnancy, birth, and the Postpartum Period;
 - e. Childbirth education group classes;
 - f. Comprehensive health education including orientation, assessment, and planning (Comprehensive Perinatal Services Program services);
 - g. Hypnotherapy (non-specialty mental health service);
 - h. Lactation consulting, group classes, and supplies in accordance with CalOptima Health Policy GG.1704: Breastfeeding Promotion;
 - i. Nutrition services (assessment, counseling, and development of care plan);
 - j. Transportation; and
 - k. Medically appropriate Community Supports services.

F. Eligibility Criteria for Doula Services

1. To be eligible for Doula Services, and be covered under Medi-Cal managed care, a Member must be eligible for Medi-Cal, enrolled in CalOptima Health, and may have recommendation for Doula Services from a physician or other licensed practitioner of the healing arts.
2. Medi-Cal Eligibility Checks: Doulas must verify the Member's Medi-Cal enrollment for the month of service. Doulas must contact the Member's Health Network or CalOptima Health to verify eligibility.
3. Recommendation for Doula Services: A Member would meet the criteria for a recommendation for Doula Services if pregnant, or pregnant within the past year, and would either benefit from Doula Services or they request Doula Services. Doula Services can only be provided during pregnancy; labor and delivery, including stillbirth; miscarriage; abortion; and within one year of the end of a Member's pregnancy.

G. Documentation Requirements

1. Doula Services may provide an optional recommendation by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law prior to Doula services being provided.
2. Initial recommendations can be provided through approved methods as outlined in Section III.C.1. of this Policy.
3. Secondary recommendations are required for additional visits during the Postpartum period.
 - a. A recommendation for additional visits during the Postpartum Period cannot be established by standing order.
 - b. The additional recommendation authorizes nine (9) or fewer additional postpartum visits.
4. CalOptima Health and Health Networks must ensure Doulas document the dates, time, and duration of services provided to Members.
 - a. Documentation must also reflect information on the service provided and the length of time spent with the Member that day.
 - b. Documentation should be integrated into the Member's medical record and available for encounter data reporting in accordance with CalOptima Health Policy EE.1111: Health Network Encounter Reporting Requirements.
 - c. The Doula's National Provider Identifier (NPI) number should be included in the documentation.
5. Documentation must be accessible to CalOptima Health and DHCS upon request.

H. Doula Requirements and Qualifications

1. All Doulas must be at least eighteen (18) years old, provide proof of an adult and infant Cardiopulmonary Resuscitation (i.e., CPR) certification from the American Red cross or American Heart Association, and attest they have completed basic Health Insurance Portability and Accountability Act training.

2. A Doula must qualify by meeting either the training or experience pathway, as described below:

a. Training Pathway:

- i. Provide a certificate of Completion for a minimum of sixteen (16) hours of training which includes all of the following topics:
 - a) Lactation support;
 - b) Childbirth education;
 - c) Foundations on anatomy of pregnancy and childbirth;
 - d) Nonmedical comfort measures, prenatal support, and labor support techniques; and
 - e) Developing a community resource list.
- ii. Attest that they have provided support at a minimum of three (3) births.

b. Experience Pathway:

- i. All of the following:
 - a) Attest that they have provided services in the capacity of a Doula in either a paid or volunteer capacity for at least five years. The five years of experience in the capacity as a Doula must have occurred within the last seven (7) years.
 - b) Provide three (3) written client testimonial letters, or professional letters of recommendation from any of the following: a physician, licensed behavioral health Provider, nurse practitioner, nurse midwife, licensed midwife, enrolled Doula, or community-based organization. Letters must be written within the last seven years. One (1) letter must be from either a licensed Provider, a community-based organization, or an enrolled Doula. “Enrolled Doula” means a Doula enrolled either through DHCS or through CalOptima Health.

c. Continuing Education:

- i. CalOptima Health and Health Networks must ensure Doulas complete three (3) hours of continuing education in maternal, perinatal, and/or infant care every three (3) years.
- ii. Doulas must maintain evidence of completed training to be made available to DHCS upon request.

I. Non-Covered Doula Services:

1. Doula Services do not include diagnosis of medical conditions, provision of medical advice, or any type of clinical assessment, exam, or procedure.
2. The following services are not covered under Medi-Cal or as Doula Services:
 - a. Belly binding (traditional/ceremonial);
 - b. Birthing ceremonies (i.e., sealing, closing the bones, etc.);

- c. Group classes on babywearing;
 - d. Massage (maternal or infant);
 - e. Photography;
 - f. Placenta encapsulation;
 - g. Shopping;
 - h. Vaginal steams; and
 - i. Yoga.
3. Doulas are not prohibited from teaching classes that are available at no cost to Members to whom they are providing Doula Services.

J. Billing and Payments

1. CalOptima Health, Health Networks, and any contracted group, must reimburse Doulas in compliance with the clean claims requirements and timeframes outlined in DHCS APL 23-020 accordance with their Network Provider contract, and in accordance with CalOptima Health Policies FF.1003: Payment for Covered Services Rendered to a Member for which CalOptima Health is Financially Responsible, and FF.1014: Payment for Covered Services Rendered to a Member Enrolled in a Health Network.
 - a. CalOptima Health and Health Networks are prohibited from establishing unreasonable or arbitrary barriers for accessing Doula Services.
 - b. If a Member chooses to see an OON Provider for abortion services, CalOptima Health will reimburse for Covered Services in accordance with CalOptima Health Policy FF.1003: Payment for Covered Services Rendered to a Member for which CalOptima Health is Financially Responsible.
2. Claims for Doula Services must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual.
 - a. Doulas cannot double bill, as applicable, for Doula Services that are duplicative to services that are reimbursed through other benefits.
3. All visits are limited to one per day, per Member. Only one (1) Doula can bill for a visit provided to the same Member on the same day, excluding labor and delivery. One (1) prenatal visit or one (1) postpartum visit can be provided on the same day as labor and delivery, stillbirth, abortion, or miscarriage support. The prenatal visit or postpartum visit billed on the same calendar day as birth can be billed by a different Doula.
4. The extended postpartum visits are billed in fifteen (15) minute increments, up to three (3) hours, up to two (2) visits per pregnancy per individual provided on separate days.

K. Monitoring

1. CalOptima Health and Health Networks must ensure that Doula Services Providers have a National Provider Identifier (NPI) and that these NPIs are entered in the 274 Network Provider File.

2. DHCS will monitor CalOptima Health’s initial implementation of Doula Services and requirements through existing data reporting mechanisms such as Encounter Data, Grievances and Appeals, and the 274 Network Provider File in accordance with CalOptima Health Policy AA.1270: Certification of Document and Data Submissions.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Policy AA.1270: Certification of Document and Data Submissions
- B. CalOptima Health Policy EE.1103: Provider Network Training
- C. CalOptima Health Policy EE.1111: Health Network Encounter Reporting Requirements
- D. CalOptima Health Policy FF.1003: Payment for Covered Services Rendered to a Member for which CalOptima Health is Financially Responsible
- E. CalOptima Health Policy FF.1014: Payment for Covered Services Rendered to a Member Enrolled in a Health Network
- F. CalOptima Health Policy GG.1600: Access and Availability Standards
- G. CalOptima Health Policy GG.1603: Medical Records Maintenance
- H. CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners
- I. CalOptima Health Policy GG.1665: Telehealth and Other Technology-Enabled Services
- J. CalOptima Health Policy GG.1701: CalOptima Perinatal Support Services (PSS) Program
- K. CalOptima Health Policy GG.1704: Breastfeeding Promotion
- L. CalOptima Health Policy GG. 1539: Authorization for Out-of-Network and Out-of-Area Services
- M. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment
- N. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-020: Requirements for Timely Payment of Claims
- O. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-024: Doula Services
- P. Department of Health Care Services (DHCS) Medi-Cal Provider Manual – Doula Services
- Q. Title 42, Code of Federal Regulations (CFR), §440.130(c)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
07/11/2023	Department of Health Care Services (DHCS)	Approved as Submitted
12/19/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
06/01/2023	Regular Meeting of the CalOptima Heath Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2023	GG.1707	Doula Services	Medi-Cal
Revised	11/01/2023	GG.1707	Doula Services	Medi-Cal
Revised	02/01/2024	GG.1707	Doula Services	Medi-Cal

IX. GLOSSARY

Term	Definition
Community Supports	Pursuant to 42 CFR § 438.3(e)(2), Community Supports are services or settings that are offered in place of services or settings covered under the California Medicaid State Plan and are a medically appropriate, cost-effective alternative to a State Plan Covered Service. Authorized Community Supports offered are included in development of CalOptima Health's capitation rate and count toward the medical expense component of CalOptima Health's Medical Loss Ratio (MLR) in accordance with 42 CFR § 438.8 (e)(2) Community Supports are optional for both CalOptima Health and the Member and must be approved by DHCS.
Doula	A birth worker who provides health education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum persons before, during, and after childbirth, otherwise known as the perinatal period, for up to one year after pregnancy and provides support during miscarriage, stillbirth, and abortion (pregnancy termination) as set forth in DHCS APL 23-024: Doula Services.
Doula Services	Doula Services encompass health education, advocacy, and physical, emotional and nonmedical support provided before, during and after childbirth or end of a pregnancy, including throughout the Postpartum Period.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Network Provider	Any Provider or entity that has a Network Provider Agreement with CalOptima Health or CalOptima Health's Subcontractor(s) and receives Medi-Cal funding directly or indirectly to order refer or render Covered Services under the contract between said parties. A Network Provider is not a Subcontractor by virtue of the Network Provider Agreement.
Out-of-Network Provider	A Provider that does not participate in CalOptima Health's Network.
Postpartum Period	Doulas may provide services for up to twelve (12) months from the end of pregnancy. Beneficiaries are eligible to receive full-scope Medi-Cal coverage for at least twelve (12) months after pregnancy.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.