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State/Territory Name: California

State Plan Amendment (SPA) #: 22-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 27, 2023

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 22-0002

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0002. This amendment proposes to add doula services under the preventive services benefit and as a professional service under the freestanding birth center benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at sections 1905(a)(13) and 1905(a)(28) and implementing regulations at 42 Code of Federal Regulations (CFR) 440.130. This letter is to inform you that California Medicaid SPA 22-0002 was approved on January 26, 2023 with an effective date of January 1, 2023.

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A small blue and yellow arc is visible at the bottom left corner of the redaction box.

Digitally signed by James G.
Scott -S
Date: 2023.01.27 17:20:04
-06'00'

James G. Scott, Director
Division of Program Operations

cc: Rene Mollow, Department of Health Care Services (DHCS)
Lisa Murawski, DHCS
Michelle Tamai, DHCS
Andrea Zubiante, DHCS
Angeli Lee, DHCS
Farrah Samimi, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

| | |
|---|-----------------------|
| 1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 2</u> | 2. STATE <u>CA</u> |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI | |

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130, SSA 1905(a)(13) and 1905(a)(28).

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2023 \$ 895,935
b FFY 2024 \$ 351,347

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Limitations on Attachments 3.1-A and 3.1-B, pages 18j-18k
Limitations on Attachment 3.1-A, page 32
Limitations on Attachment 3.1-B, page 31
Attachment 4.19-B, page 3u
Attachment 3.1-A, page 13
Attachment 3.1-B, page 11
Supplement 6 to Attachment 4.19-B, page 2a


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Limitations on Attachment 3.1-A, page 32
Limitations on Attachment 3.1-B, page 31
Attachment 3.1-A, page 13
Attachment 3.1-B, page 11
Supplement 6 to Attachment 4.19-B, page 2a

9. SUBJECT OF AMENDMENT
Adds doula services as preventive services. under the preventive services benefit and as a professional service under the freestanding birth center benefit.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

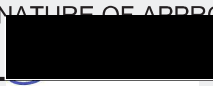
14. DATE SUBMITTED
November 7, 2022

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

| | |
|---------------------------------------|---------------------------------------|
| 16. DATE RECEIVED November 7, 2022 | 17. DATE APPROVED January 26, 2023 |
|---------------------------------------|---------------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|--|---|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2023 | 19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.01.27 17:26:00 -06'00' |
| 20. TYPED NAME OF APPROVING OFFICIAL James G. Scott | 21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations |

22. REMARKS
State authorized pen and ink changes to Boxes 5 and 9 on 12/13/2022 and to Boxes 7 and 8 on 01/03/2023. State authorized additional pen and ink changes to Boxes 7 and 8 via email dated 1/18/2023.

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

28. Self-Directed Personal Assistance Services, as described in Supplement 5 to Attachment 3.1-A.

Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

29.a Licensed or otherwise State-approved Alternative Birth Centers

Provided: No limitations With limitations* None licensed or approved

29.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.

Provided: No limitations With limitations*

Not Applicable (there are no licensed or State approved Alternative Birth Centers)

1) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan.

2) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60.

3) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services.

* Description provided on attachment

| TYPE OF SERVICE | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|-------------------------------|---|---|
| 13c Doula Preventive Services | <p>Doula services encompass the 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. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.</p> <p>Doulas offer various types of support, including perinatal, labor, and miscarriage support and guidance; health navigation; evidence-based education for prenatal, postpartum, childbirth, and newborn/infant care; lactation support; development of a birth plan; and linkages to community-based resources.</p> | <p>Doula services are provided as preventive services pursuant to 42 CFR Section 440.130(c) and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.</p> <p>An additional recommendation from a physician or other licensed practitioner of the healing arts is required for more than 11 visits during the perinatal period, excluding labor and delivery and miscarriage support.</p> <p>All doulas must be at least 18 years old, possess an adult/infant CPR certification, and have completed basic HIPAA training.</p> <p>In addition, a doula must meet either of the following qualification pathways:</p> <p>Training Pathway:</p> <ul style="list-style-type: none"> • Complete a minimum of 16 hours of training in the following areas: <ul style="list-style-type: none"> ○ Lactation support ○ Childbirth education ○ Foundations on anatomy of pregnancy and childbirth ○ Nonmedical comfort measures, prenatal support, and labor support techniques ○ Developing a community resource list • Provide support at a minimum of three births |

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 22-0002

Supersedes

TN No. None

Approval Date: January 26, 2023

Effective Date: January 1, 2023

| TYPE OF SERVICE | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|-----------------|--------------------|--|
|-----------------|--------------------|--|

Experience Pathway:

- Or all of the following:
 - At least 5 years of active doula experience in either a paid or volunteer capacity within previous seven years.
 - Attestation to skills in prenatal, labor, and postpartum care as demonstrated by the following:
 - 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 letter must be from either a licensed provider, a community-based organization, or an enrolled doula.

Doulas must complete three hours of continuing education in maternal, perinatal, and/or infant care every three years.

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| 29.a Licensed or otherwise State-approved Alternative Birth Centers | All services permitted under scope of licensure. Obstetrical and delivery services throughout pregnancy and through the end of the month following 60 days after the pregnancy ends. | Must be certified as a Comprehensive Perinatal Services Program provider, or certified within the first year of operation. |
| 29.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center | b.1 Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan. | Physicians, including general practitioners, family practice, pediatricians, and obstetric-gynecologists; certified nurse midwives; and licensed midwives, as licensed by the State; and doulas. |
| | b.2 Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law. | Certified nurse practitioners must be under the supervision of a physician and licensed by the State. |

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State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

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Not Applicable (there are no licensed or State approved Alternative Birth Centers)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

REIMBURSEMENT METHODOLOGY FOR DOULA SERVICES

1. Notwithstanding any other provision of this Attachment, the methodology utilized by the State Agency in establishing Medi-Cal fee-for-service reimbursement rates for Doula services, as described in paragraph 13(c) and paragraph 29.b of the Limitations on Attachment 3.1-A, as well as paragraph 13(c), and paragraph 28.b of the Limitations on Attachment 3.1-B, will be calculated by the Department of Health Care Services (DHCS) using the following methodology:
 - a. For dates of service on or after January 1, 2023, the reimbursement rates for doula services will be established based on the Medi-Cal Fee-For-Service fee schedule rates in effect on December 31, 2022, for the same or similar services.
 - b. The services described in this section are exempt from the ten percent payment reduction described in paragraph (16) on page 3.4 of this Attachment.
 - c. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of doula services. Medi-Cal Fee-For-Service rates for Doula services were set as of January 1, 2023, and are effective for services provided on or after that date. All rates are published at: <https://files.medi-cal.ca.gov/rates/rateshome.aspx>

TN: 22-0002

Supersedes

TN: None Approval Date: January 26, 2023 Effective Date: January 1, 2023

E. Chiropractic services are covered only for the following beneficiaries:

- Pregnant women, if the chiropractic service is part of their pregnancy-related services or services for a condition that might complicate the pregnancy.
- Individuals who are eligible for the Early and Periodic Screening, Diagnostic, and Treatment benefit.

F. Doula services provided by Indian Health Services and Tribal 638 Health Facilities can be billed according to the reimbursement methodology described on page 3u of Attachment 4.19-B.

TN No. 22-0002
Supersedes
TN No. 19-0046

Approval Date: January 26, 2023 Effective Date: January 1, 2023