

Medi-Cal Enrollment Requirements and Procedures for Doulas

The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements for doulas. 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.

DHCS will add doula services as a covered benefit starting January 1, 2023. Effective January 1, 2023, doula providers may apply for enrollment in the fee-for-service Medi-Cal program as individuals, group providers, rendering providers, or ordering/referring/prescribing (ORP) providers.

In accordance with Welfare & Institutions (W&I) Code Section 14043.75(b), the director is establishing the specific application and enrollment requirements for doula providers who apply for enrollment in the Medi-Cal program to be reimbursed for the covered services they provide to Medi-Cal beneficiaries. These requirements implement and make specific W&I Code Sections 14043.26 and 14043.15 and as such have the full force and effect of law. Also, this bulletin does not substitute for, or eliminate, all other enrollment requirements set forth in W&I Code Section 14043.26.

Doula applicants may apply to enroll in the Medi-Cal program by submitting an electronic application through the [Provider Application for Validation and Enrollment \(PAVE\)](#) online enrollment portal, along with all supporting documentation. In accordance with California Code of Regulations (CCR), Title 22, Section 51000.50, DHCS is required to take action on the submitted electronic application within 180 days of receipt.

Providers and applicants may create an account or log in to the Provider Application and Validation for Enrollment (PAVE) portal [here](#).

Medi-Cal Program Requirements for Doulas

All doulas must be at least 18 years old at the time the application is submitted, provide proof of an adult and infant cardiopulmonary resuscitation (CPR) certification from the American Red Cross or American Heart Association, and attest they have completed basic Health Insurance Portability and Accountability Act of 1996 (HIPAA) training.

In order to enroll, a doula may enroll through either the Training Pathway or the Experience Pathway by completing an application, as outlined below:

1) Training Pathway:

- The doula applicant must provide DHCS a Certificate of Completion for a minimum of 16 total hours of training which includes all of the following topics:
 - Lactation support;
 - Childbirth education;

- Foundations on anatomy of pregnancy and childbirth;
- Nonmedical comfort measures, prenatal support, and labor support techniques; and
- Developing a community resource list

If the doula applicant has a Certificate of Completion that does not detail the total number of hours completed and topics covered or if the doula applicant does not have a Certificate of Completion, the doula applicant is required to provide a copy of a syllabus from the completed course(s) and complete the applicable attestation provided within the e-Form application attesting that they have satisfactorily completed course(s) covering the required topics above with the name of the organization providing the training course, the total number of hours completed and the date the course was completed.

- In addition to providing the Certificate of Completion or attestation that 16 total hours of training have been completed by the doula applicant, the doula applicant must also provide an attestation within the e-Form application attesting that they have provided support at three births in the capacity of a birth doula.

Doulas may also apply to become a doula through the Experience Pathway.

2) Experience Pathway:

- The doula applicant must attest within the e-Form application 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 years from the date the application is submitted.
- In addition, the doula applicant must attest to skills in prenatal, labor, and postpartum care, as demonstrated by the following:
 - Three written client testimonial letters or professional letters of recommendation using the testimonial templates provided within this regulatory provider bulletin 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.

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

Doula providers are exempted from the established place of business requirements outlined under CCR, Title 22, Section 51000.60.

Additionally, doulas may use an “administrative location” for the purposes of reporting a business address in the e-Form application. This may be the same as their mailing address but it cannot be a post office box. This address will appear in directories and in

the [California Health and Human Services Open Data Portal](#). For the purposes of this provider bulletin, an “administrative location” is defined as the physical location associated with the doula’s operations, which can include where doulas are dispatched or based. They are not required to provide services at the administrative location.

Procedures for Enrollment as an Individual Doula Billing Provider

To enroll as an individual billing provider, a doula provider must meet the aforementioned requirements and either qualification pathway described above - Training or Experience. All doula applicants requesting consideration for enrollment must complete and submit an electronic application through the [PAVE](#) online enrollment portal as an individual billing provider, along with all supporting documentation. Doulas wishing to enroll as a group provider do not need to enroll as an individual provider, but they would need to apply as a rendering provider.

Procedures for Enrollment as a Doula Group Provider

CCR, Title 22, Section 51000.16 states: “Provider Group’ means two or more rendering providers doing business together under a provider number at the same business location.” In order to enroll as a group, there must be two or more individuals providing services. Doula applicants requesting consideration for enrollment as a “group provider” will need to complete a group provider application through the [PAVE](#) portal along with all supporting documentation. When applying as a group provider, in addition to the group provider application, a complete rendering provider application must be submitted in PAVE for each individual provider not enrolled in Medi-Cal who is rendering services for the group and a Rendering-S application must be completed in the [PAVE](#) portal for each individual provider who is enrolled in Medi-Cal and who is rendering services for the group.

Procedures for Enrollment as a Rendering Member of a Medi-Cal Enrolled Provider Group

CCR, Title 22, Section 51000.21 states: “Rendering Provider’ means an individual provider who renders healthcare services, or provides goods, supplies or merchandise as a member of a provider group and uses the provider number to bill the Medi-Cal program.” All doula applicants requesting consideration for enrollment as new rendering providers must complete and submit a rendering provider application through the [PAVE](#) portal, along with all supporting documentation. Enrolled doula providers must report joining a group by submitting a Rendering-S application through the [PAVE](#) portal.

Providers can access more information about PAVE on the Provider Application and Validation for Enrollment (PAVE) page of the DHCS website at <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>.

Doula Testimonial Letter Templates

Testimonial letter from a community-based organization. Template language may only be modified in the blank fields as applicable.

Instructions: Testimonial letter must be on the community-based organization letterhead using the language below and contain no protected health or confidential information.

I, (name of community-based organization's authorized representative) declare that the following is true and correct:

1. I am a community-based organization's authorized representative.
2. I attest that within the last five years (applicant's name) has demonstrated the skills and experience in prenatal, labor, and postpartum care to work as a doula.

Name and Title: _____

Business Address: _____

Telephone Number: _____

Signature and Date: _____

Testimonial letter from a licensed provider. Template language may only be modified in the blank fields as applicable.

Instructions: Testimonial letter must be on the licensed provider's letterhead using the language below and contain no protected health or confidential information.

I, (name of provider) declare that the following is true and correct:

1. I am a physician, psychologist, licensed marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, nurse practitioner, nurse midwife, licensed midwife, or Medi-Cal enrolled doula, as of the date of this letter of recommendation.
2. I attest that within the last five years (applicant's name) has demonstrated the skills and experience in prenatal, labor, and postpartum care to work as a doula.

Name and Title: _____

Business Address: _____

Telephone Number: _____

NPI: _____

Provider Type: _____

Signature and Date: _____

Testimonial letter from an enrolled doula. Template language may only be modified in the blank fields as applicable.

Instructions: Testimonial letter must be on the enrolled doula's letterhead using the language below and contain no protected health or confidential information.

I, (name of enrolled doula) declare that the following is true and correct:

1. I am a doula and am currently enrolled in the Medi-Cal program.
2. I attest that within the last five years (applicant's name) has demonstrated the skills and experience in prenatal, labor, and postpartum care to work as a doula.

Name and Title: _____

Business Address: _____

Telephone Number: _____

NPI: _____

Signature and Date: _____

Testimonial letter from a doula's client. Template language may only be modified in the blank fields as applicable.

Instructions: Testimonial letter must use the language below.

I, (name of doula's client) declare that the following is true and correct:

1. I was a client of (applicant's name).
2. I attest that I received services within the last five years from (applicant's name) and (applicant's name) has demonstrated the skills and experience in prenatal, labor, and postpartum care to work as a doula.

Name: _____

Business Address: _____

Telephone Number: _____

Signature and Date: _____

The Chief of the Provider Enrollment Division, P.O. Box 997412, Sacramento, CA 95899-7412, (888) 452-8609, is responsible for the system of records and shall, upon request, inform you of the location of your records and the categories of any persons who use the information in those records. You have a right to access records containing personal information which are maintained by DHCS. You have a right to access records containing personal information which are maintained by DHCS. If you would like to request a copy, please submit your request via the Provider Enrollment Division online Inquiry Form at: [PED Online Inquiry Form](#).

Submission of this information is voluntary. There are no consequences for not providing all or any part of this information.