



**Gold Coast
Health Plan**SM
A Public Entity



Provider Certification Application

Doula

Provider Certification Application: Doula Instructions

1. This Doula Provider Application reflects the requirements and expectations set forth by DHCS and GCHP to serve as a provider for GCHP members.
2. Please have an authorized representative complete the Doula Provider Application and submit to calaimpr@goldchp.org with the subject line “Doula Provider Application.” Once you submit this application, the GCHP team will review and response within 45 business days.
3. If you have questions, please participate in GCHP’s Technical Assistance Convenings or contact calaimpr@goldchp.org.
4. As you complete your application, please be aware that GCHP will conduct a readiness review to ensure that you meet DHCS requirements and can provide the services in the manner set forth in DHCS policy and GCHP’s P&P. To that end, we ask that you please:
 - a. Carefully review the expectations for providing doula services as set forth in the guidance documents of these instructions and to be discussed in GCHP’s Technical Assistance Convenings.
 - b. Provide details about how your organization will implement the doula services to meet the expectations of the program.
 - c. For all narrative responses, be clear and concise so that reviewers will understand how your organization provides doula services and limit responses to 500 words or less for each section.
 - d. Do not include any PHI or PII.
 - e. Avoid acronyms when possible or define acronyms in a supporting document.
 - f. If you have any subcontractors providing any part of doula services on behalf of your organization, please submit a copy of the MOU / contract as part of your application
5. If you are proposing that a subcontractor fulfill the doula provider requirements, please also complete Section IH: Oversight & Monitoring. GCHP will confirm receipt of an application within 10 business days. A staff member will engage individual doula providers to request additional information or clarification for areas of the application that do not satisfy the doula requirements.
6. Please name each file you submit with the same format. For example: MyOrganizationName_Doula_RequiredAreaA_Question1 or MyOrganizationName_Doula_RequiredAreaD
7. Please see the following reference materials for your information and assistance:
 - a. [DHCS All Plan Letter 22-031 Doula Services](#)
 - b. [DHCS Doula Services](#)

Background Material

Program coverage

Medi-Cal covers doula services as preventive services, pursuant to Title 42 of the Code of Federal Regulations, 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. Doulas offer various types of support, including health navigation, lactation support, development of a birth plan, and linkages to community-based resources. Services can be provided virtually or in-person with locations in any settings including, but not limited to, homes, office visits, hospitals, or alternative birth centers.

Definition

Doulas are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnancy and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion. Doulas are not licensed, and they do not require supervision.

Please see the following for additional information:

1. [APL 22-031 Doula Services](#)
2. [Medi-Cal Provider Manual, Doula Services](#)

Acronym key:

- Activities of Daily Living (ADL)
- Alternative Format Selection (AFS)
- Certified Aging-in-Place Specialist (CAPS)
- Community Health Workers (CHWs)
- Community Supports (CS)
- Continuum of Care (CoC)
- Coordinated Entry System (CES)
- Department of Health Care Services (DHCS)
- Enhanced Care Management (ECM)
- Gold Coast Health Plan (GCHP)
- Health Insurance Portability and Accountability Act (HIPAA)
- High-Efficiency Particulate Air (HEPA)
- In Home Supportive Services (IHSS)
- Instrumental Activities of Daily Living (ADLs)
- Integrated Pest Management (IPM)
- Managed Care Plan (MCP)
- Memorandum of Understanding (MOU)
- National Provider Identifier (NPI)
- Personal Emergency Response System (PERS)
- Personally Identifiable Information (PII)
- Primary Care Provider (PCP)
- Process and Procedures (P&P)
- Protected Health Information (PHI)
- Registered Dietician (RD)
- Secure File Transfer Protocol (SFTP)
- Supplemental Security Income (SSI)

Prospective doula providers must complete all sections of this certification application.

Section 1: Demographic Information

Doula Provider Organization Name:			
Doula Provider Organization Type:			
Tax Identification Number (TIN):			
National Provider Identifier (NPI) (If applicable) (i.e., Submit Type 2 NPI if applicable. If you have a pending NPI application indicate here): Note: Not all providers will have an NPI			
Geographic Locations and Hours of Operations			
Do you currently have a contract with a Managed Care Plan (MCP)? If yes, please list the MCP.			
Completed by:		Date:	
Title:			
Phone Number:		Email Address:	

Section 2: Doula Services Information

Section	Requirements	Questions for Prospective Providers
<p>Required Area 1A</p>	<p>Doula Provider Requirements and Qualifications</p> <p>Doulas must be at least 18 years of age, possess an adult / infant Cardiopulmonary Resuscitation (i.e., CPR) certification, and have completed Health Insurance Portability and Accountability Act (HIPAA) training.</p> <p>A doula qualifies by meeting either the training or experience pathway:</p> <ul style="list-style-type: none"> • Training pathway: <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> Provide support at a minimum of three births. • Experience pathway: <ul style="list-style-type: none"> <input type="checkbox"/> At least five years of active doula experience in either a paid or volunteer capacity within the previous seven years. <input type="checkbox"/> Attestation to skills in prenatal, labor, and postpartum care as demonstrated by the following: <ul style="list-style-type: none"> » Three written client testimonial letters OR professional letters of recommendation from any of the following: <ul style="list-style-type: none"> ▪ A physician ▪ Licensed behavioral health provider ▪ Nurse practitioner ▪ Nurse midwife ▪ Licensed midwife ▪ Enrolled doula • Community-based organization <ul style="list-style-type: none"> » 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. Enrolled meaning a doula enrolled either through DHCS or through an MCP. 	<ol style="list-style-type: none"> 1. Attestation that doula meets age and certification requirements. 2. Attestation that doula meets training and education requirements. 3. Documentation that doula meets either training pathway or experience pathway. <p>Applicant Response:</p>

Section	Requirements	Questions for Prospective Providers
<p>Required Area 1B</p>	<p>Training</p> <p>Doulas are required to complete three hours of continuing education in maternal, perinatal, and / or infant care every three years. Doulas must maintain evidence of completed training. Relevant topics for trainings include, but are not limited to, perinatal support, trauma-informed care, hands-on support with clients, cultural sensitivity or competency, implicit bias or anti-racism or social determinants of health for birthing populations, postpartum care / support, infant and newborn care, and perinatal loss and bereavement support.</p>	<ol style="list-style-type: none"> 1. Describe your initial and ongoing training plans for doulas. 2. How does your organization stay current in relevant topics in the field? <p>Applicant Response:</p>
<p>Required Area 1C</p>	<p>Eligibility, Outreach, and Engagement</p> <p>In order to receive doula services, members must be Medi-Cal eligible, enrolled in GCHP, and have a recommendation from a physician or other licensed practitioner of the healing areas.</p> <p>Doulas must be able to complete the following:</p> <ol style="list-style-type: none"> 1. Verify member's Medi-Cal eligibility for the month of service. 2. Receive referrals from GCHP, physicians, or other licensed practitioners of the healing arts. 3. Conduct outreach and engagement to referred members in a timely manner. 4. Maintain documentation of referral outcome. 	<ol style="list-style-type: none"> 1. Describe your end-to-end referral process. 2. Describe your current outreach and engagement strategies. 3. Estimated Member Capacity: Describe the estimated number of GCHP members your organization can serve related to doula services. <p>Applicant Response:</p>

Section	Requirements	Questions for Prospective Providers
Required Area 1D	Documentation Requirements Doulas are required to: <ul style="list-style-type: none">• Document dates, time, duration, and details of services.• Store written recommendation for doula services by physician or other licensed practitioner of the healing arts.	Describe your document management system and processes. In your description, please describe: <ul style="list-style-type: none">• Security features that would protect PHI / PII.• Document the dates and time / duration of services provided to members. Applicant Response:

Section	Requirements	Questions for Prospective Providers
<p>Required Area 1E</p>	<p>Billing, Claims, and Payments: Doulas must bill for covered services in accordance with GCHP standards. Doulas shall record, generate, and send a claim to GCHP for services rendered in the standard format (837 file) OR shall send an invoice to GCHP, in GCHP-approved format. Doula must have documentation of doula services referral to receive payment for the provision of services. Doula must have a mechanism in place to accept payment from GCHP for covered services.</p> <p>Doulas cannot double bill for doula services that are duplicative to services that are reimbursed through other benefits.</p>	<ol style="list-style-type: none"> 1. Describe your current process for recording, generating, and submitting claims or invoices for payment of services rendered. Indicate any relevant electronic systems or platforms you currently use. 2. If you do not have a current process, indicate how you plan to submit claims or invoices for doula services. What assistance do you need from GCHPs to develop this process? 3. Describe ability to document the dates, time / duration of services, nature of services provided and support the length of time spent with the member. 4. Describe your ability to prevent duplicate billing. <p>Applicant Response:</p>

Section	Requirements	Questions for Prospective Providers
Required Area 1F	Data Sharing <ol style="list-style-type: none"> 1. File data exchange <ol style="list-style-type: none"> a. Potentially qualified members b. Assigned members' PHI c. Program status response 2. Privacy and Security requirements <ol style="list-style-type: none"> a. HIPAA b. 42 CFR Part 2 	<ol style="list-style-type: none"> 1. Describe your organization's ability to transfer data and reports with GCHP via SFTP site or other secure data exchange mechanism to support service delivery. 2. Describe what data exchange platforms your organization currently uses. 3. Describe how you currently meet HIPAA and, if applicable, 42 CFR Part 2 Privacy and Security requirements to provide services and prevent data breaches. <p>Applicant Response:</p>
Required Area 1G	Provider Capabilities and Best Practices	<ol style="list-style-type: none"> 1. How long has your organization been providing doula services? 2. How does your organization address potential gaps in service coverage due to staff absence? <p>Applicant Response:</p>

Section	Requirements	Questions for Prospective Providers
Required Area 1H	Monitoring and Oversight: Doulas must cooperate with GCHP oversight and monitoring activities including required reporting, audits, and corrective action, among other oversight activities.	<ol style="list-style-type: none"><li data-bbox="1138 191 1984 224">1. Describe your experience being monitored and overseen by another entity.<li data-bbox="1138 230 1934 295">2. Describe internal audits you perform to ensure adherence to contract requirements.<li data-bbox="1138 302 2007 399">3. Does your organization have any instance of fraud, waste, and abuse or other criminal charges in the last five years? If so, please provide brief description of the instance.<li data-bbox="1138 406 2001 470">4. Describe how you will certify, provide oversight and monitor the activities of your doulas to ensure they meet certification and training requirements. Applicant Response:



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