MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.

Meghan Siguenza Vanderstelt

Director, Program Policy Division
Bureau of Medicaid Policy, Operations, and Actuarial Services

Project Number:	2210-Doula	**Comments Due:**	November 1, 2022	**Proposed Effective Date:**	January 1, 2023

Mail Comments to: Janell Troutman

Telephone Number:

Fax Number:

E-mail Address: TroutmanJ1@michigan.gov

Policy Subject: Medicaid Coverage of Doula Services

Affected Programs: Medicaid, Healthy Michigan Plan, MI Health Link, MIChild, Maternity Outpatient Medical Services Program

Distribution: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs), Maternal Infant Health Program (MIHP) Providers

Policy Summary: This policy establishes coverage of doula services for Medicaid Beneficiaries. A second opportunity for public comment is being provided to allow for feedback on the revised policy, which incorporates updates made in response to stakeholder comments received during the first public comment period.

Purpose: To establish coverage of doula services to improve birth outcomes, address social determinants of health and decrease existing health and racial disparities for Medicaid beneficiaries.

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs), Maternal Infant Health Program (MIHP) Providers

Issued: December 1, 2022 (Proposed)

Subject: Medicaid Coverage of Doula Services

Effective: January 1, 2023 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MI Health Link, MIChild, Maternity Outpatient Medical Services Program

The purpose of this policy is to establish coverage criteria for doula services as a component of Medicaid services effective for dates of service on and after January 1, 2023. Doula services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c).

General Information

A doula is a non-clinical person who typically provides physical, emotional, and educational support services to pregnant individuals during the prenatal, labor and delivery, and postpartum periods. Evidence indicates doula services are associated with improved birth outcomes. Doula services have been shown to positively impact social determinants of health, support birth equity, and decrease existing health and racial disparities.

Covered Services

Medicaid will cover different types of doula services, including community-based doulas, prenatal doulas, labor and birth doulas, and postpartum doulas. As required by federal regulations at CFR 440.130(c), doula services must be recommended by a licensed healthcare provider. A recommendation for doula services may come from any licensed healthcare provider. Examples of healthcare providers qualified to recommend doula services are those licensed in Michigan as a licensed practical nurse, registered nurse, social worker, midwife, nurse practitioner, physician assistant, certified nurse midwife or physician. One example of how a recommendation could be obtained is when a doula collaborates with a licensed healthcare provider who will recommend their services.

Dependent on person-centered needs, doula support during the perinatal period may include, but is not limited to:

- Prenatal services, which include:
  - Promoting health literacy and knowledge;
  - Assisting with the development of a birth plan;
  - Supporting personal and cultural preferences around childbirth;
  - Providing emotional support and encouraging self-advocacy;
  - Reinforcing practices known to promote positive outcomes such as breastfeeding;
  - Identifying and addressing social determinants of health; and
  - Coordinating referrals to community-based support services (e.g., Women, Infants and Children [WIC] program, behavioral health services, transportation, home visiting services).

- Labor and delivery services, which include:
  - Providing continual physical comfort measures, information, and emotional support;
  - Advocating for beneficiary needs; and
  - Being an active member of the birth team.

- Postpartum services, which include:
  - Educating regarding newborn care, nutrition, and safety;
  - Supporting breastfeeding;
  - Providing emotional support and encouraging self-care measures;
  - Supporting beneficiary in attending recommended medical appointments;
  - Identifying and addressing social determinants of health;
  - Coordinating referrals to community-based support services (e.g., WIC, behavioral health services, transportation, home visiting services); and
  - Grief support services.

It is the expectation that doula services be provided face-to-face with the beneficiary. Prenatal and postpartum services may be delivered via telehealth. Doula providers will be expected to adhere to current MDHHS telemedicine policy.

Doula services may include a maximum of six total visits during the prenatal and postpartum periods and one visit for attendance at labor and delivery. All prenatal and postpartum visits must be at least a minimum of 20 minutes in duration with a beneficiary to be considered eligible for reimbursement. Additional visits, beyond the limits in policy, may be requested through the prior authorization (PA) process. PA requirements for MHP enrollees may differ from those required for Fee-for-Service (FFS) beneficiaries. Providers should contact the individual MHPs regarding their authorization requirements.

A qualifying visit for attendance at labor and delivery requires the doula to be physically present during labor, delivery, and the immediate postpartum period.

Documentation must include a start time and end time of services provided, a description of the professional services rendered and information regarding the source of the licensed healthcare provider recommendation for services. Documentation must be kept in accordance with the record keeping requirements of the Medicaid program and may be subject to review and post-payment audit.

Provider Criteria

Qualified individuals must be at least 18 years of age and possess a high school diploma or equivalent. MDHHS will certify doulas who have completed training provided by an MDHHS-approved doula training program or organization. Doulas must provide proof of training to MDHHS upon request.

At a minimum, a doula training program must include skill development in the following areas:

- Communication, including active listening, cross-cultural communication, and interprofessional communication,
- Perinatal self-care measures,
- Coordination of and linkage to community services and resources,
- Labor and coping strategies, and
- Newborn care and supportive measures.

MDHHS-approved qualified doula training programs or organizations include, but are not limited to, the following:

- BirthWorks International
- Childbirth International
- Childbirth and Postpartum Professional Association (CAPPA)
- Doulas of North America International (DONA)
- International Childbirth Education Association (ICEA)
- Additional doula programs approved by MDHHS

MDHHS, with community input, will continue to review doula training programs, including those created for specific populations such as community-based doula programs, to support cultural and community needs. MDHHS will continue to research pathways for legacy certification, or certification for doulas by providing proof of experience in lieu of training, within the confines of state and federal regulations.

Provider Enrollment

Doula providers seeking reimbursement for their professional services to Medicaid beneficiaries are required to be Medicaid-enrolled providers. To enroll as a Medicaid provider, a doula must have a Type 1 (Individual) National Provider Identifier (NPI) and complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS). As part of the enrollment process, individually enrolled doulas may also associate their enrollment with Medicaid-enrolled organizations with a Type 2 (Group) NPI.

Doulas providing services to Medicaid beneficiaries will be required to be registered with the MDHHS Doula Registry to enroll as a Medicaid provider. Additional details regarding the MDHHS Doula Registry will be available on the MDHHS website at a future date.

Doula providers are also subject to all relevant policy provisions outlined in the MDHHS Medicaid Provider Manual, including the General Information for Providers Chapter.

Reimbursement Considerations

For doula services rendered to beneficiaries enrolled in an MHP, providers will submit claims to the beneficiary's assigned MHP. If a beneficiary is not enrolled in an MHP, doula providers will submit claims for FFS reimbursement through CHAMPS.

- Claims are to be submitted utilizing the pregnant or postpartum beneficiary's Medicaid identification (ID) number.
- Medicaid will provide reimbursement for the first eligible claims submitted for these services up to the limit of six total prenatal and postpartum visits and one visit for attendance at labor and delivery.
- Claims must include a primary diagnosis code to support the services billed. In addition, doulas are encouraged to report the appropriate International Classification of Diseases 10 (ICD-10) diagnosis codes within the range of Z55-Z65 to describe any relevant social determinants of health (e.g., Z56.1 change of job, Z59.1 inadequate housing, Z59.4 lack of adequate food and safe drinking water).

Doula services are to be reported as follows:

Visit Type	Procedure Code	Modifier	Primary Diagnosis Codes	Limit per Pregnancy	Rate
Prenatal Visits and Postpartum Visits	S9445	HD	Prenatal: Z33.1 Postpartum: Z39.2	6 total visits	$75 per visit
Attendance at Labor and Delivery	T1033	HD	Z33.1	1 visit	$700

FQHC, RHC, THC and Tribal FQHC Reimbursement

The following information applies to clinics that may be billing on behalf of the doula. Doula services will be reimbursed outside of the Prospective Payment System (PPS) or All-Inclusive Rate (AIR) methodology at the Medicaid fee screen reimbursement rates for doulas. FQHCs, RHCs, THCs, and Tribal FQHCs should use appropriate Healthcare Common Procedure Coding System (HCPCS) codes to report doula services. Clinics may choose to hire doulas as part of their clinic staff. Doulas are not required to work for clinics. Clinics require specific and distinct instructions for billing the Medicaid program. The information below is intended for clinic administration of doula services.

Billing Requirements for Services Provided Within the Clinic Setting

FQHCs, RHCs, THCs, and Tribal FQHCs must use the ASC X12N 837I institutional format when submitting electronic claims for services performed by doulas within the clinic scope of services. Institutional claim fields must include:

- **Billing Provider (Type 2 - Organization)** – NPI of the Clinic Group (F/A/O Enrollment Type with the FQHC/RHC/THC Provider Specialty) associated to the Doula
- **Attending Provider (Type 1 - Individual)** – NPI of the enrolled provider responsible for the overall care of the patient. A doula cannot be listed in this field. (Refer to bulletin MSA 21-47 for a list of eligible Attending Providers.)
- **Rendering Provider (Type 1 - Individual)** – NPI of the enrolled Doula associated to the FQHC, RHC, THC, Tribal FQHC (Type 2 - Organization) Billing NPI.

Clinic Billing Requirements for Services Provided Outside the Clinic Setting

FQHCs, RHCs, THCs, and Tribal FQHCs may bill for covered doula services in settings other than the clinic office, such as in the beneficiary's home or hospital setting. Services must be billed separately using their non-clinic Type 2 specialty enrolled NPI on a professional claim format (CMS 1500/837P) and will be reimbursed at the FFS methodology. (Refer to additional billing requirements for clinic-specific provider types within the MDHHS Medicaid Provider Manual.)

Future Doula Developments

Future efforts associated with the MDHHS Doula Registry may include, but are not limited to:

- Registry of certified doulas
- Establishment of a diverse doula advisory council
- Doula continuing education opportunities
- Ongoing doula provider support
- Review of doula certification programs

The Medicaid program plans to explore future coverage of services provided by peer recovery doulas who specialize in supporting pregnant and postpartum individuals with a substance use disorder (SUD). Peer recovery doulas will require dual certification as a doula and state certification as a Certified Peer Recovery Coach (CPRC). Peer recovery doulas will provide the doula services described above under the Covered Services section with the following additional support dependent on person-centered needs:

- Assisting individuals to become or stay involved in their own recovery process
- Developing personalized action plans for behavioral, emotional, physical and social health
- Providing experience, education, and professional services to assist and support individuals in developing and/or maintaining recovery-oriented, wellness-focused lifestyles.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

September 27, 2022

TO: Interested Party

RE: Response to Initial Public Comment Period for Project 2210-Doula

Thank you for your comment(s) to the Behavioral and Physical Health and Aging Services Administration (BPHASA) relative to the Project Number 2210-Doula. Your comment(s) has been considered in the process of updating a second version of the proposed policy. In consideration of the many comments received during the initial public comment period, BPHASA has updated the policy provisions and will be issuing a revised version of the policy for a second public comment period in the near future.

Responses to specific comments are addressed below.

Comments Regarding Rates and Reimbursement

Comment: How was the reimbursement rate for attendance at labor and delivery developed? The rate for attendance at labor and delivery should be increased and directly related to the hours of care provided.

Response: Reimbursement rates for doula services were developed using several inputs including a nation-wide state comparative rate analysis of Medicaid coverage of doula services, and a comparison was made to other Michigan Medicaid currently covered similar services. Rates were developed recognizing the variability in the time spent with the laboring individual. In response to the comments received, the Michigan Department of Health and Human Services (MDHHS) has reassessed reimbursement rates for doula services, which is reflected in the updated policy.

Comment: The rate for attendance at labor and delivery should be increased because doulas remain at the bedside longer than other professional members of the birth team. The rate for private pay is much higher and the documentation requirements much less. The proposed rate does not cover the cost of childcare for a doula during attendance at labor and delivery. The rate is not high enough to prevent turnover of doulas and will result in little improvement in health outcomes for Medicaid beneficiaries.

Response: In response to the comments received, MDHHS has reassessed reimbursement rates for attendance at labor and delivery, which is reflected in the updated policy.

Comment: Equity in reimbursement needs to be applied to Maternal Infant Health Program (MIHP) professional services considering the requirements for education and licensure.

Response: Other enrolled provider rates, including MIHP rates, were considered during the doula rate development process.

Comment: The fee proposed for prenatal and postpartum visits needs clarification. Is the $75 a per visit fee or a global fee for all six visits?

Response: The policy has been updated to reflect that the $75 visit rate is per visit and is not a global fee for all six allowable visits.

Comment: It is not clear whether doula billing and reimbursement occurs directly through MDHHS or through Medicaid Health Plans (MHPs). In either case, doulas will require administrative support in their billing responsibilities.

Response: Doula services will be billed through the Community Health Automated Medicaid Processing System (CHAMPS) for fee-for-service (FFS) beneficiaries and through the MHPs for MHP members. The policy has been updated to clarify this process. MDHHS is exploring opportunities to assist doula providers in navigating the Medicaid program and welcomes feedback from providers on this issue.

Comment: To increase and enhance delivery of culturally centered doula services, it is important to build a workforce inclusive of job opportunities for doulas within Black communities. This includes self-employment/private practices and community level organizations. Clarity is needed regarding billing for doula services. Does the policy allow for non-clinical organizations/groups that provide services to the community with the opportunity to bill for doula services? If so, please clarify. If not, we urge the state to make the policy inclusive of community groups, childcare centers and other organizations that provide grassroots services.

Response: The policy has been updated to clarify that a doula group or collective, such as a community organization, may enroll with a Type II (group) NPI. This option will allow for reimbursement of individual doula services to be directed to the doula group or collective.

Comment: Indigenous doulas frequently collaborate on client care and consult with each other. “One doula for one client” is not a model that works for our communities. This diminishes our traditional kinship models and leads to burnout. Plus, we often require a warm handoff to a higher level of care for our clients – how will insurance account for this? A payment model that fixes us into a preset number of visits will not be acceptable to our communities and may actually cause harm when our clients’ needs aren’t met.

Response: This policy does not prohibit providers from entering into practice agreements for shared service delivery and shared reimbursement. Multiple doulas may provide any combination of billable visits per Medicaid beneficiary per pregnancy. Additional prenatal and or postpartum visits may be approved through Medicaid’s existing prior authorization process.

Comment: Two doulas should be able to bill for attendance at labor and delivery due to the potential for birth lasting an extended period of time.

Response: Reimbursement for attendance at labor and delivery will be made to a single doula. Doulas may share/distribute reimbursement among multiple doulas in accordance with practice agreements for shared service delivery.

Comment: “Clinics that may be billing on behalf of the doula” - this definition needs clarification. For example, would a doula group constitute as a “clinic”? Doulas typically work independently or as part of a group.

Response: The definition of “clinic” within the proposed policy is defined as a Federally Qualified Health Center (FQHC), Tribal Health Center (THC), or Rural Health Clinic (RHC). The policy language has been revised to include clarification. FQHCs, THCs, and RHCs may choose to hire doulas as part of their staff and the details about clinic billing within the policy describes how these specific types of clinics may bill for doula services.

Comment: Can doulas work under an evidence-based home visiting program such as Nurse-Family Partnership and could the home visiting program bill for doula services at the Local Health Department (LHD) level?

Response: Doula services are a separate and distinct benefit from evidence-based home visiting services. Doula services may be reimbursed to the individual doula or the doula provider's associated doula group or collective.

Comment: Can Medicaid beneficiaries receive both MIHP home visiting services and doula services?

Response: Yes.

Comment: Are doula services covered for home births or births that occur in Free-Standing Birthing centers?

Response: No, attendance for labor and delivery is not covered for home or Free-Standing Birthing center births. Medicaid only covers labor and delivery services provided in licensed hospital settings. However, prenatal and postpartum doula visits are covered regardless of where the birth occurs.

Comment: Can reimbursement for doula services be received prior to services being provided?

Response: No, reimbursement can only be received after a service is rendered.

Comment: Can more than one doula be reimbursed for doula services at the same time?

Response: No, only one doula can be reimbursed per visit or per attendance at labor and delivery.

Comments Regarding Required Recommendation from a Healthcare Provider

Comment: Doula services should not need to be recommended by a licensed healthcare provider as this will create a barrier to accessing services. It is recommended that birthing people have the ability to choose the doula they would like to receive care from.

Response: The requirement of a recommendation for doula services from a licensed healthcare provider of the healing arts is required by federal regulations at 42 CFR 440.130(c). MDHHS has updated the policy language to clarify the requirement and provide additional language indicating the flexibility in the type of licensed healthcare professionals that may make the recommendation. Recommendations for doula services may come from any licensed healthcare providers such as licensed practical nurse,

registered nurse, midwife, social worker, nurse practitioner, clinical nurse specialist, physician assistant, certified nurse midwife, or physician. One example of how a recommendation could be obtained is when a doula collaborates with a licensed healthcare provider who will recommend their services.

Comment: Can a licensed midwife recommend doula services?

Response: Yes.

Comment: I am in favor of doulas being reimbursed, but only if they are clearly working under a licensed professional.

Response: MDHHS received important feedback from the doula provider community during the development of this policy that doulas are independent providers. This policy reflects the current independent nature of a doula's practice, which does not require supervision.

Comments Regarding Certification

Comment: Many doulas choose not to be certified for a number of valid reasons. The department should develop a process to identify qualified doulas based on experience. These doulas possess a wealth of qualitative knowledge and lived experience that serves them as they support families in traditional and non-traditional birthing capacities.

Response: For coverage in the Medicaid program, the Centers for Medicare & Medicaid Services (CMS) requires the state to establish provider qualifications. MDHHS is committed to exploring future potential pathways for doulas with experience and without formal training or certification to enroll in the Medicaid program.

Comment: How does a doula certification program become approved by MDHHS? It is critical to include doula certifications and credentials created and led by Black and Indigenous doulas as they center culture and traditional practices for and by Black and Indigenous communities.

Response: The initial list of training programs within the proposed policy was compiled during policy development with the assistance of doulas. MDHHS is committed to broadening the list to accept many doula training programs, including trainings created and led by Black and Indigenous communities. MDHHS will review requests for additional doula certification programs, with community input, based on the list of criteria

described in policy. Requests can be sent to the MDHHS Policy mailbox at MSAPolicy@michigan.gov. Examples of programs that were brought forth during the initial public comment period will be reviewed at a future date include: ProDoula, Commonsense Childbirth Institute, HealthConnect One, Lifespan Doulas, Birthing Advocacy Doula Trainings, Childbirth Connection and Indigenous Full Spectrum Doula training.

Comment: It is our recommendation that toLABOR be removed from the existing acceptable certification program list.

Response: As requested, toLABOR has been removed from the MDHHS list of acceptable doula certification programs.

Comment: What is required of doulas to maintain their training or certification?

Response: Doula providers will need to meet Medicaid enrollment fitness criteria as outlined in the Medicaid Provider Manual. Additional education or certification requirements will be determined in collaboration with MDHHS and members of the doula community at a future date.

Comment: Additional required training for doulas should include trauma-informed care, implicit bias training, training around screening for perinatal mood and anxiety disorders.

Response: MDHHS will collaborate with the doula community to provide future continuing educational opportunities for doulas.

Comment: The state requests doulas be 18 years of age and hold a high school diploma or equivalent. Some community-based doula programs, especially those seeking to provide culturally matched doulas, many have doulas on their team who are teenagers or who have not completed their high school education.

Response: MDHHS will take this comment under advisement.

Comments Regarding Doula Services

Comment: MDHHS has attempted to lump in childbirth education and lactation support with doula prenatal and postpartum visits. This is not acceptable or accurate to our profession. These services should absolutely be funded, but not lumped in with doula prenatal and postpartum visits.

Response: The Medicaid program covers childbirth education classes and lactation support and counseling as separate and distinct services when provided by qualified providers. The intent of mentioning these services in the policy was to note that these services cannot be billed as doula services. The policy language has been updated.

Comment: Doulas should be able to provide telehealth services without the need to document an existing barrier.

Response: MDHHS will take this comment under advisement and providers will be expected to adhere to current MDHHS telehealth policy.

Comment: Several comments recommended that MDHHS increase the number of reimbursable visits. How was the decision made to allow for six visits?

Response: Visit number was determined through research of typical doula services and analysis of other state Medicaid program doula service policies. The state is committed to closely monitoring utilization and will consider adjusting the allowable number of visits dependent on beneficiary need. Additional visits can be requested through the existing Medicaid program prior authorization process.

Comment: Six visits may not be enough visits to carry an MHP member through prenatal and postpartum care. Increasing the number of allowable visits may have a greater impact on health care outcomes. The visit reimbursement rate is low.

Response: MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. Although MHPs must provide the full range of covered services, MHPs may also choose to provide services over and above those specified by the program.

Comment: Please add attending perinatal appointments to the prenatal and postpartum services.

Response: The proposed list is not to be considered an exhaustive list of services that may be rendered by doulas. Doulas may or may not attend appointments with their clients depending on client-centered needs.

Comments Regarding Medicaid Health Plan Operations

Comment: Are doulas considered typical or atypical providers?

Response: For Medicaid provider enrollment designation purposes, doulas are considered to be "typical" providers.

Comment: How many doulas are expected to enroll in the Michigan Medicaid program?

Response: The Medicaid program is not able to predict how many doulas will choose to participate in the Medicaid program.

Comment: Will MDHHS be developing a certification process of doula providers similar to MIHP providers?

Response: MDHHS anticipates developing a doula registry that will include doulas who meet Medicaid program enrollment qualification criteria.

Comments Regarding Other Topics

Comment: The proposed doula advisory council should be formed before the approval and implementation of the proposed policy, not after.

Response: The state recognizes the value of developing an advisory council in advance of coverage of doula services. The coverage of doula services was a necessary first step to pursuing funding and other resources required for the development of the council.

Comment: The state solicited feedback from doulas but did not listen to what they said.

Response: MDHHS is committed to hearing individual and collective voices from the doula community and values the feedback received. For the development of this coverage policy, MDHHS has leveraged a variety of methods to inform its content. This has included consultation with federal partners; hosting multiple listening sessions with doula providers in the Spring of 2021 with an independent facilitator; engaging with state legislators; consultation with representatives from other state Medicaid agencies; formal consultation with tribal health directors; engagement with individual Michigan doula providers; and a formal Medicaid policy public comment process. Through this process, MDHHS appreciates the diverse opinions and positions of all stakeholders and has incorporated feedback to the extent possible at this time.

Comment: Why is the Medicaid program choosing to cover doula services and not the services of licensed midwives who also address the same health disparities and assist with social determinants of health?

Response: This comment is beyond the scope of this policy. MDHHS will keep this comment under advisement.

Comment: The proposed policy for coverage of doula services will not, by itself, address long standing systemic inequities and racism in maternal health outcomes. There are concerns that the single effort integration of doulas into maternal healthcare will be expected to solve existing inequities.

Response: MDHHS values doula services as one of many important evidence-based approaches that positively impact maternal and infant health outcomes. It is recognized that coverage of doula services will not, in and of itself, solve existing inequities. However, Medicaid reimbursement for doula services will support equitable access to maternal and infant health services.

Comment: Extending Medicaid coverage to one year postpartum is not enough. Two years should be the minimum for coverage.

Response: This comment is beyond the scope of this policy. MDHHS will keep this comment under advisement.

Comment: The current proposed policy limits Indigenous doula scope of practice by creating a centralized authority over doulas and is a violation of Tribal sovereignty.

Response: The proposed Medicaid program coverage policy description of doula services is intended to be broad and is based on family-centered needs. The policy outlines criteria and requirements for doulas who would like to participate as Medicaid program providers and is not intended to impose a central authority over the practice of doula providers.

Comment: We fear, by enrolling in state-sponsored insurance, our work as doulas will be subject to documentation by the state or hospital systems. This will leave us susceptible to audit of our records and possibly studied without consent or compensation. This places doulas at risk for punitive measures.

Response: Documentation is required as part of this Medicaid coverage policy to meet federal Medicaid program integrity requirements and ensure that the beneficiary receives the intended services.

Comment: The State of Michigan has a responsibility to center the voices of Indigenous people and should host regional meetings. Develop and publish an explicit racial equity agenda and framework for insurance coverage of doula services.

Response: The state welcomes feedback from all stakeholders and recognizes the need to intentionally seek and support voices from marginalized communities. MDHHS is actively exploring the development of an advisory council inclusive of representatives from doula communities across the state. The request for an explicit racial equity agenda and framework for insurance coverage of doula services is appreciated and will be taken under consideration.

I trust your concerns have been addressed. If you wish to comment further, send your comments to Janell Troutman at: troutmanj1@michigan.gov.

Program Policy Division
Bureau of Medicaid Policy, Operations & Actuarial Services
Behavioral and Physical Health and Aging Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979

Sincerely,

Farah Hanley
Chief Deputy for Health