



New Information: Guidance for Members to Receive Additional Doula Services and Doula Recommendation Form

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We have important information that we want to share with you.

OVERVIEW

Medi-Cal members who are pregnant or were pregnant are eligible for doula services up to one (1) year after the end of their pregnancy. Doulas provide physical, emotional, and nonmedical support before and after pregnancy, as well as support during labor and delivery, miscarriage, and abortion. Doula services may include health navigation, education, development and participation in the birth plan, linkage to community resources, and lactation support.

Covered doula services without a Doula Recommendation Form

The standing recommendation for doula services includes:

- One (1) initial visit
- Up to (8) eight additional prenatal and postpartum visits, support during labor and delivery (including stillbirth, abortion, or miscarriage)
- Up to two (2) three (3)-hour postpartum visits after the end of a pregnancy

Covered doula services with a Doula Recommendation Form

Members may receive up to nine (9) additional postpartum visits with this form from a physician or other licensed practitioner of the healing arts acting within their scope of practice.*

Guidance for doulas

Doulas must retain a copy of the completed Doula Recommendation Form received by a licensed provider recommending additional doula services for each member prior to initiation of the additional doula services. Doulas should store and maintain the record in compliance with HIPAA requirements.

RECOMMENDATION FOR ADDITIONAL DOULA SERVICES

By providing this recommendation for additional doula services, you acknowledge that the beneficiary would benefit from non-clinical doula services in addition to appropriate clinical care. A recommendation is not the same as a referral, prescription, or medical order. Please use the form below or another document with the same information listed below. You may provide a recommendation for additional doula services without identifying the doula who will serve the member. This recommendation authorizes up to nine additional postpartum visits.

*For the doula benefit, Medi-Cal defines a "licensed provider" as a physician or other licensed practitioner of the healing arts, including nurse midwives, nurse practitioners, licensed midwives, and behavioral health providers, acting within their scope of practice under state law. The recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the beneficiary's managed care plan.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org



Doula Recommendation Form

(Licensed Provider's Recommendation for Additional Doula Services)

The Alameda Alliance for Health (Alliance) – Doula Recommendation Form (Licensed Provider's Recommendation for Additional Doula Services) is confidential. Filling out this form will help us better serve our members.

INSTRUCTIONS

1. Please print clearly or type in all of the fields below.
2. Doulas must retain a copy of the completed Doula Recommendation Form received by a licensed provider recommending additional doula services for each member prior to initiation of the additional doula services.
3. Doulas should store and maintain the record in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements.

For questions regarding Alliance processes, please contact:

Alliance Provider Services Department
Phone Number: **1.510.747.4510**
Email: **providerservices@alamedaalliance.org**

For questions regarding Alliance services for members, please contact:

Alliance Member Services Department
Phone Number: **1.510.747.4567**
Email: **memberservices@alamedaalliance.org**

SECTION 1: MEMBER INFORMATION

First Name: _____ Last Name: _____
Date of Birth (MM/DD/YYYY): _____ Alliance Member ID #: _____
End of Pregnancy Date (MM/DD/YYYY): _____

SECTION 2: LICENSED PROVIDER INFORMATION

First Name: _____ Last Name: _____
Phone Number: _____ NPI Number: _____
Signature: _____ Date of Recommendation: _____