



Doula Services Benefit Recommendation Form

Alameda Alliance for Health (Alliance) provides doula services for prenatal, perinatal, and postpartum members. A recommendation from a licensed provider must be completed and submitted to the doula before a member receives doula services.

What are doula services? Doulas are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion. Doulas are not licensed and do not require supervision. Doulas offer various types of support, including health navigation; infant feeding support; development of a birth plan; and connections to community-based resources. Doula services can be provided virtually or in person in any setting including, but not limited to, homes, office visits, hospitals, or alternative birth centers.

Who is eligible for doula services? Alliance members may receive doula services if they are pregnant or were pregnant within the past year (12 months).

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Send this completed form or a copy of the written recommendation from the member's chart securely to the contracted doula organization or the independent doula.

A recommendation can be sent in any of the following ways:

- Submit a completed Alliance Doula Services Benefit Recommendation Form
- Submit a copy of a written recommendation in the member chart (i.e., documentation in the member's assessment or care plan)
- A standing order for doula services by a physician group or other group by a licensed provider

PLEASE NOTE: No prior authorization is required.

SECTION 1: MEMBER INFORMATION		
Last Name: _____	First Name: _____	
Date of Birth (MM/DD/YYYY): _____	Preferred Language: _____	
Alliance Member ID #: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell

SECTION 2: MEMBER ELIGIBILITY FOR DOULA SERVICES

Please select only one (1):

- Pregnant
- Postpartum up to 12 months
- Pregnancy loss in the last 12 months

Expected Delivery Date: _____

Delivery Date: _____

Pregnancy Loss Date: _____

Miscarriage Stillbirth Abortion

SECTION 3: SUMMARY OF MEMBER ISSUE(S), NEED(S), AND CONCERN(S)

Please select all that apply:

- Advocacy
- Development of a birth plan
- Emotional support
- Health education
- Health navigation
- Lactation support
- Linkage to community-based resources
- Non-medical support
- Physical support
- Other (describe): _____

SECTION 4: PROVIDER RECOMMENDATION

Doula Services requires a written recommendation submitted by a licensed provider who is a physician or other licensed practitioner of the healing arts acting within their scope of practice. The licensed provider does not have to be enrolled in Medi-Cal or an Alliance network provider.

Please check the type of license you hold (please select only one (1)):

- Clinical Nurse Specialist (CNS)
- Licensed Clinical Social Worker (LCSW)
- Licensed Midwife
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Vocational Nurse (LVN)
- Licensed Marriage and Family Therapist (LMFT)
- Nurse Midwife (NM)
- Nurse Practitioner (NP)
- Physician
- Physician Assistant (PA)
- Psychologist
- Public Health Nurse (PHN)
- Registered Nurse (RN)
- Other (specify): _____

SECTION 5: RECOMMENDING PROVIDER INFORMATION

Last Name: _____ First Name: _____

Provider Office Name, if any: _____

Address: _____

City: _____ State: _____ Zip Code: _____

NPI #: _____ Email: _____

Phone Number: _____ Fax Number: _____

SECTION 6: PROVIDER RECOMMENDATION

An initial recommendation for doula services includes the following visits:

- One (1) initial visit
- Up to eight (8) additional visits can be provided in any combination of prenatal and postpartum visits
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage
- Up to two (2) extended three (3)-hour postpartum visits after the end of a pregnancy

A second recommendation is required for up to nine (9) additional visits during the postpartum period.

Please select only one (1):

- Initial recommendation
 Second recommendation

SECTION 7: PROVIDER SIGNATURE

By providing this recommendation of doula services, you acknowledge that the member would benefit from non-clinical doula services in addition to appropriate clinical care.

Full Name (Print): _____

Provider Signature: _____ Date: _____

SECTION 8: DOULA INFORMATION

Name of Organization/Independent Doula: _____

Phone Number: _____ Fax Number: _____

Note to independent doula/doula organization: Please retain this form or a record of provider recommendation for audit purposes.