

TITLE 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 25—Physician Program
PROPOSED RULE

13 CSR 70-25.160 Doula Services

PURPOSE: The purpose of this rule is to establish the Department of Social Services' MO HealthNet Division guidelines regarding coverage and reimbursement for community doula services. The goal of these services is to provide a stable source of psychosocial support and education throughout the perinatal period and during the birth, utilizing specially trained lay providers to enhance relevant knowledge and encourage healthy behaviors that can lead to improved pregnancy-related outcomes.

(1) Administration. Doula services shall be administered by the MO HealthNet Division. Doula services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the MO HealthNet Physician Provider Manual, which is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website <https://mydss.mo.gov/media/pdf/physicians-provider-manual>, October 1, 2024. This rule does not incorporate any subsequent amendments or additions.

(A) In the administration of the rule, “doula services” means services that provide a stable source of psychosocial support and education throughout the perinatal period and during the birth utilizing trained providers, community-based doulas, with the aim of improving a range of maternal and infant health outcomes by enhancing relevant knowledge and encouraging healthy behaviors. Doula services are available to all pregnant women, prenatally, during delivery, and throughout the postpartum period. This includes 12 months after delivery

(2) Provider Participation. To be eligible for participation in the Doula services program—

(A) Doula providers must be enrolled as MO HealthNet providers

(B) All doula providers must be at least 18 years of age and must possess a current certificate issued by a national or Missouri-based doula training organization whose curriculum meets the following definition and standards:

1. Curriculum that covers a doula’s role which includes breastfeeding support, perinatal mood and anxiety disorders, anticipatory care strategies, cultural competency, how to deliver perinatal education and support, how to increase client autonomy during birth, and how to support clients who may need additional care.

2. Understanding the importance of health-related social needs, including navigation of social services, trauma-informed care, and strategies specific to the community served.

3. The student must successfully complete the training program and be deemed competent to provide doula services. Certification is attained after evaluation by a birth professional or trainer.

4. Completion of at least 6 continuing education unit (CEU) hours per year, or equivalent continuing education as specified by the training organization.

5. Holds liability insurance as an individual or through a supervising organization.

(C) For doulas whose training came from another source, or from multiple sources, MO HealthNet will determine eligibility for reimbursement as follows:

1. If there exists any statewide organization composed of doula trainers from three or more independent, well-established doula training organizations located in Missouri whose purpose includes validation of core competencies of trainings; then MO HealthNet may verify that an individual’s training and experience satisfies the above-stated criteria through a public roster maintained by such an organization.

2. If no such organization exists, future doula training organizations must prove that their training satisfies the above definition in order to be added to the written policy guide.

(3) Participant Eligibility. Any pregnant woman who is eligible for Title XIX benefits from the Family Support Division (FSD) and requests doula services in accordance with the procedures described in this rule shall be deemed eligible to receive these services.

(4) Doula Services.

(A) Doula services are available to all pregnant women, prenatally, during delivery, and throughout the postpartum period. This includes 12 months after delivery. Doula services include a combined total of six (6) prenatal and postpartum support sessions, one (1) birth attendance, and up to two (2) visits for general consultation on lactation. Community navigation services that occur outside these billable visits may be billed up to ten (10) times total over the course of the pregnancy and postpartum period. The focus of these services is to provide a stable source of psychosocial support and education in an informal setting utilizing trained non-medical, non-clinical providers, with the aim of reducing allostatic load and oxidative stress, enhancing relevant knowledge and encouraging healthy behaviors that can lead to improved pregnancy-related outcomes (in particular, reduced preterm birth rates, reduced low-birthweight rates, reduced maternal morbidity and mortality, and reduced infant mortality). Reduced Caesarian section rates, improved maternal satisfaction with the birth experience, increased breastfeeding initiation and continuation rates, and enhanced parenting knowledge and confidence are also intended outcomes.

Doula Services include:

1. Prenatal support sessions – promoting health literacy and knowledge of what to expect during pregnancy and birth; what experiences are normal during pregnancy; how to relay concerns to providers; and providing information on topics such as nutrition, exercise, tobacco cessation, self-monitoring of existing health risks or conditions, in a manner that is culturally relevant and that is targeted to Medicaid participants. A doula may attend the participant’s obstetric (OB) visits in a supportive role.
2. Community navigation of social services and assistance programs – taking a community-based approach to connect expecting women and families with available resources, including understanding the services and supports available to pregnant and postpartum women on Medicaid and facilitating access to those resources based upon an assessment of social service needs.
3. Attendance and support during birth – providing information about what to expect during birth; helping create a birth plan; and attending the birth to provide physical comfort measures, information, emotional support and advocacy throughout the labor, including support of personal and cultural preferences regarding childbirth; in particular to support those who may otherwise feel disconnected from or marginalized by the healthcare system.
4. Lactation education and support – may include any of the following: a session during pregnancy that is primarily focused on the health benefits of breastfeeding for both mother and infant; also includes attending the mother and infant immediately after birth to provide guidance and goal setting to promote breastfeeding; providing ongoing support education during pregnancy on the health benefits of breastfeeding; and providing ongoing support and referral to licensed lactation professionals if/when services are needed.
5. Postpartum support sessions – helping women know what to expect, what is normal, how to relay concerns to providers; aiding the transition back to well-woman care, family planning, screening for postpartum depression; providing information on topics such as safe sleep, preventing unintended child injuries, nutrition, positive parenting skills; education about breastfeeding rights; and goal setting for the future including continuing education, finding employment and childcare, and transition to other insurance as needed.

(5) Records Retention. Providers who provide doula services must follow section 13 CSR 70-3.030.

(6) Reimbursement Methodology.

(A) MO HealthNet provides reimbursement to enrolled providers providing doula services who currently hold a certificate as described in (2)(B), and are in good standing with the state.

(B) Reimbursement for services is made on a fee-for-services basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable per unit of service. Reimbursement shall only be made for services authorized by MO HealthNet or its designee. Services will be paid at the Medicaid Fee schedule rate and will be published at: <https://mydss.mo.gov/mhd/cpt>.

*AUTHORITY: Sections 208.201 and section 660.017, RSMo 2016. **Original rule filed: March 20, 2024***

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions eighty-one thousand dollars (\$81,000) in the aggregate for the first year and one hundred thirty-two thousand, one hundred thirty-nine dollars (\$132,139) in the aggregate in the second year.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the **Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527**, or by email to **Rules.Comment@dss.mo.gov**. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*