Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

March 26, 2024

Amir Bassiri Medicaid Director Office of Health Insurance Programs New York State Department of Health One Commerce Plaza Rm. 1605 Albany, NY 12237

Re: New York State Plan Amendment (SPA) 24-0003

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-24-0003. This amendment proposes to add coverage to Medicaid for preventive health services provided by doulas to pregnant and postpartum individuals.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 24-0003 was approved on March 25, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at Melvina.Harrison@cms.hhs.gov.





James G. Scott, Director Division of Program Operations

cc: Regina.Deyette@health.ny.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 2 4 0 0 3 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2024			
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 01/01/24-09/30/24 \$ 6,375,000			
§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Reha	bili b. FFY 10/01/24-09/30/25 \$ 8,500,000			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Supp: Page 2(c.1.10) Attachment 3.1-B Supp: Page 2 (c.1.10) Attachment 4.19-B: Page 19(b)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW			
9. SUBJECT OF AMENDMENT Doula Services 10. GOVERNOR'S REVIEW (Check One)				
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	O OTHER, AS SPECIFIED:			
12. TYPED NAME	5. RETURN TO ew York State Department of Health ivision of Finance and Rate Setting 9 Washington Ave – One Commerce Plaza			
	Suite 1432 Albany, NY 12210			
14. DATE SUBMITTED December 28, 2023				
FOR CMS U				
12/28/2023	17. DATE APPROVED 03/25/2024			
PLAN APPROVED - ONE COPY ATTACHED				
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2024	19. SIGNATURE OF APPROVING OFFICIAL			
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL			
James G. Scott	Director, Division of Program Operations			
22. REMARKS				

New York 2(c.1.10)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Doula Services

Effective on or after January 1, 2024, New York State Medicaid will provide coverage of doula services provided in accordance with 42 CFR section 440.130(c).

Services:

Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. Doula services may include the development of a birth plan and continuous labor support; patient-centered advocacy, and physical, emotional, and non-medical support; education, guidance, and health navigation; facilitating communication between the Medicaid member and medical providers; and providing connections to community-based resources and childbirth and parenting resources. Services will include perinatal visits and labor and delivery support.

Doula services must be recommended by a physician or other licensed practitioner of the healing arts acting within his or her scope of practice under State law.

Provider Qualifications:

Doulas must be at least age 18 years of age or older, have completed basic HIPAA training and Adult/Infant CPR certification, and meet defined training or work experience pathway requirements as defined by New York State.

The training requirements pathway will include a minimum of 24 hours of training in doula competencies, and doula support provided at a minimum of three births. The work experience pathway will include having provided doula support at a minimum of 30 births or 1000 hours of doula experience within the last 10 years, and testimonials of doula skills. All doulas will be required to revalidate as NYS Medicaid providers every five years and demonstrate completion of continuing education in doula competencies upon revalidation.

TN <u>#24-00</u>	003	Approval Date _	03/25/2024
Supersedes TN	NEW	Effective Date	January 1, 2024

New York 2(c.1.10)

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TN <u>#24-00</u>	003	Approval Date _	03/25/2024
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New York 19(b)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Doula Services

Effective January 1, 2024, the Medicaid rate for doula services will be in accordance with the qualified providers applicable fee schedule found online at:

Doula_Fee_Schedule.xlsx (live.com)

TN <u>#24-0003</u>

Approval Date <u>03/25/2024</u> Effective Date <u>January 1, 2024</u>

Supersedes TN <u>NEW</u>