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PRESS RELEASE

EOHHS receives federal approval to add Community Health Worker and Doula services to the Medicaid benefit package

CMS approval comes after state budget approval in SFY22

CRANSTON, RI – Today, the Rhode Island Executive Office of Health & Human Services' (EOHHS) Acting Secretary Ana Novais announced that the Centers for Medicare & Medicaid Services (CMS) has provided federal approval for the State of Rhode Island to add Community Health Worker (CHW) and Doula services to the Medicaid benefit package. This approval comes after state budget approval in fiscal year '22.

In preparation for the launch of these new services, EOHHS has hosted multiple online training sessions to inform CHW and doula providers and advocates about the enrollment and billing process. Over 190 people participated. In addition, Medicaid managed care organizations (MCOs) provided multiple training sessions for doula providers to support the launch of this benefit in managed care.

“EOHHS is grateful for the engagement of the CHW and doula provider communities, as well as advocates, other healthcare providers, and MCOs who are preparing to support this work,” said Medicaid Program Director Kristin Sousa.

The doula benefit will be delivered through MCOs which serves Rite Care members. The CHW benefit will be delivered through fee-for-service Medicaid, which means that even for beneficiaries not enrolled in managed care, providers will submit claims for CHW services directly to Medicaid.

Doulas are trained professionals providing continuous, culturally appropriate physical, emotional, and informational support to a pregnant individual, before, during and up to the first twelve (12) months of the postpartum period. Doulas also provide assistance by

referring childbearing individuals to community-based organizations and certified and licensed perinatal professionals in multiple disciplines. Doula services include:

- Services to support pregnant individuals, improve birth outcomes, and support new mothers and families with culturally specific antepartum, intrapartum, and postpartum services, referrals and advocacy
- Advocating for and supporting physiological birth, breastfeeding, and parenting for their client
- Supporting the pregnancy, labor, and birth by providing emotional and physical support with traditional comfort measures and educational materials, as well as assistance during the transition to parenthood in the initial postpartum period
- Empowering pregnant people and new mothers with evidence-based information to choose best practices for birth, breastfeeding, and infant care
- Providing support to the laboring client until the birth of the baby
- Referring clients to their health care provider for medical advice for care outside of the scope of doula scope of practice; and
- Working as a member of the client's multidisciplinary team and offering evidence-based information on infant feeding, emotional and physical recovery from childbirth, and other issues related to the postpartum period.

“Increasing access to doula services is expected to have positive effects on maternal health, and birth outcomes, and in particular improve health equity,” said EOHHS Acting Secretary Ana Novais. “We are grateful to Governor McKee and the General Assembly – particularly Speaker Shekarchi, Senate President Ruggiero, doula legislation sponsors Representative Ranglin-Vassell and Senator Quezada, Representatives Cassar, Diaz, Barros, and Senators Acosta and Cano – for their support of this legislation.”

In Rhode Island, the rate of severe maternal morbidity among non-Hispanic Black women is 306 per 10,000, compared to a rate of 179.4 per 10,000 for non-Hispanic White women. Nationally, Black women are 3 to 4 times as likely as White women to die from pregnancy-related causes (40 deaths per 100,000 compared to 12.4 deaths per 100,000).

Medicaid coverage for doula services is on the rise nationally: Florida, Minnesota, Maryland, New Jersey, and Oregon offer doula coverage and California, Illinois, Indiana, Washington, Nevada, and Virginia are working to add doula coverage in their states.

Community Health Workers, or CHWs, are frontline public health professionals who often have similar cultural beliefs, chronic health conditions, disability, or life experiences as other people in the same community. CHW services include:

- Health promotion and coaching, including assessment and screening for health-related social needs, setting goals and creating an action plan, and providing information
- Health education and training for groups
- Health system navigation and resource coordination services, including helping to engage, re-engage, or ensure patient-led follow-up in primary care, routine

preventive care, adherence to treatment plans, and/or self-management of chronic conditions including by assisting beneficiaries to access covered services and other relevant community resources; and

- Care planning with a beneficiary's interdisciplinary care team as part of a team-based, person-centered approach.

CHWs are associated with better health outcomes. For example, [one study \[r20.rs6.net\]](#) found 34% fewer hospital days per capita; and improved blood sugar control among people with diabetes was found in [another \[r20.rs6.net\]](#). Use of CHWs is also associated with a high [return on investment \[r20.rs6.net\]](#). CHW coverage is also on the rise nationally, with 15 states offering some coverage.

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