



# Actionable Strategies for Increasing Access to High Quality Care

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**Goal:** Improving Perinatal Health Outcomes by Supporting Access to and Utilization of High-Quality Perinatal Care

**Recommendation:** Increase utilization of non-medical support services that can support greater cultural competency in perinatal care and improve health outcomes, like community health workers, peer services, and doulas by working with providers and payors to encourage greater partnership with and referrals to non-medical providers.

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## About the Perinatal Action Collaborative:

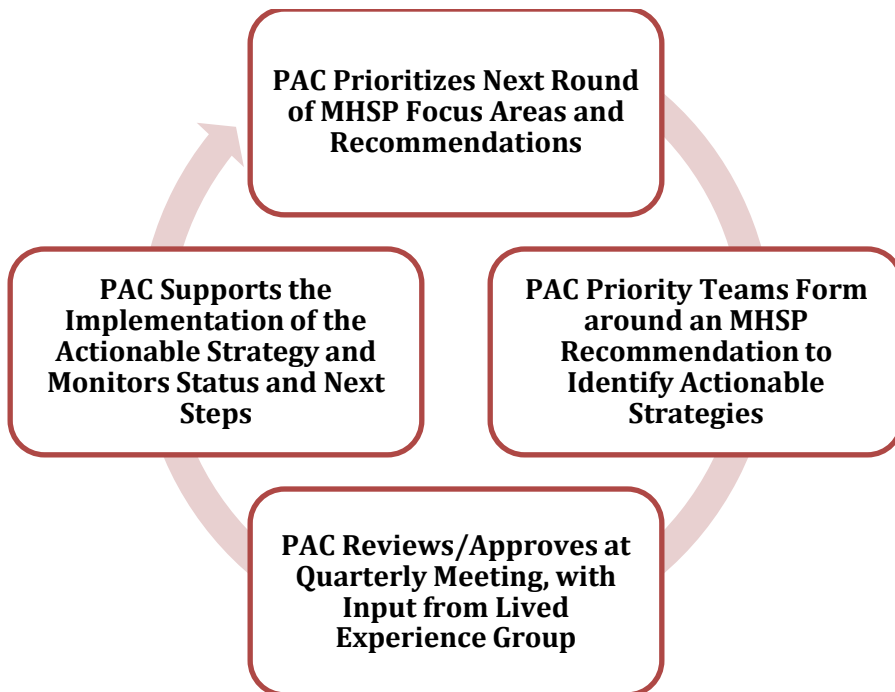
Over the past year, the PA Departments of Health, Human Services, Drug and Alcohol Programs and Insurance have been developing the PA Maternal Health Strategic Plan (MHSP).

The MHSP includes goals and recommendations for the following focus areas: Increasing Access to High-Quality Care, Supporting Behavioral Health and Substance Use Disorder Needs, Improving Rural Health and Maternity Care Deserts, Addressing Health Related Social Needs (HRSN), and Expanding and Diversifying the Health Care Workforce.

The MHSP was informed by a statewide survey completed by over 700 Pennsylvanians and a series of listening sessions with stakeholders, including healthcare professionals, CBOs, people with lived experience, and health plans among others.

The Pennsylvania Department of Health also received a HRSA grant for the Maternal Health Innovation Program (MHIP) Program, which supports states in creating maternal health strategic plans, establishing task forces like the Perinatal Action Collaborative (PAC), and implementing interventions from the strategic plans.

*Figure 1: PAC's Process to Create and Implement Actionable Strategies for MHSP Recommendations*



## A. Background

Pennsylvania now has many of the “building blocks” (outlined below) to achieve this recommendation.

### *Building Blocks 1 and 2: Certifications and Funding for “non-medical support services”*

The [PA Certification Board](#) administers certifications for [Certified Peer Specialists](#), [Certified Recovery Specialists](#) (CRS), [Certified Community Health Workers](#) (CHW), and [Certified Perinatal Doulas](#). For the newest credential—the Certified Perinatal Doula Credential—over [220 doulas](#) received the credential as of July 2025.

In PA, Medicaid billing policies also exist for Certified Perinatal Doulas and Certified Peer Specialists (see [doula reimbursement](#) and [peer support services reimbursement](#)). Among the Certified Perinatal Doulas, 105 have become a PA Medicaid enrolled provider (this includes 19 in Allegheny, 1 in Chester, 1 in Columbia, 1 in Crawford, 12 in Dauphin, 7 in Delaware, 6 in Erie, 2 in Lackawanna, 9 in Lancaster, 4 in Luzerne, 5 in Mercer, 2 in Montgomery, 6 in Northampton, 27 in Philadelphia, 1 in Schuylkill, 1 in Washington, and 1 in Wayne).

While a Medicaid billing policy does not exist for CHWs, CHWs are included in value-based payment programs, such as the HealthChoices Patient-Centered Medical Home (PCMH) Program for primary care and family medicine providers and the HealthChoices Maternity Care Bundled Payment program for maternity care teams. These value-based payment programs are described in the PA Department of Human Services’ (PA DHS) [agreements](#) with the HealthChoices Managed Care Organizations (MCOs) (see Exhibit B(7) and Exhibit DDD in the [agreements](#)). Certified Recovery Specialists are typically funded by the PA Department of Drug and Alcohol Programs’ funding streams and Single County Authorities (SCAs) or PA DHS’ OUD Centers of Excellence (COE) program (which is described in Exhibit G in the DHS-MCO [agreements](#)).

### *Building Block 3: Local Training Programs for “non-medical support services”*

CHW training programs in PA can be viewed [here](#). Examples of Doula training programs in PA include [The Birthing Hut](#), [CocoLife](#), [Maternity Care Coalition](#), [Patients R Waiting](#), [Delco Doulas Collaborative](#), and [Masters of Maternity](#), among others (see the PA Maternal Health Asset Map). National trainings also exist, such as the [Birthing Advocacy Doula Training](#).

### *Building Block 4: Statewide Professional Groups and Advisories for “non-medical support services”*

Each of these professions—doulas, peer support, and CHWs—has a statewide group for awareness, education, and advocacy: [PA Doula Commission](#), the [PA CHW Collaborative](#), and the [PA Peer Support Coalition](#).

For example, the PA Doula Commission has [recorded trainings and a toolkit](#) about how to complete the PA Certification Board’s certification, enroll as PA Medicaid (Medical Assistance) provider, become credentialed with an MCO, and then bill for the Doula services under the reimbursement policy (<https://padoulacommission.org/resources>). The Commission disseminates these resources through their website, newsletter, social media, and doula roundtables.

The PA Doula Commission also has plans to identify and support Regional Leads. Other statewide groups have created similar ambassador programs to provide state-level information and updates to regional and local committees and to elicit information, concerns, and ideas from the communities back to the state-level.

A [Doula Advisory Board](#) also exists to advise the PA DHS Secretary on doula best practices, doula participation in PA Medicaid, disparities, and best practices to promote uniform access to care. The Advisory's will hold their first meeting on September 4.

#### *Building Block 5: Statewide Learning Collaboratives for Medical Providers and Payers*

To help medical providers implement new processes, such as “referrals to non-medical providers,” several learning collaboratives exist in PA. [The PA Perinatal Quality Collaborative \(PA PQC\)](#) includes birth hospitals across PA and has worked on improvements for SUD, NAS, sepsis, safe sleep, and maternal depression. The [HealthChoices Patient Centered-Medical Home \(PCMH\) Learning Network](#) includes high-volume Medicaid pediatric, family, and primary care providers and has focused on topics, such as including CHWs on PCMHs’ community-based care management teams and making referrals to SDOH-related services. The [IMPLICIT Network](#) includes family medicine providers and has focused on depression screening and referrals for mothers/birthing parents during well child visits and on mental health and substance use screening and referrals during prenatal and postpartum care.

#### **Remaining Gaps**

While these learning collaboratives exist, there hasn't yet been a dedicated initiative “to encourage greater partnership with and referrals to non-medical providers.”

For doulas, there is a need to further increase awareness of the new reimbursement policy and process, which is also reflective of how this is a very new policy that went live on 1/1/25. There is also an opportunity to further connect local doula groups to the PA Doula Commission's resources and to medical providers and payers.

For peer support specialists, there is a need to incorporate Certified Peer Specialists and Certified Recovery Specialists (with lived perinatal experience) in perinatal care teams and settings.

Across all the non-medical professionals, there is also a need to train and educate payers and providers about each profession and the distinct roles of CHWs, doulas, and peer support specialists within a collaborative perinatal health team.

To achieve this group's prioritized MHSP recommendation, the PAC Priority Team is recommending two actionable strategies to connect the existing “building blocks” and fill in the remaining gaps. The intent of both strategies is to empower and expand the reach and capacity of existing community organizations that are providing access to non-medical support services.

## B. Description of the Actionable Strategy

### 1. Address the Gap: Regional Doula Groups for collaboration, referral and integration

To achieve this, the PAC Priority Team is recommending an RFP program to identify local doula groups who are interested in increasing providers', doulas', and payers' understanding of the Medicaid reimbursement policies and developing team roles and processes to include doulas on perinatal care teams. This strategy complements the existing efforts, described above, since it goes directly to local doula groups who are interested in working on these goals but not yet connected to local medical providers or statewide groups.

The interested doula groups would submit proposals for how to achieve the following steps through a local collaborative, following a [Community of Practice](#) model.

First, the Doula group would convene a local collaborative of providers, payers, pharmacists, CBO community resources, birthing families, and statewide professional groups (e.g., the PA Doula Commission). If their region also has [Regional Maternal Health Coalition](#), the doula group could also reach out to them for coordination purposes (especially if that coalition is working on similar goals).

For assistance with identifying and engaging providers, the local doula group could also reach out to the existing learning networks for providers (e.g., the PA PQC, PCMH Learning Network, and/or IMPLICIT). These learning networks could provide assistance with contacting and engaging the medical providers in the doulas' local collaborative.

Once convened, the local doula group could present how they provide high quality, person-centered services for emotional, physical, and informational support and guidance, including how Doulas accompany and connect pregnant individuals to healthcare and community-based organizations (CBOs) that provide social services and supports. At this meeting, the local doula group could also invite the statewide professional groups (e.g., the PA Doula Commission and/or their Regional Leads) to educate the local doula collaborative about the PA Medicaid reimbursement policies for doula services.

Once the collaborative achieves a common understanding of the doulas' roles and the reimbursement policy, they would agree to work on one or more of the following options:

- referring patients to doulas, making warm handoffs to doulas, and modifying health information technology systems (e.g., EHRs and PA Navigate) to support the process of referrals and closing the loop on the referrals;
- integrating doulas into the perinatal care team for coordination (e.g., working with doulas on labor and delivery and in the hospital discharge process);
- assisting the doulas with capacity building services, including developing the technology and billing infrastructure and completing the administrative processes to be able to bill for Doula services;

- ensuring that the local providers have processes in place to sign the [Doula Services Recommendation](#), which is one of the requirements for reimbursement; and/or
- Addressing other challenges that need to be addressed to increase utilization of non-medical support services.

The collaborative would develop processes and protocols for the selected topics. The local collaborative would also ensure that the appropriate team members—providers, doulas, and CBOs—are trained in these new processes.

The local collaborative would continue to meet regularly to provide oversight and accountable for ensuring that each partner in the doula’s collaborative—providers, doulas, payers, and CBOs—are following through on their actions steps to implement and continuously improve the new processes. To support this process, the local collaborative could also monitor performance measures, such as the percent of patients referred to doula services and the percent that received doula services.

Once these new processes are created and implemented through the doula-led local collaborative model, they could be sustained through the Medicaid reimbursement policy for Doulas.

The above model could also be replicated by the other non-medical professions referenced in this MHSP recommendation if they have a Medicaid financing policy.

The above model also has the potential to connect to the PAC’s upcoming focus on “expanding and diversifying the workforce.”

## 2. Support Other “Non-Medical Support Services”

The PAC Priority Team is also recommending an RFP Program to support other “non-medical support services,” including perinatal support groups, fatherhood/partner/family programs, home support and visiting services, regional community support programs with ambassadors, and services of non-medical providers (e.g., doulas, CHWs, peer support specialists) that are offered in community or medical settings. Examples of these programs can be found via [PA Navigate](#) in your zip code under “Health—Sexual and Reproductive Health—Maternity Care” and “Care—Support Network—Peer Support” and “Care—Support Network—Parent Education.”

## C. Equity

Any education materials created for the public should be at an accessible reading level, offered in multiple languages based on the population, accessible to people with hearing or visual impairments, as well as written using clear and respectful language.

