# MICHIGAN DOULA

## BEST PRACTICE GUIDE

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## Project Overview

Michigan, as of January 1st, 2023, has expanded their Medicaid reimbursement to incorporate doula services. As a result, more community-based organizations now have the opportunity to offer doula services to the Michigan community at large. With such diverse opportunities for doulas to be included in their community as resources, a best practice guide on how to integrate doulas has been proposed. Black Mothers' Breastfeeding Association (BMBFA), in collaboration with this project's funder Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) and with project management support from HealthConnect One has convened six(6) other community-based organizations, in the Southeast area of Michigan to develop this guide.

## Process

Many of the interviewed organizations fell in one or more of the following four categories:

1. Not offering direct services to clients or community
2. Not offering direct services to clients or community but interested in offering services in the future
3. Recently implemented a doula program
4. Successfully implemented a doula program and can comfortably scale the program now

To further understand the needs of each of the organizations that participated in this project, individual semi-focused hour-long interviews were conducted. After the interviews concluded, barriers that would prevent successful integration of doulas into community-based organizations were identified.

## 1) Personnel Options

An organization, defined as a doula agency, a health agency, a hospital or a Federally Qualified Health Center (FQHC) may wish to utilize one or more of the following personnel options when hiring or contracting doulas. Each organization will determine the supervision schedule of its doula employees along with what a post birth debrief will entail.

### FULL TIME DOULAS

- Full time doulas or employees working 40 hours per week, may fall under this category if the funding for their salary comes from grant funding for doula expansion efforts. This option may work well for organizations that wish to serve a specific amount of community members each year and would need consistent availability.
  - If the doula works more than their allotted hours, FLEX time is an eligible option that allows the doula to recoup their overtime in the same pay period. This allows the doula to rest immediately following their attendance at a birth.
    - Full-time employed doulas should not have more than three (3) to four (4) births a month.



### PART TIME DOULAS

Personnel may be considered part time if a portion of their full time work schedule is related to doula work or if they work less than 30 hours per week.

- Part-time employed doulas should not have more than two (2) births a month.
  - If your personnel will be splitting their workload a distinction will need to be made from:
    - Full time duties
    - Billing for doula work and Community Health Worker (CHW) separately as the documentation process is different.

### MIXED PERSONNEL

If the organization wishes to consider utilizing different employment models, this may be beneficial for sustainability planning. If the organization wishes to cross train existing staff members or new ones as Community Health Workers a grant is available.

## SUBCONTRACTORS

- Subcontracting may be best practice for organizations with a short-term program, where on-site training or providing additional benefits is a barrier.
- Hiring independent doulas should be done intentionally to ensure that their specialties are able to meet the needs of the community with culturally congruent care.
- The organization should determine if the hired subcontractor must provide their back-up doula or if the organization will provide a back-up doula for them.

## SUPERVISORS

The group recommends that the personnel chosen to supervise the organization's doulas incorporate the following duties:

- Support with doula personnel recruitment
- Experience with scheduling doulas
- Provide doula continuing education classes to personnel
- Helping to facilitate community events
- Confident with advocating for fair compensation for doula staff members
- Forming partnerships and networking with organizations to raise funds and advance the organization's mission

In addition to this, the doula supervisor should be comfortable supporting staff as a resource (whether as a backup for classes, prenatal/postpartum visits or as a subject matter expert) and be comfortable with reflective supervision. When performing these duties, the supervisor's capacity is to be considered when assigning them clients.

# 2) Service Delivery Model

## GROUP/DOULA AGENCY

An agency may be defined as a collective of doulas working together, which may not be affiliated with a local hospital, where doulas are subcontractors serving clients. The doula agency often absorbs fees such as promotion and workshops and then the doulas bill the agency for services provided at an agreed upon rate. When assigning each client to a doula, the proposed recommendation is that the primary doula be assigned a backup or alternate doula to ensure continuity of services.

## HEALTH AGENCY

If doulas are employees of an agency, the proposed recommendation is that the doulas work in teams of two to four so that backup is embedded into the structure of the program.

If full time or even part time employees work in teams, back up for individual patients/clients enrolled in the doula program can be embedded in the service delivery model. In the event that the primary doula and back up doula are unavailable to provide services, the recommendation would be to have a referral pool of vetted subcontractors or partner organizations that can continue to provide services.

## HOSPITAL

If doulas are employees of a hospital, the proposed recommendation is that the doulas work in teams of two backups embedded into the structure of the program.

Consideration should be given to the idea that if the hospital allows clients to self-select their own doula(s) to then assign a back-up doula to the primary doula.

## PRENATAL VISIT STRUCTURE

- The prenatal visit can be done individually or in a group setting (with the availability of funding) if there is more than one doula (primary or back-up) assigned to a client.
- Prenatal visits can be done in-person or virtually, which is permissible for clients who have Medicaid.
- Prenatal visits should include reviewing labor positions, birth references, reviewing informed consent and refusal, comfort measures for pain management, how the client can advocate for themselves, childbirth education, newborn care, how to contact the doula/ backup up doula (phone, text), applicable evidence-based information and ways to incorporate partner support at birth.
- Full-time employed doulas should not have more than 48 prenatal visits a month which should not last more than two (2) hours. Part-time doulas or employees who are utilizing a portion of their work for doula work should have no more than 24 monthly prenatal visits and should not last more than two (2) hours.

## ON CALL MODEL

- When the doula's assigned client (whether as primary or backup) reaches their 36th week of pregnancy, the doula begins their on-call schedule. The doula and their backup are available 24/7 for the client and will be able to reach the client's home or birthing location after requesting support.
  - Medicaid clients cannot be seen at home once they are in labor as doulas who accept Medicaid are not permitted to attend homebirths. This exception does not apply for independent/private pay clients.

## LABOR SUPPORT

- The individual or organization may determine that once the client requests support or the client is in active labor, the doula or backup doula will arrive within a specific time frame.
- Please see Appendix Section A for scenarios to help you determine which time frame is more appropriate for your organization.
- During labor support, the doula will provide physical, emotional, and informational support to birthing individuals and their family until the client gives birth and is recovering.
- The group recommends that if it is determined by the medical team that the doula's client needs an induction to begin labor, that the doula is assigned or able to secure a backup doula to prevent fatigue and also a lapse in labor support for the client.
- If the doula's client spontaneously begins labor on their own, the doula will arrive to the client within the organization's specified time frame. A back-up doula is also encouraged.
- After the birth, the doula will provide the client with the next steps about the postpartum visit.

## POSTPARTUM VISIT STRUCTURE

- The assigned doula or back up doula will follow up with an initial visit with the client either at the client's home or at the office within one (1) week of the client's birth. The visit, lasting no more than 2 hours, will cover: breastfeeding education and support, newborn care education, promote skin to skin, physical support, emotional support, practical support (light household tasks, bonding time), referrals and resources along with signs of concerns in both the client and newborn child.



Doula Work is Heart Work.

# 3) Doula Compensation

## COMPENSATION METHODS

- Full time doulas in addition to their fringe benefits such as health insurance, paid time off, doula liability insurance, education stipends and other fees are a total of the doula's base compensation. In addition to this, payroll taxes, background checks, and workers' compensation need to be considered. Once the total compensation package is determined that includes the cost of the fringe benefits, then an hourly rate can be determined.
    - For full-time employees, you would have to consider that nonexempt employees must be paid 1.5 times for time over 40 hours worked per week.
    - A minimum salary in line with the Michigan Chamber of Commerce recommendations can be found here.
- Part time doulas who are not eligible for fringe benefits, should be paid at a minimum hourly rate of $22 which is higher than the recommended minimum wage from the Michigan Labor and Economic Bureau.
- Non-employee personnel (subcontractors) at minimum should be paid the standard rate of the Medicaid birth and prenatal or postpartum visits.
    - If a back-up doula is needed, their reimbursement rate would be like that of a subcontractor.
    - Subcontractors providing data or deliverables to the organization should invoice the organization, which will handle billing. Independent doulas referred out without data or deliverable requirements will manage their own billing.



# 4) Billing Methods

## INDEPENDENT DOULA

If a doula is a sole-proprietor or self-employed, and wishes to participate in the Michigan Doula Initiative, the following steps are recommended.

Utilize this website to ensure that they are following the proper steps for their professional enrollment into Medicaid services. The doula training must be on this approved list to be eligible to begin their MDHHS Registry Application.

After enrollment, apply for a Type 1 (Individual) National Provider.

- As a note when enrolling, the address you provide is visible and for your privacy, a P.O. Box address is recommended.
- For best practice as a sole proprietor, the group recommends that all business transactions, whether grants, private reimbursement or Medicaid reimbursement be funneled into a separate bank account solely for all business transactions to support tax preparation and business management.

Additional steps:

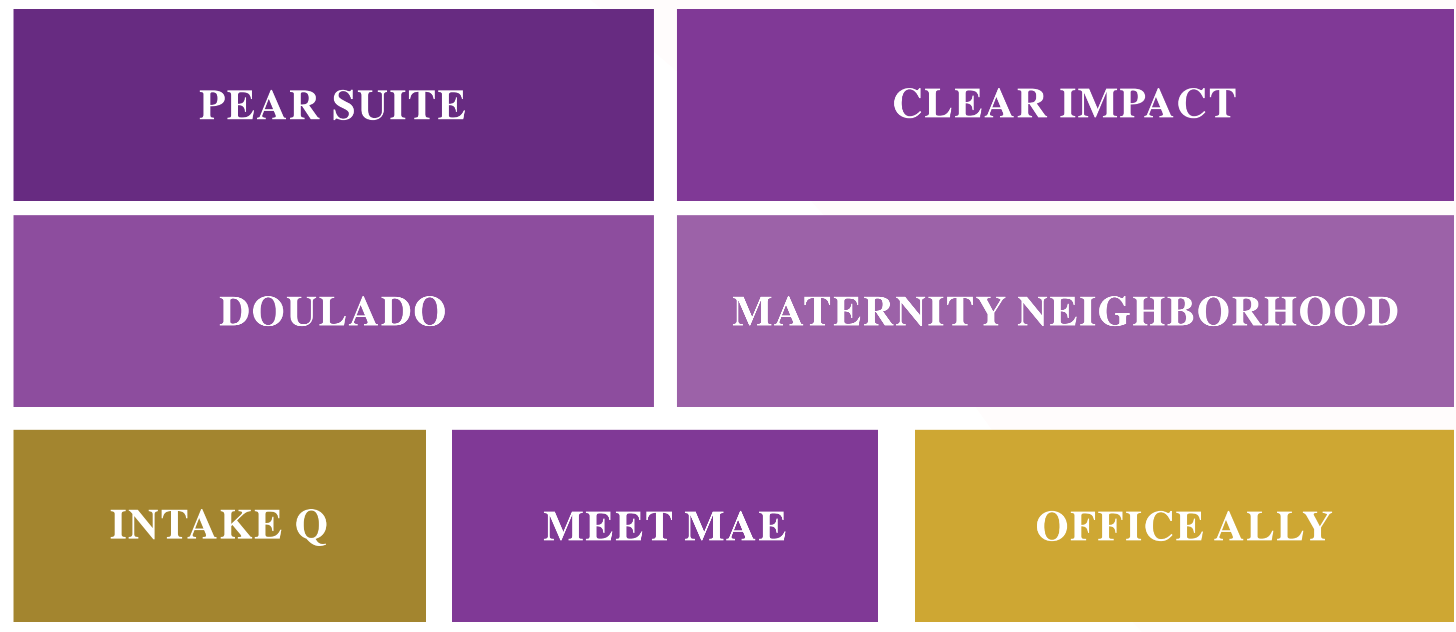
- Register for SIGMA Vendor Self-Service which is a vendor management platform.
- Registration on the Community Health Automated Medicaid Processing System (CHAMPS).
- Once registered on CHAMPS, your Doula Provider Enrollment application can be completed.

- REIMBURSEMENT CONSIDERATIONS: For doula services rendered to beneficiaries enrolled in a Medicaid Health Plan (MHP), providers will submit claims to the beneficiary's assigned MHP.

- If a beneficiary is not enrolled in an MHP, doula providers will submit claims for FFS reimbursement through CHAMPS.

As a doula, you may be interested in continuing and enrolling in the Michigan MHP that serves the communities that you wish to serve. To do so, you must be credentialed to contract with the individual health plans which may take several months. Each MHP has specific processes related to submitting claims and billing. For guidance, contact the MHP(s) that you want to be credentialed with.

Lastly, as a doula who is eligible to accept Medicaid it is important to acquire both doula liability and commercial insurance. In addition to this, you need to ensure that the data you collect about your client is HIPAA compliant. Some software recommendations include:




## GROUP/AGENCY

If a doula is employed or a subcontractor under a doula agency, the initial recommendations in the prior section are the same. Prior to becoming eligible to bill under the agency, the doula will need to complete the following steps.

Utilize this website to ensure that they are following the proper steps for their professional enrollment into Medicaid services. The doula training must be on this approved list to be eligible to begin their MDHHS Registry Application.

After enrollment, apply for a Type 1 (Individual) National Provider.

- As a note when enrolling, the address you provide is visible and for your privacy a P.O. Box address is recommended.

- For best practice as a sole proprietor, the group recommends that all business transactions, whether grants, private reimbursement or Medicaid reimbursement be funneled into a separate bank account solely for all business transactions to support tax preparation and business management.

Additional steps:

- Register for SIGMA Vendor Self-Service which is a vendor management platform.
- Registration on the Community Health Automated Medicaid Processing System (CHAMPS).
- Once registered on CHAMPS, your Doula Provider Enrollment application can be completed.

The agency will then be responsible for completing billing on behalf of their doula personnel. The group recommends utilizing a specific platform that will allow for mass billing and also training the agency doulas on filling out progress notes for each visit containing specific information (client name, insurance information, length of visit, topics discussed) that will allow each visit to be submitted in a timely fashion.

- Federally Qualified Health Center (FQHC)

The credentialing process for independent and group affiliated doulas also applies to FQHC doulas, with the added steps of creating a CAQH account here: https://www.caqh.org, as well as linking the Type 1 NPI to the FQHCs Type 2 NPI in CHAMPS.

This only applies if the doulas are employees of the FQHC, doulas who work with an FQHC as independent contractors will follow the instructions in the Independent Contractor section.

FQHC employed doulas should be registered with the state through MDHHS and credentialed with all Medicaid Health Plans accepted at the FQHC. If the doulas are Full Time employees, their Type 1 NPIs (National Provider Identifier) will be linked to the Type 2 NPI used for billing.



## IF BILLING IS COMPLETED VIA ELECTRONIC MEDICAL RECORDS (EMR):

- Documentation for on-site doula support follows the same charting processes in EMR as other rendering providers. Doula workflows may need to be customized with the specific EMR in order for billing claims to process correctly. Documentation for in-hospital support should be discussed and agreed upon between the EMR system and the hospitals within the service area of the FQHC doulas.
  - EMR billing: If billing through EPIC, the doula provider documents the encounter by writing the progress note and entering CPT codes. The billing department reviews the charges and makes sure everything is correct. EPIC then forwards the charges to the clearinghouse. The clearinghouse distributes the claims to the payors (health plans) for processing. The payors then return the processed information to the clearinghouse who then imports the information into EPIC as paid or denied claims.

## ADDITIONAL NOTES

1. FQHC employed doulas do not need to obtain separate liability insurance, they will be covered under the organization's insurance.

2. The paperwork needed for the credentialing process with each Health Plan MAY differ from the independent doula's paperwork, but that will need to be identified/clarified between the Billing Manager, Program Manager and Health Plan representative. Credentialing paperwork for each Health Plan may vary from that of independent doulas. The Billing Manager, Program Manager, and Health Plan representative should clarify any differences. FQHCs have a list of Health Plan contacts, which the Billing Manager should reference.



# 5) Documentation Processes

The organization is responsible for onboarding and training all doula personnel (full time, part-time, or subcontractors) that would need to access an EMR.

If using an EMR, working directly with the help desk of that specific software to create charting workflows BEFORE service delivery begins is ideal. For reporting, the recommended suggestion is to pick a weekday that all personnel will need to complete their documentation/ paperwork (i.e. Fridays, through a designated system that the organization utilizes).

MDHHS has documentation templates that can be used as reference, or used as is, to ensure all elements of documentation needed for billing purposes are present.

## 6) Mileage Reimbursement

For eligible doula staff and personnel who require reimbursement for their travel (client related or for community events, etc.), the group recommends utilizing the Internal Revenue Services (IRS) to calculate a per diem compensation rate.

## FUNDING

The funding for this project is made possible by the Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC).

Established in 2007, Black Mothers' Breastfeeding Association (BMBFA) is a Detroit-based 501(c)(3) non-profit focused on reducing racial inequities in breastfeeding support for Black families. The organization delivers its mission through direct services, training, advocacy, and maternal-child health technology. BMBFA is a recognized leader in community-based doula training for over 10 years and offers home visiting breastfeeding peer counselor services and community-based doula care. Its flagship program, the Black Mothers' Breastfeeding Club, has served Detroit for over 16 years and has been replicated nationally. BMBFA also leads innovative programs like the Birth & Breastfeeding Leadership Institute and the B'Right Hub, a virtual community for parent clubs. BMBFA has been recognized for its health equity expertise, receiving two Spirit of Detroit Awards and a Special Tribute from the State of Michigan.

BMBFA — BLACK MOTHERS' BREASTFEEDING ASSOCIATION

info@BMBFA.org

The Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) is dedicated to reducing the disparity between Black and White adverse maternal, perinatal and infant outcomes, including infant and maternal mortality, by creating a coordinated, equitable and sustainable network for perinatal care based on best practices, evidence based and innovative community solutions that will result in system changes and improved birth outcomes for all babies born in southeast Michigan.

info@sempqic.org

HealthConnect One is the national leader in advancing equitable, community-based, peer-to-peer support for pregnancy, birth, breastfeeding, and early parenting.

Our vision is to see every baby, mother, and family thrive in a healthy community. We work to achieve this vision through an equity-focused approach supporting the first 1000 days for birthing families.

info@healthconnectone.org

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- Karen H.
- Andrea S.
- Robena H.
- Michelle S.
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# Appendix

Disclaimer: The human resource advice provided in this appendix is intended for informational purposes only and should not be construed as legal, financial, or professional advice. Readers should consult with qualified human resource professionals, legal counsel, or other appropriate advisors to address specific organizational needs or compliance requirements. The author assumes no liability for actions taken based on the information contained herein.

### A. On Call Support

**Prior to implementing either of the scenario options below, the implementation of a communication plan for hospitals employing doulas with emphasis on collaborative decision making with their doula personnel so that the doulas can advocate for themselves, and their clients is crucial. The communication plan will also need to address when a client arrives at the facility and offer an elected disclosure to call the patient's doula.**

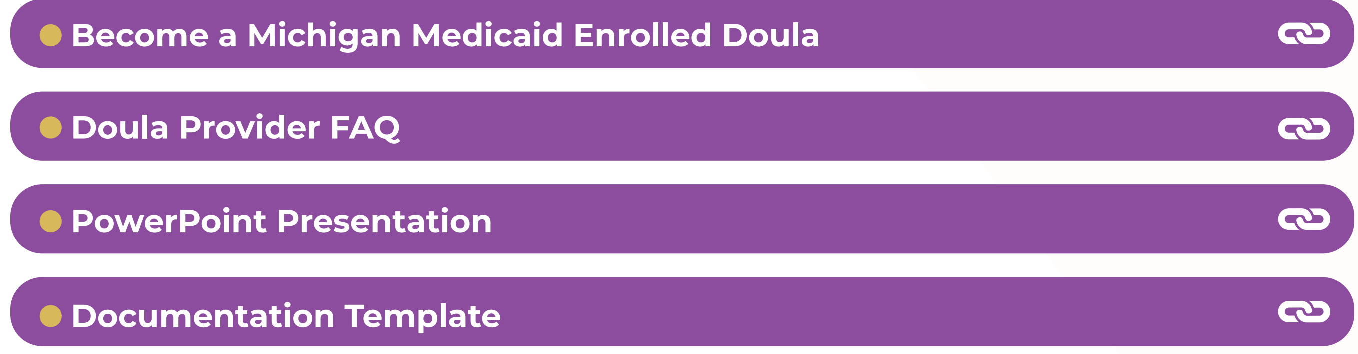
SCENARIO 1:

As part of their on-call duties, the primary or backup doula will provide text, phone, or video call support (if applicable). Once the client calls the doula requesting physical support and notifies them that they are in active labor, the doula will arrive within two (2) hours.

SCENARIO 2:

As part of their on-call duties, the primary or backup doula will provide text, phone, or video call support (if applicable). Once the client calls the doula requesting physical support, the doula will arrive within two (2) hours.

### B. Billing and Reimbursement Resources




### C. Determining Employment Status

**General Information regarding Michigan Medicaid Doula Services Requirements that affect ability to bill for services:**

*Michigan Medicaid Manual is updated every 6 months, and the Doula Services chapter should be checked for any policy or billing changes.

*Employers should require doulas to present proof of training. See Michigan Medicaid Manual for accepted training programs. Doulas must be at least 18 years old and possess a high school diploma or equivalent. Medicaid covers different types of doula services, including community-based doulas, prenatal doulas, labor and birth doulas, and postpartum doulas.

*Michigan Medicaid Doula Visit Reimbursement Table (as of 10/1/24)

| Visit Type | Procedure Code | Modifier | Primary Diagnosis Codes | Limit Per Pregnancy | Rate |
|---|---|---|---|---|---|
| Prenatal Visits and Postpartum Visits | S9445 | HD | Prenatal: Z33.1<br>Postpartum: Z39.2 | 12 total visits | $100 per visit |
| Attendance at Labor and Delivery | T1033 | HD | Z33.1 | 1 visit | $1500 |

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## DETERMINING EMPLOYMENT STATUS: FULL OR PART TIME

According to the IRS and the Affordable Care Act:

- A full-time employee works an average of at least 30 hours per week or 130 hours per month for more than 120 days in a year.
- A part-time employee works an average of fewer than 30 hours per week or fewer than 130 hours per month for more than 120 days in a row.

According to The Michigan Department of Labor and Economic Opportunity, "The laws the Wage and Hour Division enforces do not define full-time or part-time employment. If your employer chooses to distinguish full time and part time employment in order to determine eligibility for fringe benefits, the employer is required to pay those fringe benefits in accordance with their written contract or written policy."

According to the Bureau of Labor Statistics:

- Full-time employment is 35 hours or more per week.
- Part-time employment is 1–34 hours per week.

The only other official federal definition of part-time and full-time hours comes from the US Bureau of Labor Statistics (BLS). The BLS definition is not a hard-and-fast rule, but is a general guideline for reporting out labor statistics.

## FAMILY AND MEDICAL LEAVE/SICK TIME/VACATION TIME/PAID HOLIDAYS:

Michigan has no family and medical leave law at the state level. The federal Family and Medical Leave Act (FMLA) requires Michigan employers with 50 or more employees to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for family and medical reasons. Michigan's Paid Medical Leave Act applies to employers with 50 or more workers. It allows eligible employees to accrue 1 hour of paid sick leave for every 35 hours of work. Employers can cap this at 1 hour per week and 40 hours per year. Employees can carry over a maximum of 40 hours of accrued paid sick leave into the following year. Alternatively, employers can give employees the total 40-hour allowance at the start of the year. If an employer does this, they don't have to allow employees to carry over accrued paid sick leave. Employers aren't required to allow employees to use more than 40 hours of paid sick leave in a year. Employers can require employees to wait 90 days after starting employment to access accrued sick leave.

## EMPLOYEES CAN USE THIS LEAVE FOR:

- Their own or a family member's illness, injury, or medical condition.
- Their own or a family member's preventative care.
- The closure of their workplace due to a public health emergency.
- For childcare purposes, when a school is closed due to a public health emergency.
- Their or a family member's exposure to a communicable disease.
- Employees who are the victims of domestic violence or sexual assault can also use paid medical leave to take time off to:
  - Attend medical or counseling appointments.
  - Receive support from a victims' services organization.
  - Relocate.
  - Obtain legal advice and attend legal proceedings.

## TO BE ELIGIBLE FOR PAID SICK LEAVE:

- Employees must work at least 25 hours a week for at least 26 weeks of the year.
- This doesn't apply to:
  - Employed fewer than 25 weeks in a year.
  - Working less than 25 hours per week in a year.
  - Exempt from federal overtime laws.

Private sector employees do not have any paid family leave entitlements in Michigan. Eligible employees may be able to access unpaid family leave under the FMLA.

Employers are not required by state law to provide paid pregnancy or parental leave. Eligible employees may be able to access unpaid parental leave under the FMLA.

Private sector employers are not required in Michigan to provide vacation or personal leave. Where a private sector employer chooses to provide vacation or personal leave, the leave should comply with the terms of the employment contract. Where employees accrue paid vacation leave, employers must pay employees for this upon employment termination if a policy or the employment contract requires it. With employees' written consent, employers can require employees to use accrued vacation leave within a specific time or lose it.

Private sector employees in Michigan are not entitled to certain paid holidays.

## SUBCONTRACTORS

According to the IRS, an independent contractor does not do anything that is controlled by an employer, regarding how a job will be done, or what will be done. The contractor works within a specific contract and provides an invoice when the job is finished. The contractor is responsible for their own materials and equipment and the employer does not give the contractor the things that they need to do the job. The contractor controls how many hours that they work each week as well as takes care of their own taxes.

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# Thank you