



### **Doula Care Form Overview for Licensed Providers<sup>1</sup>**

The Doula Care Form (Formerly Doula Care Recommendation Form) allows Virginia Medicaid Community Doula Providers to provide care to Medicaid members and allows Medicaid members to receive doula care services.

This is not a referral form. A doula care form is not the same as a prescription/medical order. By completing this doula care form, you are enabling this individual to access **non-clinical** community doula services<sup>2</sup> such as: childbirth education, comfort and massage, resource referrals, labor support, lactation support, etc.,

**All** Virginia Medicaid Members who are pregnant or have given birth in the last six months are eligible to receive community doula services regardless of health status.

### **Instructions for Completing the Doula Care Form:**

- 1) **Please Print** all information (except Licensed Practitioner's Signature) clearly and legibly.
- 2) If a member is enrolled in **Fee-For-Service**, fax the completed form to 804-452-5447.
- 3) If a member is enrolled in a **health care plan/managed care organization (MCO) (Aetna, Anthem, Humana, Sentara Health, or United Healthcare)**, please refer to that Health Care Plan (MCO) for detailed form submission or return the completed form to the Medicaid member or doula (if known).
- 4) Please email Baby Steps VA at [babystepsva@dmas.virginia.gov](mailto:babystepsva@dmas.virginia.gov) for questions regarding the completion of this form.

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<sup>1</sup> For the doula benefit, VA Medicaid defines a "licensed practitioner" as licensed clinicians, including physicians, licensed midwives, nurse practitioners, physician assistants, and other Licensed Mental Health Professionals (Virginia Administrative Code 12VAC35-105-10 defines a Licensed Mental Health Professional as a: physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist).

**Recommendations from licensed, non-clinical providers will not be accepted.** The recommending clinician need not be a VA Medicaid provider.

<sup>2</sup> VA Medicaid's doula services are provided as a preventive service. Federal Medicaid law (42 C.F.R. Section 440.130(c)) indicates: "Preventive services" means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to - (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.

## DOULA CARE FORM

- 1) If a member is enrolled in Fee-For-Service, please fax forms to 804-452-5447.
- 2) If a member is enrolled in a managed care organization, please refer to that Health Care Plan (MCO) for detailed form submission or return the completed form to the Medicaid member or doula (if known).

### **If you are a Virginia Medicaid member and are pregnant or have given birth within the last six months ....**

You are eligible to receive community doula care to provide you physical, emotional, and informational support before, during and after you give birth. You or your doula must get a licensed practitioner's signature to provide this care under the VA Medicaid program. You can access the doula care form at: [dmas.virginia.gov/doula](https://dmas.virginia.gov/doula) or request a doula care form from your doctor/midwife/nurse<sup>1</sup> and give it to your doula. You can ask for a doula care form even if you don't know who your doula will be yet.

### **If you are a doula....**

You must secure and retain a licensed practitioner's recommendation for each member prior to initiation of their doula care and store the record in a manner consistent with HIPAA requirements. A copy of this form must be provided to the Managed Care Organization in which the member is enrolled (for managed care members) or the Department of Medical Assistance Services (for Fee-for-Service members) prior to initiating services.

### **If you are a licensed practitioner<sup>1</sup>....**

By completing this doula care form, you are enabling this individual to access **non-clinical** community doula services<sup>2</sup>.

**A doula care form is not the same as a prescription/medical order.**

Licensed Practitioner's Support for Doula Care	
VA Medicaid member's full legal name (first, middle, last) – (please print):	
VA Medicaid member's DOB or ID #:	
Licensed Practitioner's Signature:	
Licensed Practitioner's full legal name (first, middle, last) – (please print):	
Licensed Practitioner's NPI number:	
Address and phone number of Licensed Practitioner (please print):	
Date of recommendation (MM-DD-YYYY):	
Name of doula or doula organization (if known):	
Name & address of member's OB/GYN provider (if known):	
Name of member's Health Care Plan (MCO) - (check one):	Anthem <input type="checkbox"/> Aetna <input type="checkbox"/> Humana <input type="checkbox"/> Sentara Health <input type="checkbox"/> United Healthcare <input type="checkbox"/> Fee For Service (no MCO) <input type="checkbox"/>

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