PROPOSED RULE MAKING



CR-102 (June 2024) (Implements RCW 34.05.320)
Do NOT use for expedited rule making

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DATE: June 13, 2025

TIME: 2:08 PM

WSR 25-13-066

Agency: Health Care Authority								
⊠ Original Notice								
□ Supplemental Notice to WSR								
□ Continuance of WSR								
⊠ Preproposal Statement of Inquiry was filed as WSR 24-10-016 ; or								
□ Expedited Rule MakingProposed notice was filed as WSR; or								
□ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or								
□ Proposal is exempt under RCW								
Title of rule and other identifying information: (describe subject) 182-533-0610, Birth doula services—Purpose; 182-533-0620, Birth doula services—Definitions; 182-533-0630, Birth doula services—Client eligibility; 182-533-0640, Birth doula services—Provider requirements; 182-533-0650, Birth doula services—Documentation requirements; 182-533-0660, Birth doula services—Noncovered services; 182-533-0670, Birth doula services—Payment; 182-533-0680, Birth doula services—Telemedicine								
Hearing location(s):	Time.	Locations (be execitio)		Comment				
Date:		Location: (be specific)		Comment:				
July 22, 2025	10:00 AM	The Health Care Authority public hearings virtually wit		To attend the virtual public hearing, you must register in advance:				
		physical meeting place	nout a	you must regioter in duvaries.				
				https://us02web.zoom.us/webinar/register/WN_VITsQt7				
				BTjSW_XXGHQ5GqQ				
				If the link above opens with an error message, please				
				try using a different browser. After registering, you will				
				receive a confirmation email containing information				
				about joining the public hearing				
<u> </u>		ooner than July 23, 2025		e: This is NOT the effective date)				
Submit written comm			Assistance for persons with disabilities:					
Name HCA Rules Coo			Contact HCA Rules Coordinator					
Address PO Box 4271		NA 98504-2716	Phone 360-725-1349					
Email arc@hca.wa.go	V		Fax 360-586-9727					
Fax 360-586-9727			TTY Telecommunication Relay Service (TRS): 711					
Other			Email arc@hca.wa.gov					
Beginning (date and time) June 16, 8:00 AM				Other				
By (date and time) <u>July 22, 2025 by 11:59 PM</u>				te) <u>July 3, 2025</u>				
Purpose of the proposal and its anticipated effects, including any changes in existing rules: The State Supplemental Operating budget (section 211 (34), Chapter 376, Laws of 2024, (ESSB 5950)), included funding for the Health Care Authority (HCA) to implement a birth doula benefit for Apple Health (Medicaid) clients. HCA is developing new rules in Chapter 182-533 WAC to accomplish this.								
Reasons supporting proposal: See Purpose								
Statutory authority fo	r adoption:	RCW 41.05.021, 41.05.160	0					
Statute being implemented: RCW 41.05.021, 41.05.160								

Is rule necessar	y because of a:						
Federal Law? □ Yes ☑ N							
Federal Co	☐ Yes ⊠ No						
State Cour	□ Yes ⋈ No						
If yes, CITATION	:						
Agency commer matters: N/A	Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal						
Name of proponent: (person or organization) Health Care Authority Type of proponent: □ Private. □ Public. ☒ Governmental.							
Name of agency	personnel responsible for:						
	Name	Office Location	Phone				
Drafting	Jason Crabbe	PO Box 42716, Olympia, WA 98504-2716	360-725-9563				
Implementation	Michelle Madrigal	PO Box 45502, Olympia, WA 98504-5502	360-725-1373				
Enforcement	Michelle Madrigal	PO Box 45502, Olympia, WA 98504-5502	360-725-1373				
Is a school distr	ict fiscal impact statement i	required under RCW 28A.305.135?	☐ Yes ☒ No				
If yes, insert state	ement here:						
The public may obtain a copy of the school district fiscal impact statement by contacting: Name Address Phone Fax TTY Email Other Is a cost-benefit analysis required under RCW 34.05.328? Yes: A preliminary cost-benefit analysis may be obtained by contacting: Name Address Phone Fax TTY Email Other No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.							
Regulatory Fairness Act and Small Business Economic Impact Statement Note: The Governor's Office for Regulatory Innovation and Assistance (ORIA) provides support in completing this part.							
(1) Identification of exemptions: This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85.RCW). For additional information on exemptions, consult the exemption.guide.published.by.ORIA . Please check the box for any applicable exemption(s): □ This rule proposal, or portions of the proposal, is exempt under							

	This rule	proposal, or portions of the proposal, is exemp	ot under <u>F</u>	CW 19.85.025(3). Check all that apply:				
		RCW 34.05.310 (4)(b)		RCW 34.05.310 (4)(e)				
		(Internal government operations)		(Dictated by statute)				
		RCW 34.05.310 (4)(c)		RCW 34.05.310 (4)(f)				
		(Incorporation by reference)		(Set or adjust fees)				
		RCW 34.05.310 (4)(d)		RCW 34.05.310 (4)(g)				
		(Correct or clarify language)		((i) Relating to agency hearings; or (ii) process				
				requirements for applying to an agency for a license or permit)				
	This rule	proposal, or portions of the proposal, is exemp	ot under 🖪	CW 19.85.025(4). (Does not affect small businesses).				
		proposal, or portions of the proposal, is exemp						
Ex	planation	of how the above exemption(s) applies to the p	proposed	rule:				
□ □ pro	(2) Scope of exemptions: Check one. ☐ The rule proposal: Is fully exempt. (Skip section 3.) Exemptions identified above apply to all portions of the rule proposal. ☐ The rule proposal: Is partially exempt. (Complete section 3.) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using this template from ORIA): ☐ The rule proposal: Is not exempt. (Complete section 3.) No exemptions were identified above.							
(3)	Small bu	usiness economic impact statement: Comple	ete this se	ection if any portion is not exempt.				
	If any portion of the proposed rule is not exempt , does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?							
	No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. The agency analyzed the costs of certifications, insurance, equipment/supplies, records management, and training. Some of these costs are due to compliance with other agency requirements. Other costs would be incurred even if Apple Health clients are not being served. Even if additional administrative costs are taken into account due to serving Apple Health clients, the costs of implementing these rules do not meet the minor cost threshold and therefore no SBEIS is required. ☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here: The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting: Name Address Phone Fax TTY Email							
		ther						
Da	te: June	13, 2025	Signat	ure:				
Name: Wendy Barcus				Wendy Baraus				
Title: HCA Rules Coordinator				0				

BIRTH DOULA SERVICES

NEW SECTION

WAC 182-533-0610 Birth doula services—Purpose. WAC 182-533-0610 through 182-533-0680 establish the medicaid agency's provider and documentation requirements and coverage and payment rules for birth doula services when provided to eligible apple health clients. Birth doula services improve and promote healthy pregnancy, birth, postpartum, and infant outcomes. A birth doula delivers services to eligible pregnant and post-pregnant people, their infants, and their families.

NEW SECTION

WAC 182-533-0620 Birth doula services—Definitions. The following definitions and those found in chapter 182-500 WAC apply to birth doula services.

"Agency" - See WAC 182-500-0010.

"Birth doula" - A nonmedical support person certified under chapter 246-835 WAC and trained to provide physical, emotional, and informational support to birthing persons, their infants, and their families.

"Birth doula services" - Preventive services, as defined by 42 C.F.R. 440.130(c), provided by a birth doula to pregnant and post-pregnant people, their infants, and their families. Services include advocating for and supporting the birthing person and their family to self-advocate by helping them to know their rights and make informed decisions.

"Care coordination" - Collaboration and communication between the client's birth doula provider and other medical or health and social services providers, including Indian health care providers, or both, to partner with and address the individual client's and family's needs.

"Culturally congruent care" - See WAC 246-835-010.

"Department of health (DOH)" - The state agency that works with others to protect and improve the health of all people in Washington state and which certifies the birth doula profession under chapter 246-835 WAC.

"Health care record" - See WAC 182-502-0020 for health care record requirements.

"In person" - The client and the provider are face-to-face in the same location.

"Lived experience" - Having first-hand knowledge and insight gained from navigating challenges similar to those faced by the people in the community. This can include shared experiences like cultural

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backgrounds, socioeconomic status, health conditions, or barriers accessing the health and social service systems.

"Medicaid agency" - See WAC 182-500-0070.

"Postpartum period" - The period lasting until the end of the 12th month after the pregnancy ends.

"Washington apple health" - See WAC 182-500-0120.

NEW SECTION

WAC 182-533-0630 Birth doula services—Client eligibility. To receive birth doula services, a client must:

- (1) Be eligible for one of the Washington apple health programs listed in the table in WAC 182-501-0060; and
 - (2) Be within one of the following eligibility periods:
 - (a) During pregnancy;
 - (b) Birth, inclusive of any end of pregnancy outcome; or
 - (c) The postpartum period as defined in WAC 182-533-0620.

NEW SECTION

WAC 182-533-0640 Birth doula services—Provider requirements. To be eligible to provide birth doula services to Washington apple health clients, a birth doula must:

- (1) Be 18 years of age or older;
- (2) Be a resident of the state of Washington or a bordering city as specified in WAC 182-501-0175;
- (3) Possess current certification as a birth doula with the Washington state department of health under chapter 246-835 WAC;
- (4) Be enrolled as an eligible birth doula provider with the medicaid agency (see WAC 182-502-0010);
- (5) Meet the requirements in this chapter, chapter 182-502 WAC, and the billing and documentation requirements found in the agency's current birth doula services billing guide;
- (6) Meet the standards required by state and federal laws governing the privacy and security of personally identifying information;
- (7) Participate in care coordination activities throughout pregnancy and the postpartum period with the client's prenatal clinical care provider and, if applicable, their maternity support services (MSS) provider (see WAC 182-533-0310 through 182-533-0345);
- (8) Provide culturally congruent care to the client and client's family; and
- (9) Have lived experience that aligns with and provides a connection between the birth doula and the community being served.

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- WAC 182-533-0650 Birth doula services—Documentation requirements. (1) Providers must fulfill the documentation requirements found in WAC 182-502-0020 and the medicaid agency's current birth doula services billing guide.
- (2) Each provider must maintain a client health care record for each client that states the services provided and justifies how those services support provider reimbursement.
- (3) The following must be documented in the client's health record:
 - (a) Consent to services to be signed at the initiation of care;
- (b) The date and time/duration of services and information substantiating the time/duration of services;
 - (c) The nature of the care and service(s) provided;
 - (d) Any coordination with medical or other care providers;
- (e) Any referrals and coordination efforts with community resources or community supports;
- (f) If screening is provided using a validated screening tool, the name of the tool, the score, and any communication following a positive screening including referrals to community resources, coordination with clinical team, etc.;
 - (q) If the client changes their birth doula; and
- (h) The following required components of the prenatal intake visit:
- (i) The date and time/duration of services, minimum two-hour visit;
 - (ii) A completed and signed consent for services form;
- (iii) Provide an overview of the apple health birth doula benefit;
- (iv) Co-design a plan of care across antepartum, delivery, and postpartum periods, as appropriate;
- (v) Initiate discussion and implementation of birth plan or client/family preferences for care;
- (vi) Support the client in establishing care as needed, including clinical pregnancy care, behavioral health services, dental services, etc. Coordinate with the managed care organization if needed to assist the client in accessing desired services, timely appointments, or any other care coordination or case management need;
- (vii) Review the client's health history including any previous pregnancies, births, and loss of life;
- (viii) Coordinate with medical providers regarding mental and emotional health screenings, and if appropriate, support symptom reduction through care navigation or peer support;
- (ix) Review social determinants of health (SDOH) and other social-related health needs. Provide resources and support guided by client or family priorities; and
 - (x) Assess family and other relational support networks.

NEW SECTION

- WAC 182-533-0660 Birth doula services—Covered services. (1) To be covered, birth doula services must:
- (a) Be preventive in nature according to 42 C.F.R. 440.130(c); and
- (b) Provide physical, emotional, and informational support to pregnant, birthing, and postpartum people.
- (2) The medicaid agency covers the birth doula services described in this section. The agency pays for:
- (a) One prenatal intake visit billed only once per client, per pregnancy. The visit must take place in person. Required components of the prenatal visit are listed in WAC 182-533-0650;
- (b) Continuous labor and delivery support billed once per client, per pregnancy. This must take place in person and be provided to one client at a time;
 - (c) One comprehensive postpartum visit per pregnancy; and
- (d) Additional prenatal and postpartum visits per client, per pregnancy across the prenatal and postpartum periods.
- (3) The agency determines the maximum number of units of services allowed per client when directed by the legislature to achieve targeted expenditure levels for payment of birth doula services for any specific biennium. The maximum number of units allowed per client is published in the agency's current birth doula services billing guide.
- (4) The agency evaluates requests for authorization of covered services that exceed limitations on a case-by-case basis in accordance with WAC 182-501-0169.
- (5) For birth doula services not allowed via telemedicine, see WAC 182-533-0680.

NEW SECTION

- WAC 182-533-0665 Birth doula services—Noncovered services. Under this chapter, the medicaid agency does not cover the following services when provided by birth doulas:
 - (1) Childcare;
- (2) Chore services including, but not limited to, shopping and cooking;
 - (3) Group services;
 - (4) Phone calls, text messages, and emails;
 - (5) Documentation time; and
 - (6) Travel time and mileage.

NEW SECTION

WAC 182-533-0670 Birth doula services—Payment. (1) The medicaid agency pays for the birth doula services described in WAC 182-533-0660 when they are:

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- (a) Provided to a client who meets the eligibility requirements in WAC 182-533-0630;
- (b) Provided to a client during a face-to-face encounter, including audio-visual telemedicine (see WAC 182-533-0680);
- (c) Provided and billed according to the agency's current birth doula services billing guide; and
- (d) Documented in the client's health care record or chart per WAC 182-533-0650.
 - (2) The agency's payment for birth doula services is as follows:
- (a) Prenatal intake visit, flat rate with a minimum of two hours of one-to-one service delivered face-to-face;
- (b) Labor and delivery support, flat rate with one-to-one service delivered face-to-face; and
- (c) Additional prenatal and postpartum visits, per unit of time, with one unit being equal to 15 minutes. Providers must bill for the direct service delivery at the minimum time equivalent.
- (3) For clients enrolled in managed care or fee-for-service (FFS) who are eligible for birth doula services, the agency pays for covered birth doula services through FFS using the agency's published fee schedule.
- (4) The agency uses the appropriate payment methodology found in WAC 182-531-1850 for birth doula services.

NEW SECTION

- WAC 182-533-0680 Birth doula services—Telemedicine. The medicaid agency pays for birth doula services provided via telemedicine according to WAC 182-501-0300 and the limitations in this section.
- (1) The agency pays for birth doula services provided via telemedicine when one of the following are met:
 - (a) The prenatal intake visit is provided in person;
- (b) The first visit with a new birth doula is provided in person if the client changes their birth doula;
- (c) When initiating care postpartum, the first visit is in person; and
- (d) The servicing provider for the telemedicine service uses the same billing provider's national provider identifier (NPI) used to bill for any of the visits referenced in this subsection.
- (2) The agency does not pay for the following birth doula services provided via telemedicine:
 - (a) The prenatal intake visit;
- (b) The first visit with a new birth doula if the client changes their birth doula;
 - (c) Labor and delivery support; and
- (d) The first visit with a birth doula when initiating care post-partum.