



Doula Learning and Action Collaborative

Application Overview

Prior to completing this application, review the [overview](#) document outlining the Institute for Medicaid Innovation's national Doula Learning and Action Collaborative.

The Institute for Medicaid Innovation (IMI) is accepting applications from state-based teams to participate in the learning collaborative. Up to six teams will be selected with preference given to those with individuals who completed the [Doula and Perinatal Community Health Worker in Medicaid Learning Series](#).

Each state-based team application must include representation from each of the following key Medicaid perspectives:

- 1) **Doula:** Individuals who represent groups of doulas and/or an organization that provides birth doula services
- 2) **State Medicaid agency:** Representatives within the state agency that administers the state's Medicaid program
- 3) **Medicaid health plan:** Representatives who work within managed care organizations that are delegated to administer the state's Medicaid program
- 4) **Community:** Individuals with Medicaid insurance coverage experience and/or representatives of community-based organizations
- 5) **Health care provider:** Individuals who provide health care services to the community and/or represent a health care organization.

Team membership may evolve over time, but applications must include at least one named team member from each key Medicaid perspective.

Each team must designate two individuals who will co-lead, referred to as the team leads. One of the two team leads must be a doula representative. The team leads will serve as the overall lead for the application and the liaison between IMI and their state-based team.



Opportunity to Ask Questions

IMI will host an informational webinar on May 2, 2024, at 3 pm ET for potential applicants to ask questions about this opportunity and the application process. An archived recording of the meeting will be available on the IMI website. A link to the recording and an FAQ document will be sent to those who register for the meeting; it will also be included in the IMI newsletter. Prior to the webinar, please submit your questions to Yontii Wheeler at ywheeler@MedicaidInnovation.org using subject line: “Question for Doula Collaborative Webinar.”

Click [here](#) to register for the webinar.

Selection of State-Based Teams

The IMI project team, with support from select National Advisory Committee members, will review, score, and select up to six state-based teams for the learning collaborative. Virtual meetings may be required to obtain additional details to help with the final selection of state-based teams and inform IMI’s planning process to support your team.

Instructions for Application

Each section must be completed in its entirety. If any section is not completed, the application will not be reviewed or considered for participation in the Doula Learning and Action Collaborative. Each section has a word limit that will allow adequate text to address the question. We encourage you to use bullet points to organize responses. We will not accept additional responses submitted separately. **Email your completed application with required letters of commitment to Yontii Wheeler at ywheeler@MedicaidInnovation.org by Friday May 24, 2024, by 5:00 pm ET.**

Timeline for Application

May 2nd: Informational Webinar (3-4 pm ET)

May 17th: Submit Interest Form (suggested but not required)

May 24th: Completed Application and Letters of Commitment Due

June 12th-June 25th: Possible Interviews with Final Applicants

June 28th: Notification of Selected State-based Teams

Fall 2024: Kick-off Foundational Learning Sessions

Application

Section 1: Demographics

Location of State-Based Team (<i>Identify state, Washington D.C. is included</i>):
Team Lead #1: This person will be the primary liaison for the application and a co-team leader for the 3-year Doula Learning and Action Collaborative. One of the two team leads must be a doula representative.
Name:
Title:
Organization, if applicable:
Email:
Phone:
Team Lead #2: This person will be the second person willing to serve as a co-team leader for the 3-year Doula Learning and Action Collaborative. One of the two team leads must be a doula representative.
Name:
Title:
Organization, if applicable:
Email:
Phone:

Section 2: Community Landscape

Tell us about your community and state in relation to Medicaid coverage for doula services, including opportunities that can be leveraged and barriers that you are experiencing.

(Limit: 250 words)

Section 3: Opportunities and Goals for Participation

A. The [Doula and Perinatal Community Health Worker in Medicaid Learning Series](#) offered foundational information in advance of launching the learning collaborative. What percentage of team members have completed the series, either through participating live or by reviewing the archived materials? What topics from the learning series resonate with your team? **(Limit: 150 words)**

B. What are two (2) of your team's priorities for the Doula Learning and Action Collaborative? **(Limit: 100 words)**

Section 4: Participating Team Members, Groups, or Organizations

Complete this initial roster listing the primary representative(s) from each of the mandatory stakeholder groups who have committed to joining your team.

Name & credentials, if applicable	Group or organization represented, if applicable	Medicaid Perspective or Position	Email address
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
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		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	

		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	
		<input type="checkbox"/> Doula <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Health plan <input type="checkbox"/> Community <input type="checkbox"/> Health care provider <input type="checkbox"/> Other (please specify):	

A. Tell us about the members of your team and reference the groups or organizations that they represent. Please include: **(Limit: 200 words)**

- a. their anticipated role on the team (e.g., liaison with external groups, managing logistics, researching best practices, etc.)
- b. your experience working together

B. Please describe any known dynamics that could potentially impact your team. What strengths do you bring to this team that will be useful when you encounter challenges?**(Limit: 200 words)**

Section 5: Landscape and Power Analysis

The team's application should demonstrate a commitment to community power building, birth equity and justice, and collaboration to increase access to doula services for individuals of color with Medicaid health insurance coverage.

- What are your team's aspirations?
- What strengths and assets will your team draw upon to address potential external challenges that you might face when working toward your aims? **(Limit: 300 words)**

Section 6: Key Events During Learning Collaborative

Consider significant events and developments that your team anticipates over the next three years. In doing so, flag dates and milestones that you are aware of or estimate as of today, as well as which partner(s) will be most involved or affected by these. Examples include legislative sessions, elections, conferences, community events, and major actions that your team members are planning.

Estimated Month/ Time Frame	Event/Activity	Team Members or Partners Involved/ Impacted	Relevance

Section 7: Opportunities

A. Supporting team goals: As you reflect on the strengths, challenges, and opportunities related to advancing the work of doulas in your state and working towards birth equity, how do you envision the learning collaborative supporting your goals? **(Limit: 200 words)**

B. Specific topics and experts:

Using bullets, please describe

a) What topics would you like to dive deeper into as a team? **(Limit: 100 words)**

b) When bringing in national experts to provide tailored support (technical assistance), in what areas would you like them to have experience and/or expertise? **(Limit: 100 words)**

c) Optional: Identify specific organizations and/or individuals you would like us to consider as we build our team of technical advisors to support you. **(Limit: 100 words)**

Section 8: Outcomes

What does success look like for the first year of your project? What does success look like at the end of the three years of the learning collaborative? In your description of success, you might consider what equitable access to perinatal health looks like in the community where you will focus your efforts. **(Limit: 250 words)**

Section 9: Resources and Funding

Describe any supplemental funding or in-kind support you will receive or plan to pursue as part of your participation. If none, enter “none” in the space below. **(Limit: 100 words)**

Note: the answer to this question is *not* taken into consideration for the scoring of the application.

This application requires letters of commitment from each Medicaid perspective on your team. Before writing the letter, please review the [overview document](#) and reference the following sections: Collaborative Team Composition, Time Commitment, Cost, Benefits, and Expectations. Please indicate how each letter will be submitted:

Medicaid perspective/position	Submission method
Doula, doula provider group, community-based doula organization	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
State Medicaid agency	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Medicaid health plan	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Community member, community-based organization, individuals with Medicaid insurance coverage experience	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Health care provider	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Optional other (describe):	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Optional other (describe):	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*
Optional other (describe):	<input type="checkbox"/> Attached to this application <input type="checkbox"/> Emailed separately*

*Email letter to Yontii Wheeler at ywheeler@medicaidinnovation.org

Submission

Please send this application and the required letters of commitment to Yontii Wheeler ywheeler@medicaidinnovation.org by **Friday May 24, 2024, by 5:00 pm ET**. Applications received after this time will not be considered.