

Doula Learning and Action Collaborative

Informational Webinar: Application Overview and Q&A

Doula Learning and Action Collaborative Application

FAQ Document, posted May 9, 2024

On May 2, the Institute for Medicaid Innovation (IMI) hosted a webinar to provide an overview of the application for the Doula Learning and Action Collaborative. We created this resource based on questions asked during the Q&A section of the webinar, as well as those that were sent via email to our project team.

Questions & Answers

Is this collaborative for states that do not yet have Medicaid coverage of doulas or for states that have Medicaid coverage of doulas but want to make it better?

Both! The Doula Learning and Action Collaborative is open to all states, regardless of whether they have implemented Medicaid coverage of doulas. State-based teams at various stages in the process will learn from each other's experiences and perspectives. We encourage teams to refer to the current state efforts tracker on the [National Health Law Program Doula Medicaid Program](#) website.

What if our team is not sure about some sections of the application? Should we still apply?

All sections of the application must be completed, but there are no right or wrong answers. There is no expectation of 100% certainty or perfection. The name "learning and action collaborative" is purposeful—we are *all* learning and coming together to do new things. We encourage you to reach out to Yontii Wheeler at ywheeler@medicaidinnovation.org if you have questions or concerns when working on the application. We will work with you!

How do I begin forming a team to apply for the Doula Learning and Action Collaborative?

We recommend that prospective state-based team members network among existing partners and collaborators. Even if someone within your network is not the best fit for a state-based team, they might be able to suggest others who could bring the perspective you are seeking. They may also have contact information for other entities on their website that you could use to reach out to potential partners. To engage health plans, note that many have provider and community relations teams.

We also encourage you to reach out to IMI. We will put you in touch with others in your state who expressed a willingness to connect (see below).

How can IMI help connect people within each state?

If you are interested in IMI's help in making connections with people in your state, please send an email to Yontii Wheeler at ywheeler@medicaidinnovation.org. We held technical assistance meetings with people from each state who attended the Doula and Perinatal Community Health Worker Learning Series in June, July, and August, 2023. We can send an email to individuals from the same state who agreed to have their information shared.

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What if our state-based team has uneven numbers across Medicaid perspectives, or seems bigger or smaller than the roster in the application?

The application only requires that the state-based team has representation from each of the key Medicaid perspectives outlined in the application (i.e., doula, community representative, state Medicaid agency, Medicaid health plan, and health care provider). We emphasize collaboration and partnership rather than whether the numbers are balanced; the number of representatives from each perspective at the time of application is not as important. The space on the roster is not a limit; there can be more or fewer members than spaces in the application. State-based team membership may change over time. Consider who is needed to advance birth equity and justice and invite those missing perspectives to the team.

Are we required to have all members of the team on board to apply?

A team needs to have at least one representative from each Medicaid perspective as part of the state-based team at the time of submitting the application. The five required perspectives are: doula, community representative, health care provider, Medicaid health plan, state Medicaid agency. If the team is facing challenges engaging one or more perspectives, we encourage the team to ask for assistance by networking within your state, as well as reaching out to IMI before submitting your application. We are here to help!

Are we able to add members to the team after applying?

Yes, you can add members to the team. It is expected that the roster may fluctuate throughout the 3-year collaborative.

Who are good members to join a state-based team from the community perspective?

Community-based doulas oftentimes share the same background, culture, and language as their clients, provide services at low or no cost, and are situated outside health care institutions.¹ However, doulas on the team may not be able to represent all the perspectives that are important in community-based work. Consider the perspectives that would enhance the state-based team's work as you seek community members and representatives of community-based organizations. The voices of individuals who have lived or living experience with Medicaid insurance coverage are vital. Their value on your team cannot be overstated.

¹ Bey, A., Brill, A., Porchia-Albert, C., Gradilla, M., & Strauss, N. (2019, March 25). Advancing birth justice: Community-based doula models as a standard of care for ending racial disparities. Ancient Song Doula Services, Village Birth International, & Every Mother Counts. <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>

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Could you provide a description of the state Medicaid partner expectations, roles, and responsibilities? Are there any significant interests beyond Medicaid billing and reimbursement?

Regardless of which role they play on the team, all team members, including the state Medicaid agency, work collaboratively on all the team's goals. All the members on the teams are critical for the success of the project, including state agencies. State Medicaid agencies may have interests beyond billing and reimbursement, such as developing long-term relationships, awareness raising, quality, and measuring impact.

Does the application have to come from the state agency that administers Medicaid in our state? Or is it just required that the agency be on the team?

No, the state Medicaid agency does not need to submit the application. However, a representative from the state Medicaid agency must be a member of the state-based team.

In our state, we have a doula advisory council that talks to the state about Medicaid. Should our council apply as a team?

That sounds like a great place to start. The key is to have all the perspectives required to form a state-based team (i.e., doula, community representative, health care provider, Medicaid health plan, and state Medicaid agency). If the council does not have all the perspectives, perhaps the council members can tap into their connections until you have identified people to form a full team. The team does not need to have everything figured out as they form. The first year is dedicated to helping your team develop your goals together—we have a curriculum to support teams through that process.

For the health plans, is there a specific job title the representative should have? Do you want someone who can make change?

A team member's title is less important than the person's commitment and interest in the overall goal. Team members of various titles can bring the work back to their health plan, creating a ripple effect.

For the health care provider - can it be a practice, or do we need to name 1-2 providers specifically?

It can be a practice. However, it is necessary to identify at least one person to represent that practice and include their names and contact information. It is understood that others from the practice can be part of the team.

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How can doulas best engage state Medicaid agencies and health plans?

Reach out and network in a variety of ways. Medicaid agencies and health plans usually have departments for inquiries from community members and providers. Some have point people or liaisons working with doulas and advisory groups. Share your plans and interests with peers, colleagues, and IMI, and ask for help in making connections. Talk about shared aims. Identify the champions—they are out there. They can navigate through their organizations. Repost or forward the application materials to social media sites, groups, and list serves. The more people who share the information, the more ready potential partners will be to talk about the possibilities of joining a team.

There are nine Medicaid health plans in our state. Do you have recommendations on which one to choose? How many health plan representatives need to be on the team if you are in a state with multiple health plans?

You can pick just one, but the person who is on the state-based team should support the team's goals and what team members are coming together to do. There are often champions at multiple health plans. Often, teams are most effective with more active participants from various perspectives.

Do all members of the team need to have participated and completed IMI's eight-part learning series? If we did not participate in the live sessions, and we complete the archived recordings, does that count?

The [overview](#) explains that preference will be given to state-based teams who completed the [Doula and Perinatal Community Health Worker in Medicaid Learning Series](#), either through the live or archived sessions. We suggest that team members familiarize themselves with the materials from the learning series, but we are not requiring that every member has attended or watched every single session. We also assume that many prospective team members will have participated in or used the materials and that they will be helpful to the team as they get started. The archived recordings and downloadable materials are on the [IMI website](#). Watching the recordings and reviewing the materials counts as participation in the learning series.

Must all team members live in the state?

No, it is not required for all state-based team members to live in the state where the team is based.

Would you share a sample of the main topics for the letters of commitment?

Our recommendation is for each person who writes a letter of commitment to describe how they are invested in joining the team and why. There are no word or page limits, but half of a page should be sufficient. We recommend that those who write letters of commitment reference the [overview](#).

Can a team have more than one doula?

Teams must have at least one individual who represents doulas and/or an organization that provides doula services. However, we expect that teams will include many doulas from multiple doula groups.

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How many teams can there be per state?

Because the state Medicaid agency is a required member of the team, usually one team per state is best. If more than one group is forming a team, they should explore how they can work together. In past collaboratives, state-based teams have worked on multiple goals; this may be a way to bring two seemingly separate teams together. But two groups may also want to explore whether the state Medicaid agency is willing to participate on more than one team.

How many teams will be selected?

Up to six state-based teams will be selected.

How many applications will be accepted?

IMI does not have a limit on the number of applications that will be accepted.

What makes the application review fair and complete?

The review team has a range of different diverse perspectives and experiences. The IMI team will ensure that National Advisory Committee members (including doulas) assigned to review applications will disclose all potential or actual conflicts of interest. Application assignments will be intentional to avoid conflicts of interest. We will use a scoring rubric with criteria that is aligned with the topics on the application. Furthermore, IMI will reach out to applicants if there are questions about items on the application to ensure that we have all necessary information. Finally, state-based teams might be invited to a virtual interview to gain further insight to help make an informed decision.

When are applications due?

Applications are due on May 24, 2024.

When do you anticipate announcing your selections? When will the program start for those selected?

On June 28, 2024, we will send invitations to the state-based teams that are selected. We will publicly announce the teams shortly after that. The Doula Learning and Action Collaborative will start in the fall of 2024.

What if we apply and things change significantly for us or in our state?

The Doula Learning and Action Collaborative is built to support teams when things change. IMI's technical assistance and curriculum both support teams through developments that occur over time. Having representation on your team from groups and organizations can help when specific people and roles change, as the group or organization may be able to substitute another team member. It is helpful to have a back-up person for each team member to support successful transitions when changes occur.

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What is technical assistance?

Technical assistance is the process of providing information and guidance to help state-based teams accomplish shared goals and carry out action plans. Common topics for technical assistance are data analysis, resource sharing, networking among colleagues, peer learning, teamwork, and consultation on specific topics. Technical assistance is tailored to each team's needs and is a collaborative effort among the state-based team members, IMI project team, National Advisory Committee members, and other experts.

Are team leads the only ones required to attend the meetings listed in the time requirements? Or should the entire team attend?

Time commitment requirements outlined in the overview document apply to the entire team—it really is a team effort. If individuals are not available for certain meetings, that is okay. Each team sets up their own method of accountability and information-sharing to ensure all members are included and participating. In addition to team meetings, we provide support to the team leads, such as ways for the team leads to connect with each other as they navigate their unique roles.

How does IMI support teams in setting goals and measuring success for each team? What level of reporting is required for each team?

The first year of the Doula Learning and Action Collaborative includes a series of foundational sessions in which IMI facilitates sessions to complete the steps outlined in our toolkit to build your team's structure, including goal setting and developing an action plan. IMI's foundational curriculum helps teams create [SMARTIE goals](#) (i.e., specific, measurable, attainable, relevant, time-bound, inclusive, and equitable). We work with teams to create their own method of reporting on their progress and success measurements. We ask for status updates and collaborate closely with each team.

Is the scope of this work for each team statewide or local?

The scope of the work depends on the team and the goals. Medicaid programs, benefits, and reimbursement policies are generally applied statewide. However, teams are not expected to lead work statewide. Instead, teams are encouraged to work at the local and/or community levels, recognizing that the work occurs within the context of the state Medicaid program and in collaboration with the state Medicaid agency.

Is this strictly limited to individual states or could multiple states within a larger region apply as a multi-state cohort?

A multi-state cohort would be a new model. If you have ideas for creating a multi-state cohort, please reach out to us to share your ideas so that we can provide more specific feedback.

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For the stipends, are those funds only for doula groups and not for individual doulas or other members contributing to the team and 3-year commitment?

Each state-based team will receive up to \$10,000 annually for doula and community organizations to participate. It is up to the team to determine how to distribute the stipends. Due to state and federal regulations, people employed at state Medicaid agencies, Medicaid health plans, and funders are not eligible to receive stipends.

Can you talk more about the site visits and what they will entail?

Each site visit is different and tailored to the state-based team. They are meant to provide focused time for the team to move their goals forward while also strengthening relationships. In contrast to working virtually for one or two hours at a time, site visits offer an extended amount of time to work together. IMI develops the plan for the site visits in collaboration with each state-based team to decide on what is the most beneficial agenda to work on together in person. We meet at a place that is chosen by the team, and work through the agenda and curriculum. Site visits are intended to also support community building.

Is the Doula Learning and Action Collaborative related to the Transforming Maternal Health model (TMaH) that was rolled out as the CMS maternity care model?

IMI's Doula Learning and Action Collaborative is separate from the Center for Medicare and Medicaid Innovation Center's Transforming Maternal Health (TMaH) model. We are aware that both will be occurring at the same time and believe that states can participate in both. IMI is intentionally building out the doula learning collaborative to be complementary to the TMaH model efforts. Therefore, this allows a state to participate in both without doubling the burden. Instead, it will enhance their overall efforts. The two initiatives are intended to be synergistic, meaning they may work toward similar or overlapping goals and support each initiative in accomplishing more.