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CHAIR: SELECT COMMITTEE ON REPRODUCTIVE HEALTH

January 11, 2023

UPDATED/RECEIVED
02/15/2023

The Honorable David Alvarez
Chair, Joint Legislative Audit Committee
Legislative Office Building
1020 N Street, Room 107
Sacramento CA, 95811

Dear Chairman Alvarez,

I am writing to respectfully ask the Joint Legislative Audit Committee to approve an audit to examine the Department of Health Care Services' (DHCS) and California Department of Public Health's (CDPH) implementation of Medi-Cal's Comprehensive Perinatal Services Program (CPSP) benefit. I am joined in this request by the undersigned Assembly Members and Senators.

DHCS is California's "single state agency" for Medi-Cal but has delegated certain of its administrative responsibilities for the CPSP benefit to CDPH. The state Welfare and Institutions Code includes CPSP as a Medi-Cal benefit for all pregnant and postpartum beneficiaries, regardless of whether they are covered in fee-for-service or through a health plan.[1] The CPSP benefit is among the plans' contractual obligations.[2] The CPSP benefit wraps the following non-clinical supports around obstetrical care: psychosocial services to address social determinants of health, breastfeeding and other nutritional counseling, education on perinatal health, childbirth, and parenting issues. [3]

The Legislature added CPSP to Medi-Cal for all beneficiaries after the state-federal OB Pilot Project showed that integrating necessary supports with medical care during pregnancy improved birth outcomes and lowered medical costs. Fidelity to the model and quality assurance for CPSP are key to the earlier observed results. However, in the decades since CPSP became part of Medi-Cal, DHCS has failed to include CPSP in its health plan audits until 2022. Moreover, it has never reviewed data collected by county Perinatal Services Coordinators regarding the nearly half of Medi-Cal pregnancies that historically have been covered in fee-for-

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[1] Welfare and Institutions Code §§ 14132(u), 14134.5.
[2] PDF page 80 of Two-Plan Model boilerplate contract: https://www.dhcs.ca.gov/provgovpart/Documents/2-Plan-Non-CCI-Boilerplate-Final-Rule-Amendment.pdf
[3]. See, e.g., Welf. & Inst. C. § 14134.5(d).

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service. Though community groups, including Maternal and Child Health Access and Black Mothers United, have been raising these concerns with DHCS and CDPH since at least 2017, joined by the Certified Nurse Midwives Association and others, no real progress has been made.

The lack of a quality assurance process for CPSP has reached the crisis stage, leading to this request to JLAC of approval for a state audit now. The audit is needed to help spur meaningful reform, as occurred following JLAC's approval in 2019 of an audit of preventive services in children's Medi-Cal.[4] The requested CPSP benefit audit is needed on for the following reasons.

First, women's lives are literally at stake. Data released in June 2022 shows that African American women in California are three to four times as likely as California women of other races or ethnicities to die during pregnancy or the year after. [5] The rate of pregnancy-related deaths was consistently higher for birthing people living in less advantaged community conditions than for those living in more advantaged community conditions.[6] Medi-Cal needs all the tools at its disposal now, including a rigorously implemented CPSP benefit, to address these grave health risks for low-income women and related racial disparities.

Second, whereas the rate of pregnancy-related deaths in the period from 2011-2013 did not differ by type of health coverage, the rate for those covered by Medi-Cal or another public program in 2017-2019—even before the COVID-19 pandemic hit low-income communities and people of color hardest-- was nearly double the rate for those with private insurance.[7] This negative trend in Medi-Cal coincided with policy changes in 2013 and 2015 resulting in more women being enrolled in Medi-Cal managed care plans instead of fee-for-service during pregnancy. Adding to these concerns is the fact that, as of January 1, 2022, even more women have been required to enroll in a health plan instead of fee-for-service under CalAIM and that DHCS intends to require nearly all pregnant beneficiaries to enroll in managed care by January 2024. Thus, oversight and monitoring of CPSP for Medi-Cal plan members, a responsibility that

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[4] *Millions of Children in Medi-Cal Are Not Receiving Preventive Services* (March 2019), https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf.

[5] *California Pregnancy-Associated Mortality Review: California Pregnancy-Related Deaths* (June 28, 2022), https://www.phi.org/thought-leadership/california-pregnancy-associated-mortality-review-california-pregnancy-related-deaths-2008-2016/?utm_source=PHI+Newsletter&utm_campaign=30df1f7ecd-july-external-one&utm_medium=email&utm_term=0_14767b3be6-30df1f7ecd-48843361&mc_cid=30df1f7ecd&mc_eid=8cb8a288e6

[6] *Id.*

[7] *Id.*

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DHCS has consistently failed to meet, is now more important than ever. The requested audit is needed so that the necessary information and data can be gathered and assessed to ensure that Medi-Cal will be as prepared as is reasonably possible to make the statutorily mandated CPSP benefit available to all pregnant beneficiaries who need it.

Third, as of April 1, 2022, eligibility for Medi-Cal has been extended from 60 to 365 days postpartum. While some health plans make some CPSP services available during the 12-month postpartum period, many plans do not. On the fee-for-service side, some providers render CPSP after the first 60 days postpartum, but many others decline to do so given the lack of clarity in DHCS policy on whether such claims would be paid. This is undermining best practice CPSP models throughout the state, such as The Respect Initiative in San Francisco, BeLoved Black Centering in Alameda County, and the West County Health Centers maternal support groups in Sonoma, among many others. Providers like these are on the front lines of improving postpartum care throughout the first year after a person gives birth. The state's lack of oversight of CPSP implementation *during pregnancy and the initial 60-day postpartum period* is now making it difficult to align the benefit with the new 12-month postpartum eligibility, leaving consumers in the lurch at a very dangerous time in the perinatal journey.

Therefore, the audit of CPSP is needed to review services provided to women during their pregnancies and the initial 60-day postpartum period is needed to provide clarity, help expedite policy, and decision on expanding the postpartum part of the CPSP benefit to align with the additional 10 months of postpartum eligibility. Over half of maternal deaths occur *after* the birth, between the first day up through the 365th day postpartum.[7] The need for support and help arranging for the appropriate level of mental health care is especially important in the later part of the 12-month postpartum period: the majority of Californians who died by suicide after the end of pregnancy (83%) died in the late postpartum period, defined as 43-365 days following the pregnancy's end. Of those, 36% died between 43 days and 6 months, and 47% died more than 6 months postpartum. In addition, 85% of these maternal suicides were of people who had one or more psychosocial stressors documented near the time of death[8]— precisely the kinds of issues that CPSP care teams are trained to assess for and have experience arranging services to address.

Fourth, DHCS's lack of oversight, monitoring and accountability for CPSP is colliding with the launch of Medi-Cal's Community Health Worker (CHW) benefit and development of the Doula benefit for 2023. The requested audit would include review of the unique qualifications and experience required of CPSP's Comprehensive Perinatal Health Workers

[8] *Id.*

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(CPHW) and whether the existing DHCS policy limiting CPHW services to those provided at a clinic should be updated to allow coverage for CPHW services rendered in a person's home or other community setting.

Finally, DHCS and health plans are actively engaged in preparation of new Medi-Cal contracts for January 2024. The requested audit is needed now, to help clarify contractual obligations surrounding CPSP during pregnancy in time for meaningful rate negotiations and inclusion in the new plan contracts and related policies and procedures.

1. What is the CPSP utilization rate for Medi-Cal beneficiaries enrolled in managed care plan and those enrolled in fee-for-service? Compare the utilization rate for pregnancy vs. postpartum.

2. Does DHCS clearly convey to health plans and providers that CPSP is a required Medi-Cal benefit for pregnant and postpartum individuals who wish to receive such services? Do DHCS's Medi-Cal contracting language and policy guidance specify the roles and responsibilities of managed care plans as they relate to timely access to the CPSP benefit?

3. Does DHCS require the plans to include Medi-Cal's CPSP benefit in plan directives to their own networked providers?

4. How does DHCS exercise oversight to ensure that the CPSP's component services—health education, nutrition counseling and psychosocial services—are provided to pregnant and postpartum beneficiaries enrolled in a managed care plan? Enrolled in fee-for-service?

5. Do DHCS's triennial plan reviews include the CPSP benefit? Do they include review for CPSP trimester and postpartum assessments, individualized care plans, and follow up services? Since when? Is the CPSP benefit included in any other DHCS internal or external plan review process(es)? If so, which one(s) and since when? What have the reviews, if any, shown?

6. What enforcement process or mechanism does DHCS use if deficiencies in access to CPSP benefits are identified for plan members? For fee-for-service beneficiaries? With what consequences?

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7. Do the 61 county/city Perinatal Services Coordinators (PSCs) review Medi-Cal beneficiary charts for Medi-Cal's CPSP benefit? ? Does CDPH or DHCS collect or review the results of PSC chart reviews for CPSP? If not, why not? If so, what does DHCS and/or CDPH do with the information?

8. Does DHCS sufficiently coordinate with health plans to inform plan members about the CPSP benefit? Is the CPSP benefit included in the Medi-Cal Member Handbook? What do Medi-Cal plan Member Handbooks say about CPSP? How does Medi-Cal inform fee-for-service beneficiaries about the CPSP benefit and of their right to receive CPSP services?

9. What is the impact DHCS's current policy limiting their services to those provided in a medical setting?

Thank you for your consideration. For any questions relating to this request, please contact me directly or my legislative aide, Sarah Goodman at 916-319-2016.

Sincerely,

[redacted]

Rebecca Bauer-Kahan
Assemblymember 16th District

[redacted]

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