

## **Table of Contents**

**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**    **24-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 26, 2024

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza Rm. 1605  
Albany, NY 12237

Re: New York State Plan Amendment (SPA) 24-0003

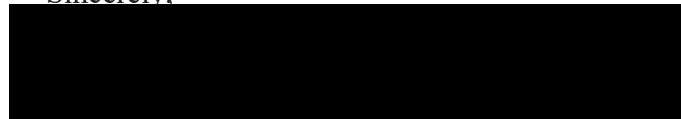
Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NY-24-0003. This amendment proposes to add coverage to Medicaid for preventive health services provided by doulas to pregnant and postpartum individuals.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 24-0003 was approved on March 25, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at [Melvina.Harrison@cms.hhs.gov](mailto:Melvina.Harrison@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: [Regina.Deyette@health.ny.gov](mailto:Regina.Deyette@health.ny.gov)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 0 3</u>	2. STATE <u>NY</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
§ 1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabil

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 01/01/24-09/30/24 \$ 6,375,000  
b. FFY 10/01/24-09/30/25 \$ 8,500,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 3.1-A Supp: Page 2(c.1.10)  
Attachment 3.1-B Supp: Page 2 (c.1.10)  
Attachment 4.19-B: Page 19(b)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**NEW**

9. SUBJECT OF AMENDMENT  
  
Doula Services

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. TYPED NAME  
Amir Bassiri

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
December 28, 2023

15. RETURN TO  
New York State Department of Health  
Division of Finance and Rate Setting  
99 Washington Ave – One Commerce Plaza  
Suite 1432  
Albany, NY 12210

**FOR CMS USE ONLY**

16. DATE RECEIVED 12/28/2023	17. DATE APPROVED 03/25/2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2024	19. SIGN [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

**New York  
2(c.1.10)**

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**Doula Services**

Effective on or after January 1, 2024, New York State Medicaid will provide coverage of doula services provided in accordance with 42 CFR section 440.130(c).

**Services:**

Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy. Doula services may include the development of a birth plan and continuous labor support; patient-centered advocacy, and physical, emotional, and non-medical support; education, guidance, and health navigation; facilitating communication between the Medicaid member and medical providers; and providing connections to community-based resources and childbirth and parenting resources. Services will include perinatal visits and labor and delivery support.

Doula services must be recommended by a physician or other licensed practitioner of the healing arts acting within his or her scope of practice under State law.

**Provider Qualifications:**

Doulas must be at least age 18 years of age or older, have completed basic HIPAA training and Adult/Infant CPR certification, and meet defined training or work experience pathway requirements as defined by New York State.

The training requirements pathway will include a minimum of 24 hours of training in doula competencies, and doula support provided at a minimum of three births. The work experience pathway will include having provided doula support at a minimum of 30 births or 1000 hours of doula experience within the last 10 years, and testimonials of doula skills. All doulas will be required to revalidate as NYS Medicaid providers every five years and demonstrate completion of continuing education in doula competencies upon revalidation.

**TN**     #24-0003    

**Approval Date**     03/25/2024    

**Supersedes TN**     NEW    

**Effective Date**     January 1, 2024

**New York  
2(c.1.10)**

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**TN**     #24-0003    

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**Effective Date**     January 1, 2024

New York  
19(b)

**1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services**

**Doula Services**

Effective January 1, 2024, the Medicaid rate for doula services will be in accordance with the qualified providers applicable fee schedule found online at:

[Doula\\_Fee\\_Schedule.xlsx \(live.com\)](#)

TN     #24-0003    

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