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Key Supports and Referral Services During the 12-Month Postpregnancy Period through Medi-Cal's Comprehensive Perinatal Services Program

Summary: To promote maternal and infant health as well as help prevent adverse childhood experiences (ACEs), the Medi-Cal program should provide social needs assessments and related services, as is required under Medi-Cal's Comprehensive Perinatal Services Program (CPSP), throughout the additional 10 months of postpregnancy eligibility launching April 1, 2022 under the American Rescue Plan Act of 2021 (ARPA).

Proposal: The State Department of Health Care Services (DHCS) currently limits CPSP's benefits to those designed for the initial 60-day postpregnancy period. **This needs to be expanded to align with the recent expansion of Medi-Cal's postpregnancy eligibility period from 60 to 365 days.**

While the Department would allow CPSP units of service to be "carried over" during the additional 10 months of postpregnancy eligibility, such an approach fails to address the needs of the many postpregnancy people who exhaust the currently allotted service units during the initial 60 days, or for whom social needs are not identified until well into the 12-month postpregnancy period. This proposal would:

- include CPSP's health education, nutrition, and psychosocial benefits in its Medi-Cal coverage for the entire 12 months of postpregnancy eligibility;
- align covered activities and number of reimbursable units of service during the additional 10 months of CPSP with the amount, duration and scope of benefits currently available during pregnancy and the initial 60-day postpregnancy period;
- include periodic postpregnancy assessments, with updates to the Individualized Care Plan, related postpregnancy services, and documentation in the medical record; and
- establish a stakeholder group to work with the Department to design the extended benefit.

In addition, the proposal would direct DHCS to clarify that CPSP preventive services recommended by an MD, RN or other licensed provider are covered when rendered by a Comprehensive Perinatal Health Worker under Title 22, Calif. Code of Regulations, § 51179.7(a)(10) in the person's home or elsewhere in the community away from a medical facility.[1]

Background: Benefits under Medi-Cal's CPSP include assessments in each trimester of pregnancy as well as during the postpregnancy period, individualized care plans, and, critically, follow up services when indicated to address social needs—such as insecurity in the areas of food, housing, transportation, childcare, personal safety, employment, income, or immigration status and stress, anxiety, social isolation, depression and other mental health conditions or substance use disorders. Breastfeeding consultation, support groups for mothers, parenting classes, and education about maternal and newborn health are also provided.[2] CPSP was enacted into state law in the mid-1980s as part of Medi-Cal's schedule of benefits, with federal matching funds,[3] based on the state-funded three-year OB Pilot Project which demonstrated that addressing psychosocial needs, along with nutritional counseling and health education, improved birth outcomes and reduced Medi-Cal costs.[4]

CPSP's pioneering benefits package is in *addition* to obstetrical care. The team delivering CPSP's psychosocial and other services includes Comprehensive Perinatal Health Workers, a category of Community Health Worker with expertise specifically in perinatal health.

California's CPSP laws and federally approved State Plan cover precisely the kinds of supportive services that the federal government is encouraging states to provide when they expand postpregnancy eligibility under ARPA.[5] CPSP during the additional 10 months of postpregnancy coverage also aligns with the January 2022 recommendations of the California Maternal Quality Care Collaborative (CMQCC) for re-designing postpregnancy care, including "warm hand offs" for key support and referral services.[6]

Maternal mental health during the 12-month postpregnancy period: As DHCS has noted, "[o]ver one half of maternal deaths occur between the first day. . . up through the 365th day during postpartum period."[7] In California, Black mothers are now dying at a rate of almost six times—up from four times a decade ago—the rate for white mothers and at a rate worse than the national average.[8]

Of particular concern during the year after having a baby is maternal mental health.[9] The majority of California women who died by suicide after the end of pregnancy (83%) died in the late postpartum period, 43-365 days following the pregnancy's end: 36% died between 43 days and 6 months, and 47% died more than 6 months postpartum**.** Approximately 85% of women had one or more psychosocial stressors documented near the time of death (e.g., interpersonal conflict with partner, financial hardship, exposure to violence as a child or adult).[10] An estimated 34% of postpartum women living in California at or below poverty were exposed to at least two ACEs, more than double the estimate (16%) for women with higher family incomes.[11] Supportive services through CPSP during the 12-month postpartum period is critical for helping to protect mothers.

Unmet social needs during the 12-month postpregnancy period: Mental health screening is just a starting point for a shift toward pregnancy care that supports the whole person throughout the extended postpregnancy period. "Social support was found to influence a variety of outcomes, including maternal mental health (e.g., depression); biological health (e.g., cortisol awakening response); and outcomes related to the maternal-child relationship (e.g., perpetration of child abuse and neglect), demonstrating the protective and promotive effect of social support across domains of resilience for mother and child."[12]

Pregnant individuals with Medi-Cal were significantly more likely to have unmet social needs even before the COVID, as reflected in the latest available Maternal and Infant Health Survey (2013-2014)(Attachment 1). CPSP's benefits help address these and other needs, as summarized in *A Look at the Data* (Attachment 2), including breastfeeding support and health education. According to CMQCC,

poor educational preparation for postpartum patients and their families results in late presentation for sepsis, severe hypertension and cardiomyopathy—conditions resulting in maternal deaths.[13]

Infants and maternal SDOH and mental health services during the first year: Infants also benefit from CPSP's focus on regular mental health assessment and screening, including for mothers with no mental health diagnosis or whose needs may be in the mild to moderate range. Stress, such as from poverty and racism, before or during pregnancy can have profound effects on both maternal and newborn health[14]. While treatment offers maximum benefit, there is evidence that just screening alone can produce clinical benefits.[15]

Assistance to the mother in the 12-month postpartum period "can be tied back to promoting the health of the child. For example, timely postpartum visits can be used to screen mothers for postpartum depression and support breastfeeding, which both have been shown to influence health outcomes for children."[16] Further, "studies suggest that changing the concept of postpartum care and the emphasis on risk reduction for maternal health, both in the immediate postpartum period and in the extended postpartum period up to one year after delivery, is essential to maintain the health of the child."[17]

A new meta-analysis examines the impact of untreated maternal mental health issues *on infants* and sheds light on the magnitude of persisting racial disparities. A baby born in the U.S. is nearly twice as likely to die before their first birthday compared to a baby born in similar countries, and babies born to Black mothers in the U.S. are more than twice as likely to die as those born to white mothers. Sadly, these figures align with the data for Black infants in California.[18] Extending CPSP's maternal SDOH and mental health assessments and screening benefits throughout the entire 12-month postpregnancy period is an essential component of addressing racial disparities. Black Infant Health and other initiatives, such as Medi-Cal's new dyadic benefit for children and Doula and Community Health Worker benefits complement but are no substitute for CPSP.

Preventive infant care during the first year: Infants also benefit significantly from CPSP's requirement that, during the postpartum period, the mother receive information about the importance of timely preventive services and help if needed to gain access to developmental screens and immunizations through "well child" visits. Extending CPSP throughout the additional 10 months of the mother's postpartum eligibility is a critical tool for addressing the fact that, in 2020, DHCS found only 26% of infants with Medi-Cal received all their recommended well child visits in the first 15 months of life.[19]

Education on transitioning to parenthood, a component of the CPSP benefit, has recently been identified by OBs as a priority care need for their patients, but OBs often lack time to provide it.[20] Supportive and sensitive parenting is one of the strongest predictors of positive emotional, social and behavioral outcomes for the child, helping to prevent ACEs.[21]

Endnotes

[1]Permitted under federal law: 42 U.S.C. § 1396d(a)(13); 42 C.F.R. § 440.130(c); https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-11-27-2013-Prevention.pdf

[2] *See,* https://www.cdph.ca.gov/programs/cfh/dmcah/cpsp/pages/default.aspx# and *The Comprehensive Perinatal Services Program During Twelve Months Postpartum,* Sarah Hollister, RN, BSN, PHN, IBCLC West County Health Centers; Liz George, RN, BSN, PHN, HNB-BC, IBCLC Sonoma County Maternal Child and Adolescent Health Coordinator, Perinatal Services Coordinator: https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:e551fe2c-2b86-4be9-bbda-24ab4e33dafa

[3] Welf. & Inst. C. §§ 14132(u), 14134.5. S*ee also,* Title 22, California Code of Regulations, §§ 51179-51179.9, 51249, 51348-51348.1, and 51504; *s*https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/Default.aspx

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4192843/

[5] https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf, pp. 9-10.

[6] Slide 34 of CMQCC's January 27, 2022 presentation to the Maternal, Child and Adolescent Health Committee of the California Conference of Local Health Officers. Available on request.

[7] DHCS: Approved CHIP SPA # 21-032 (HSI 12-mo. postpartum eligibility), pp. 14-15: https://www.dhcs.ca.gov/formsandpubs/laws/Documents/CHIP-SPA-21-0032-Approval.pdf at p. 9.

[8]https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/CA-PMSS/CA-PMSS-Surveillance-Report-2008-2016.pdf

[9] *See* https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.00779; https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2021.00759?journalCode=hlthaff

[10] *Is pregnancy-associated suicide preventable?* (CDPH August 2019): https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/FactSheetPAMR_2019-01.pdf

[11] https://www.acesaware.org/wp-content/uploads/2020/12/Roadmap-For-Resilience_CA-Surgeon-Generals-Report-on-ACEs-Toxic-Stress-and-Health.pdf

[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6506345/

[13] *Supra*, endnote 6, Slide 33.

[14] https://www.marchofdimes.org/materials/Maternal-Stress-Issue-Brief-January2015.pdf

[15] ACOG Committee Opinion, No. 757, Vo. 132, No. 5 (November 2018).

[16] DHCS: Approved CHIP SPA # 21-032 (HSI 12-mo. postpartum eligibility), pp. 14-15: https://www.dhcs.ca.gov/formsandpubs/laws/Documents/CHIP-SPA-21-0032-Approval.pdf

[17] *Id.,* at p. 9.

[18] State of California, Dept. of Public Health, California Birth Statistical Master File, 2017.

[19] https://www.dhcs.ca.gov/Documents/MCQMD/2020-Preventive-Services-Report.pdf, pp 46-47.

[20] https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05144-2

[21] https://bmcpsychology.biomedcentral.com/articles/10.1186/s40359-020-00407-3