

Provider Bulletin

Molina Healthcare of California

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Maternity Services for Pregnant and Postpartum Medi-Cal Members – APL 26-005

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

This notification is based on [All-Plan Letter \(APL\) 26-005](#), which can be found in full on the [Department of Health Care Services \(DHCS\)](#) website.

This omnibus APL supersedes APLs 00-012 and 18-022 and Policy Letters (PLs) 98-006, 98-010, and 12-003. This omnibus APL also retires APL 01-003 and PLs 98-001 and 02-004.

What you need to know:

BACKGROUND

DHCS issued APL 26-005 to standardize requirements for coverage and delivery of services for pregnant and postpartum Medi-Cal members. The policy supports the Birthing Care Pathway and DHCS maternal health equity goals and improving maternal depression screening. The APL consolidates existing federal, state, and Medi-Cal managed care maternity requirements.

POLICY

The APL policy is organized into multiple sections outlining detailed requirements and guidance for maternity, behavioral health, screening, care coordination, reproductive health, and supportive services for pregnant and postpartum Medi-Cal members.

- I. Risk Assessments for Pregnant and Postpartum Members
- II. Maternity Services
- III. Non-Invasive Prenatal and Newborn Screenings
- IV. Access to Maternal Providers
- V. Behavioral Health During Prenatal and Postpartum Periods
- VI. Lactation Services
- VII. Doula Services
- VIII. Community Health Worker Services
- IX. Group Perinatal Care
- X. Community Supports
- XI. Population Health Management
- XII. Family Planning Services and Reproductive Health
- XIII. Abortion Services

Please see below for detailed information and provider requirements related to each topic outlined in APL 26-005.

Provider Action

Providers are expected to ensure comprehensive, coordinated, and equitable maternity care for Medi-Cal members throughout pregnancy and up to 12 months postpartum.

Key provider responsibilities include:

- Conduct timely maternal risk assessments and screenings, including behavioral health, substance use, IPV, and social determinants of health.
- Ensure timely access to prenatal, delivery, postpartum, reproductive health, and medically necessary specialty services.
- Coordinate care across physical health, behavioral health, lactation, doula, CHW, and community-based services.
- Offer and facilitate required prenatal and newborn screenings in accordance with DHCS and state program requirements.
- Support continuity of care and reduce barriers to accessing medically necessary maternity services.
- Refer eligible members to Community Supports and care management programs when social or health-related needs are identified.
- Maintain documentation of assessments, referrals, interventions, and care coordination activities in the medical record.
- Promote culturally responsive, equitable care and support DHCS efforts to improve maternal outcomes and reduce disparities.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).

I. Risk Assessments for Pregnant and Postpartum Members

Providers will conduct standardized, comprehensive risk assessments for all pregnant and postpartum members. These assessments must occur at the initial prenatal visit, each trimester, and during the postpartum period. Screening must include medical, behavioral, and social risk factors such as depression, substance use, and intimate partner violence. Identified risks must be documented, addressed through care planning, and followed by appropriate referrals and care coordination.

II. Maternity Services

MHC will ensure timely access to full-spectrum maternity care, including prenatal, labor and delivery, and postpartum services. Postpartum coverage and care requirements extend through 12 months after pregnancy. MHC will ensure services are medically appropriate, coordinated, and delivered without unnecessary barriers such as avoidable prior authorization. Care continuity and coordination across providers and settings are required, particularly for high-risk pregnancies.

III. Non-Invasive Prenatal and Newborn Screenings

Providers will offer and facilitate access to California Prenatal Screening Program services early in pregnancy, generally before 21 weeks gestation. These screenings will be provided without cost sharing to the member. Newborn screening services must be completed within required state timelines shortly after birth. MHC will ensure appropriate referrals, specimen collection, and follow-up for abnormal results.

IV. Access to Maternal Providers

MHC will maintain an adequate network of maternal health providers, including obstetricians, midwives, and specialty care providers. Members must have timely access to both routine and urgent prenatal and postpartum care consistent with access standards. Direct access to women's health specialists must be available without referral barriers. Continuity of care protections must be in place to prevent disruptions during pregnancy or postpartum transitions.

V. Behavioral Health During Prenatal and Postpartum Periods

Providers are required to screen for behavioral health conditions, including depression, anxiety, and substance use disorders, throughout pregnancy and postpartum. Screening should be integrated into routine maternity care visits. Members who screen positive must receive timely referral, treatment, and care coordination with behavioral health services. MHC will support integrated care models to address both physical and behavioral health needs.

VI. Lactation Services

MHC will ensure access to lactation support services, including education, counseling, and clinical lactation consultation. Breastfeeding support must be offered during pregnancy and after delivery. Members will have access to necessary durable medical equipment, including breast pumps, when clinically appropriate. Services should be delivered without undue barriers and coordinated as part of postpartum care.

VII. Doula Services

Medi-Cal covers doula services for pregnant and postpartum members, including support during pregnancy, labor, delivery, miscarriage, abortion, and postpartum recovery. Doulas provide non-clinical support such as education, advocacy, and emotional support. MHC will maintain processes for member access, enrollment, and reimbursement of doula services. Providers should coordinate with doulas as part of a member's care team when applicable.

VIII. Community Health Worker Services

Community Health Worker (CHW) services are a covered benefit to support health education, navigation, and care coordination. CHWs assist members in accessing clinical care and addressing social needs that impact maternal health outcomes. Services may include outreach, coaching, and linkage to community resources.

IX. Group Perinatal Care

MHC may offer or support group-based prenatal and postpartum care models as an alternative or supplement to traditional visits. These models include clinical assessment combined with peer support and health education. Group care is intended to improve engagement, outcomes, and patient experience. Providers must ensure services meet Medi-Cal documentation, billing, and clinical standards.

X. Community Supports

Eligible members may receive Community Supports services to address health-related social needs during pregnancy and postpartum. Supports may include housing assistance, nutrition services, transportation, and other non-medical interventions. MHC will coordinate Community Supports with clinical maternity care and care management services. Referrals should be based on individual member needs and eligibility criteria.

XI. Population Health Management

MHC will implement population health management strategies to identify and support pregnant and postpartum members. This includes risk stratification, outreach, data tracking, and care coordination. Special attention must be given to reducing disparities in maternal outcomes. Programs will align with DHCS quality improvement and health equity initiatives.

XII. Family Planning Services and Reproductive Health

Members will have access to comprehensive family planning services without barriers, including contraception, counseling, and reproductive health services. Members may access family planning providers directly without referral or prior authorization requirements. Services must respect confidentiality, informed consent, and member choice. MHC will ensure availability of a full range of contraceptive options and reproductive health education.

XIII. Abortion Services

Medi-Cal covers abortion services in accordance with California law. MHC will ensure timely access to abortion care without unnecessary administrative delays. Members may access services through qualified providers, including when out-of-network access is required by law. Confidentiality protections and non-discrimination requirements apply to all abortion-related care.