DHCS All Plan Letter Summary

To: Medi-Cal network participants July 2026

Subject: All Plan Letter 26-005: Maternity Services for Pregnant and Postpartum Medi-Cal Members

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The Department of Health Care Services (DHCS) recently issued All Plan Letter (APL) 26-005, "Maternity Services for Pregnant and Postpartum Medi-Cal Members." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply it to your practice or facility operations, where appropriate.

APL 26-005 consolidates and updates guidance on maternity benefits for pregnant and postpartum members, which managed care plans (MCPs) such as Blue Shield of California Promise Health Plan are advised to provide. This omnibus APL supersedes multiple prior APLs and policy letters. It also summarizes other existing APLs to provide a comprehensive view of Medi-Cal maternity services.

APL summary

- Network providers should use a comprehensive risk assessment tool for all pregnant and postpartum members that is comparable to the standards provided by the American College of Obstetricians and Gynecologists (ACOG) and the Comprehensive Perinatal Services Program (CPSP).
  - The risk assessment tool must be administered at an early prenatal visit, once each trimester thereafter, and at the postpartum visit.
  - Risk assessments may be completed via telehealth with the member's consent.
  - Intimate partner violence screening should be included in each risk assessment.

- MCPs are advised to cover all medically necessary maternity services for pregnant and postpartum members. Prenatal care should be initiated as soon as possible, with no prior authorization required for basic prenatal, maternal, and preventive services and care.
  - The APL advises MCPs to support the provision of folic acid vitamins for members trying to become pregnant, along with prenatal vitamins for pregnant members and postpartum members who are breastfeeding. Folic acid and prenatal vitamins are covered by Medi-Cal Rx.
  - MCPs are advised to provide culturally and linguistically competent/humble healthcare and services to all members.
  - Dental screenings and oral health assessments should be offered and coordinated for all pregnant and postpartum members. If provided by primary care or maternity care providers, these services are covered by the MCP. If provided by a dentist, then they are covered by dental fee-for-service and dental managed care.
  - Members identified as being at high risk of poor pregnancy outcomes should be referred to appropriate specialists or services and have timely access to care at hospitals equipped to handle high-risk pregnancies.
  - MCPs should demonstrate a good faith effort to execute Memorandums of Understanding (MOUs) with local health departments and include subcontractors as parties to the MOUs if any services are delegated to them.

- APL 26-005 provides guidance on prenatal and newborn screenings.
  - Prenatal network providers should offer information about the California Prenatal Screening (CA PNS) program to all pregnant members who engage in care before 21 weeks 0 days gestation, with no cost sharing required. Member participation is voluntary.
  - If the member receives a positive or inconclusive screening test result, the prenatal provider will be notified by the CA PNS coordinator. MCPs will advise providers on documentation and referral protocols to support timely follow-up and avoid delays in care.
  - Services provided through the CA PNS program do not require prior authorization.
  - The APL also provides guidance on screening done outside of the CA PNS program.
  - Genetic or gene carrier testing for pregnant members is covered by Medi-Cal, but MCPs may require prior authorization and have some utilization management controls.
  - All newborns should be screened, through the California Newborn Screening (CA NBS) program, for over 80 serious but treatable genetic and congenital disorders within 12 and 48 hours after birth, unless otherwise medically indicated or the family opts out for religious reasons. If screening is not performed within 48 hours, it may be conducted on an infant up to one year of age without prior authorization.
  - Newborns with positive screening results are eligible for California Children's Services (CCS). MCPs will refer these infants to the appropriate county CCS office and shall only be responsible for non-CCS-related medical services, unless they are participating in the Whole Child Model program.
  - The APL also describes the Newborn Hearing Screening Program (NHSP) and the optional Critical Congenital Heart Disease screening.
  - Network providers should inform pregnant members about the voluntary screening programs and document their decisions in the member's medical record. (See member education resources below.)
  - Network providers and support staff should be knowledgeable about the screening programs noted above. (See provider training resources below.)

- MCPs are advised to provide translated written member information and oral interpretation services at all key points of contact, at no cost to members. (See APL 25-005.)

- APL 26-005 includes guidance for MCPs on providing members access to various maternity provider types. (Summarizes relevant content from multiple APLs.)
  - MCPs should make and document good faith efforts to contract with a sufficient number of maternity providers., including but not limited to certified nurse midwives (CNMs), licensed midwives (LMs), maternal fetal medicine specialists (perinatologists), obstetrician-gynecologists (OB/GYNs), family medicine practitioners, and freestanding birth centers (FBCs).
  - The APL includes definitions of CNM and LM roles. MCPs and subcontractors cannot require CNMs and/or LMs to be supervised by a physician
  - The APL advises MCPs about network certification requirements, network adequacy standards, timely access to care, and continuity of care protections.
  - The provision of maternity services may be delegated to a subcontractor or downstream subcontractor.
  - American Indian/Alaska Native Members have unique member rights. They can receive services from MCPs, Indian Health Care Providers (IHCPs) or on a fee-for-service.

- The APL advises MCPs on the provision of non-specialty and specialty mental health services as medically necessary for members receiving maternity services. (Summarizes relevant content from multiple APLs.)
  - Network providers should offer prenatal and postpartum depression screenings.

    - MCPs are advised to provide counseling interventions to members at increased risk for prenatal and postpartum depression. This includes those with a past history of depression; current depressive symptoms (that do not reach a diagnostic threshold); history of physical or sexual abuse; unplanned or unwanted pregnancy; stressful life events; lack of social and financial support; intimate partner violence; pregestational or gestational diabetes; complications during pregnancy; adolescent parenthood; low socioeconomic status; and lack of social support.
    - MCPs are also advised about the No Wrong Door for Mental Health Services policy and the coverage of medication-assisted treatment.
    - Covered mental health services include substance use disorder care, dyadic services, family therapy, and adverse childhood experiences screening (ACEs).

- During the prenatal and postpartum timeframes, network providers should provide members with information regarding techniques for successful initiation of breastfeeding. (See member education resources below.)
    - The APL advises MCPs to offer referrals to lactation support professionals and the Women, Infants and Children (WIC) program.
    - The APL counsels MCPs on the provision of durable medical equipment to support breastfeeding, including breast pumps and other supplies. It also includes the provision of pasteurized donor human breast milk.
    - Hospitals are advised to promote breastfeeding by following the "Ten Steps to Successful Breastfeeding" or an alternate approved process to receive the Baby-Friendly USA designation.

- APL 26-005 summarizes guidance on doula services contained in APL 23-024.
    - MCPs are advised to provide access to doula services to pregnant and postpartum members.
    - Doula services include health education, advocacy, and support before, during, and after birth – including support for miscarriage, stillbirth, and abortion.

- The APL explains how Community Health Worker services may be beneficial for pregnant and postpartum members and notes eligibility criteria. (See APL 24-006.)

- **NEW** – MCPs are encouraged to incentivize providers to offer group prenatal care, which brings together pregnant members who are due at about the same time to discuss a range of topics, empowering them to engage in their own care and build their community.

- The APL discusses how Community Supports, such as medically tailored meals and transitional rent, may be applied to pregnant and postpartum members. (See APL 21-017.)

- The Population Health Management section of APL 26-005 includes guidance on screening and assessment, complex care management and enhanced care management services, and transitional care services that pregnant and postpartum members may need. (See APL 22-024 and APL 23-032.)

- The APL summarizes guidance on family planning and reproductive health services contained in several other APLs and policy letters.
    - Covered contraceptive services include all U.S. Food and Drug Administration-approved contraceptive methods, up to a 12-month supply of self-administered hormonal contraceptives, counseling and education, male and female sterilization, and emergency contraceptive services and services for complications directly related to the contraceptive method.
    - Additional covered reproductive health services include laboratory procedures, radiology and drugs associated with family planning procedures; pregnancy testing and counseling services; sexually transmitted infection services; HIV counseling and testing; and cervical cancer screening.

    - HIV prevention and post-exposure prophylaxis are carved out of the managed care program via Medi-Cal Rx.
    - MCPs are advised to educate members about family planning.

- APL 26-005 also summarizes guidance for MCPs on abortion services. (See APL 24-003.)
    - MCPs are advised to cover and support timely access to abortion services, as well as the related medical services and supplies.
    - A member's confidentiality should be protected when requesting abortion services.
    - MCPs and their network providers, subcontractors, and downstream subcontractors may not require medical justification, utilization management or review requirements – including prior authorization and annual or lifetime limits – on the coverage of outpatient abortion services.
    - Members may go to any Medi-Cal provider of their choice for abortion services, regardless of network affiliation.
    - The APL explains who may perform abortion services, within their scope of practice. LMs cannot provide medication or procedural abortion services, but may provide prenatal care, counseling, and follow-up care. Doulas can provide support during or after an abortion.
    - MCPs may not require anyone to perform or participate in an abortion. If a provider refuses to provide abortion services to a member, their MCP must help the member find another provider for those services.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 26-005 may be found at this URL: https://www.dhcs.ca.gov/wp-content/uploads/2026/04/APL26-005.pdf
(Links to the websites above will take you off the Blue Shield Promise website.)

Member education resources available for providers:
Screening

- California Department of Public Health Prenatal Screening Program
- California Newborn Screening Program
- Newborn Hearing Screening Program Brochures
- Newborn Hearing Screening Program Parent Resources

Breastfeeding

- Academy of Breastfeeding Medicine
- American College of Obstetricians and Gynecologists: Breastfeeding
- American Academy of Pediatrics: Breastfeeding

Provider training resources:

- California Department of Public Health Genetic Disease Screening Program
- Newborn Hearing Screening Program Provider Resources
- Optimizing Support for Breastfeeding as Part of Obstetric Practice
- 9 Steps to Breastfeeding-Friendly Clinics

For more information, please visit the Blue Shield Promise Maternity Program web page.

If you have questions about the Blue Shield Promise Maternity Program, call **(888) 802-4410**. You can also contact our Provider Customer Service team at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.