



MASSHEALTH DOULA PROVIDER
APPLICATION SUPPLEMENT: EXPERIENCE PATHWAY
CLIENT RECOMMENDATION FORM

APPLICATION TRACKING NUMBER (ATN)

Commonwealth of Massachusetts | Executive Office of Health and Human Services | www.mass.gov/masshealth

This form is to be completed and submitted by individuals applying to become MassHealth doula providers through the Experience Pathway (see MassHealth regulations 130 CMR 463.000: Doula Services for more information). MassHealth may contact the doula applicant for further information.

Doula applicants must submit this completed form for three different former clients for whom the applicant provided doula services (either paid or volunteer) within the last five years.

For questions about this form or the MassHealth doula program, contact (800) 841-2900, TDD/TTY: 711.

DOULA APPLICANT INFORMATION:

Name

NPI #

CLIENT INFORMATION:

Name

TO BE COMPLETED BY THE CLIENT:

By signing my name below, I certify that _____ (doula applicant name) provided doula services to me on _____ (date(s) of doula services received by client) during which time they demonstrated the ability to provide emotional, informational, and physical support to individuals and families during the perinatal period, regardless of the outcome of the pregnancy, including basic understanding of the following topics:

1. maternal anatomy and physiology during the perinatal period, including basic fetal growth and development in each trimester of pregnancy;
2. common medical interventions during pregnancy, childbirth, and the postpartum period;
3. common potential complications associated with pregnancy, childbirth, and the postpartum period, including but not limited to:
 - a. pregnancy and infant loss;
 - b. mental health conditions, including perinatal mood and anxiety disorders (PMADs);
 - c. substance use disorder (SUD); and
 - d. high blood pressure;
4. labor and delivery comfort measures;
5. best practices for supporting clients in advocating for their needs and making informed decisions using a trauma-informed approach; and
6. basic newborn care, including the fundamentals of breastfeeding/chestfeeding.

Signature:

Date:

The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.

Please submit the completed form along with your enrollment application package to the following fax number or mailing address.

Fax: (617) 988-8974

Mail: MassHealth Provider Enrollment and Credentialing

PO Box 278

Quincy, MA 02171-0278

If you have any questions about the enrollment process, please email PEC@Maximus.com. For general questions, you may contact MassHealth by email at provider@masshealthquestions.com. Please note: These email boxes are only for general questions. They are not secure. Please do not send documents to these email boxes, or include any personal health information (PHI) or personally identifiable information (PII). You may also call (800) 841-2900, TDD/TTY: 711.