

State Plan Under Title XIX of the Social Security Act  
STATE/TERRITORY: CALIFORNIA

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28. ☒ Self-Directed Personal Assistance Services, as described in Supplement 5 to Attachment 3.1-A.

☒ Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

☐ No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

29.a Licensed or otherwise State-approved Alternative Birth Centers

Provided: ☐ No limitations ☒ With limitations\* ☐ None licensed or approved

29.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.

Provided: ☐ No limitations ☒ With limitations\*

☐ Not Applicable (there are no licensed or State approved Alternative Birth Centers)

☒ 1) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan.

☒ 2) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60.

☐ 3) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services.

\* Description provided on attachment

# STATE PLAN CHART

(Note: This chart is an overview only)

Limitations on Attachment 3.1-A  
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TYPE OF SERVICE	PROGRAM COVERAGE*	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
29.a Licensed or otherwise State-approved Alternative Birth Centers.	All services permitted under scope of licensure. Obstetrical and delivery services throughout pregnancy and through the end of the month following 60 days after the pregnancy ends.	Must be certified as a Comprehensive Perinatal Services Program provider, or certified within the first year of operation.
29.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.	<p>b.1 Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan.</p> <p>b.2 Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law.</p>	<p>Physicians, including general practitioners, family practice physicians, pediatricians, and obstetric-gynecologists; and certified nurse midwives; as licensed by the State.</p> <p>Certified nurse practitioners must be under the supervision of a physician and licensed by the State.</p>

\* Prior authorization is not required for emergency services.

\*\* Coverage is limited to medically necessary services.

TN 11-022  
Supersedes  
None

Approval date: OCT 12 2012

Effective date: January 1, 2012

State Plan Under Title XIX of the Social Security Act  
STATE/TERRITORY: CALIFORNIA

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27. ☒ Self-Directed Personal Assistance Services, as described in Supplement 5 to Attachment 3.1-B.
- ☒ Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.
- ☐ No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.
- 28.a Licensed or otherwise State-approved Alternative Birth Centers
- Provided: ☐ No limitations ☒ With limitations\*
- 28.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.
- Provided: ☐ No limitations ☒ With limitations\*
- ☐ Not Applicable (there are no licensed or State approved Alternative Birth Centers)
- ☒ 1) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan.
- ☒ 2) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60.
- ☐ 3) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services.

\* Description provided on attachment

# STATE PLAN CHART

(Note: This chart is an overview only)

Limitations on Attachment 3.1-B  
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TYPE OF SERVICE	PROGRAM COVERAGE*	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
28.a Licensed or otherwise State-approved Alternative Birth Centers.	All services permitted under scope of licensure. Obstetrical and delivery services throughout pregnancy and through the end of the month following 60 days after the pregnancy ends.	Must be certified as a Comprehensive Perinatal Services Program provider, or certified within the first year of operation.
28.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.	<p>b.1 Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan.</p> <p>b.2 Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law.</p>	<p>Physicians, including general practitioners, family practice, pediatricians, and obstetric-gynecologists; and certified nurse midwives; as licensed by the State.</p> <p>Certified nurse practitioners must be under the supervision of a physician and licensed by the State.</p>

\* Prior authorization is not required for emergency services.  
\*\* Coverage is limited to medically necessary services.

TN 11-022  
Supersedes  
None

Approval date: Oct 12 2012

Effective date: January 1, 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

REIMBURSEMENT FOR ALTERNATIVE BIRTH CENTERS AND LICENSED  
OR OTHERWISE STATE-RECOGNIZED COVERED PROFESSIONALS  
PROVIDING SERVICES IN AN ALTERNATIVE BIRTH CENTER

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Alternative Birth Center services described in paragraph 29.a of Attachment 3.1-A and in paragraph 28.a of Attachment 3.1-B of the California State Plan are reimbursed at the lower of (1) the usual and customary rate, or (2) California Department of Health Care Services' (DHCS') published statewide all-inclusive rate per delivery.

DHCS' fee schedule was set as of January 1, 2012, and is effective for services provided on or after that date. The DHCS rates are published on the DHCS Website at <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>.

The all-inclusive reimbursement rate is updated annually and is based on the annual published legislative report of average contract rate for general acute care hospitals with Medi-Cal contracts (as published by the California Medical Assistance Commission or other entity that may assume this responsibility).

Reimbursement rates for licensed or otherwise State-recognized covered professionals providing services in an Alternative Birth Center as described in paragraph 29.b of Attachment 3.1-A and in paragraph 28.b of Attachment 3.1-B are published on the DHCS Website referenced above.

Except as otherwise provided in the State Plan, State developed fee schedule rates are the same for both governmental and private providers of Alternative Birth Center services.