

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. (i) Licensed or Otherwise State-Approved Freestanding Birthing Center Services

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

Please describe any limitations: *See ATTACHMENT 3.1-A Page 11 Addendum*

25. (ii) Licensed or Otherwise State-Recognized covered professionals in the
Freestanding Birthing Center Services

Provided: ☐ No limitations ☒ With limitations* (please describe below)

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

Please describe any limitations: *See ATTACHMENT 3.1-A Page 11 Addendum*

Please check all that apply:

☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☒ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

☐ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*Licensed Midwife

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State/Territory: Delaware

LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Licensed or Otherwise State-Approved Freestanding Birth Center Services

- (a) Subject to the specifications, conditions, limitations, and requirements established by the single state agency or its designee, birth center facility services, under this State Plan, are limited to birth centers licensed by the State of Delaware and in compliance with regulations found in the Delaware Administrative Code or other legally authorized licensing authority under applicable state laws.
- (b) Birth center facility services are those services determined by the attending physician (MD or DO) or certified nurse-midwife (CNM) or licensed midwife to be reasonable and necessary for the care of the mother and newborn child following the mother's pregnancy. The center and attending physician or CNM or licensed midwife must be licensed at the time and place the services are provided. Reimbursable services are limited to services provided by the birthing center during the labor, delivery, and postpartum periods.
- (c) Services provided by a physician or CNM or licensed midwife are not considered to be birth center services by the Delaware Medical Assistance Program.

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State/Territory: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
FREESTANDING BIRTH CENTER SERVICES

Medicaid providers of freestanding birth center services are reimbursed as follows:

The payment for services provided by a freestanding birth center is limited to the lower of the billed amount or the State fee schedule amount based on a revenue code. Revenue codes as identified by Medicaid have associated flat facility rates which determine the appropriate payment for the service billed by the center. The agency's fee schedule for freestanding birth center services was established in 1993 and is effective for services provided on or after that date. All government and private providers are paid according to the same methodology. The fee schedule will be published on the DMAP website at:

<http://www.dmap.state.de.us/downloads.html>

Physicians, midwives, and other licensed practitioners as defined per Attachment 3.1-A, Page 11, are paid a separate fee for services performed in the freestanding birth center based on procedure code and as specified in Attachment 419-B, Other Types of Care. All government and private providers are paid according to the same methodology. The fee schedule will be published on the DMAP website at: <http://www.dmap.state.de.us/downloads.html>

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6.b. Optometrists Services

These services are reimbursed:

1. as an EPSDT service (routine eye exams including refraction and provision of eyeglasses);
2. when the Medicaid recipient is also covered by Medicare and Medicare has paid for all but the patient's coinsurance and deductible; or
3. when the Medicaid recipient needs diagnosis and monitoring of the sick eye and diagnostic testing which is within the scope of the practice of optometry as defined by State law.

6.d. Other Practitioners' Services

- 6.d.1. Licensed Midwife services are services permitted under scope of practice authorized by state law for the licensed midwife.

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