

OMB Approved 0938-1024

Attachment 3.1A: Freestanding Birth Center Services**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

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

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ☐ No limitations ☐ with limitations (please describe below)

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

Please describe any limitations:

Please check all that apply:

STATE	<u>Louisiana</u>
DATE REC'D	<u>6-7-12</u>
DATE APPV'D	<u>6-26-12</u>
DATE EFF	<u>4-1-12</u>
HCFA 179	<u>12-09</u>

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☐ (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.). *

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

TN# 12-09 Approval Date 6-26-12 Effective Date 4-1-12
 Supersedes
 TN# NONE - NEW PAGE

SUPERSEDES: NONE - NEW PAGE