

State/Territory: Tennessee

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

27.(i) **Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: ☒ No Limitations ☐ With limitations*

☐ None licensed or approved

27.(ii) **Licensed or otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: ☐ No limitations ☒ With limitations*

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

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 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:

State/Territory: Tennessee

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY
NEEDY GROUP(S): Children Under 21, Pregnant Women

26.(i) **Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: ☒ No Limitations ☐ With limitations*

☐ None licensed or approved

26.(ii) **Licensed or otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: ☐ No limitations ☒ With limitations*

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

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 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:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES - OTHER TYPES OF CARE

26. Licensed or Otherwise State – Approved Freestanding Birth Centers

Reimbursement is based on rates negotiated between the Managed Care Organizations (MCOs) and the freestanding birth centers.