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State/Territory Name: MN

State Plan Amendment (SPA) #: 14-007

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
September 25, 2014

Ann Berg, Acting State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Berg:

Enclosed for your records is an approved copy of the following State Plan Amendment:

   Transmittal #14-007  - Addition of Doula Services
   --Effective Date: July 1, 2014

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/
Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children’s Health Operations

cc: Sean Barrett, MDHS

Enclosure
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 14-07

2. STATE Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTER FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: July 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):
☐ NEW STATE PLAN
☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN
X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR § 440.210

7. FEDERAL BUDGET IMPACT:
a. FFY ‘15 $ 562,000
b. FFY ‘16 $ 750,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, page 66j
Attachment 3.1-B, page 65j
Attachment 4.19-B, page 63

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Same

10. SUBJECT OF AMENDMENT:
Doula Services

11. GOVERNOR’S REVIEW (Check One):
☐ GOVERNOR’S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Ann Berg

14. TITLE:
Deputy Medicaid Director

15. DATE SUBMITTED:
June 30, 2014

16. RETURN TO:
Sean Barrett
Minnesota Department of Human Services
Federal Relations Unit
PO Box 64983
St. Paul, MN 55164-0983

17. DATE RECEIVED:
June 30, 2014

18. DATE APPROVED:
9/25/14

FOR REGIONAL OFFICE USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. REMARKS:

FORM CMS-179 (07-92)
20.a. Pregnancy-Related and Post Partum Services for 60 Days After the Pregnancy Ends. (continued)

(6) Parenting sick/preterm infant, if indicated
   (a) Follow-up on "risk" factors and conditions

(7) Assessment of infant's health
   (a) Infant weight/growth
   (b) Infant development and abilities

(8) Infant care
   (a) Feeding and infant nutritional needs
   (b) Recognition of illness in the newborn
   (c) Accident prevention
   (d) Immunizations and pediatric care

(9) Identification of community health resources for mother and infant.

(10) Referral to appropriate community health resources for mother and infant.

Eligible Providers: The follow-up home visit must be performed by the recipient’s primary care physician, physician assistant, certified nurse midwife, clinical nurse specialist, licensed registered nurse, or nurse practitioner who is able to provide and anticipate needs for guidance. The provider must be able to provide the necessary follow-up and referrals to appropriate medical assistance eligible providers and social service agencies.

**Doula Services**

Services are limited to childbirth education and support services, which includes emotional and physical support, provided during pregnancy, labor, birth, and postpartum.

Eligible providers: Doula services must be provided under the supervision of a physician, nurse practitioner, or nurse-midwife by a doula certified by one of the following organizations:

- International Childbirth Education Association;
- Doulas of North America (DONA);
- Association of Labor Assistants and Childbirth Educators (ALACE);
- Birthworks;
- Childbirth and Postpartum Professional Association (CAPPA);
- Childbirth International;
- International Center for Traditional Childbearing; or
- Commonsense Childbirth Inc.
20.a. Pregnancy-Related and Post Partum Services for 60 Days After the Pregnancy Ends. (continued)

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   (a) Follow-up on "risk" factors and conditions

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- Commonsense Childbirth Inc.
20.a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

Payment was derived from the additional costs of delivering these services above and beyond the global prenatal care package.

<table>
<thead>
<tr>
<th>Procedure Code(s)</th>
<th>Component</th>
<th>Base Rate: 1/1/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1001</td>
<td>At Risk Antepartum Management</td>
<td>$64.89</td>
</tr>
<tr>
<td>H1002</td>
<td>Care Coordination</td>
<td>$25.95</td>
</tr>
<tr>
<td>H1003</td>
<td>Prenatal Education</td>
<td>$38.92</td>
</tr>
<tr>
<td>H1004</td>
<td>At Risk Post-Partum Follow-Up Home Visit</td>
<td>$52.79</td>
</tr>
</tbody>
</table>

Effective for services on or after July 1, 2014, antepartum and postpartum doula services are paid at the lower of:
1. The submitted charge, or
2. $25.71 per session

Effective for services on or after July 1, 2014, doula services provided during labor and delivery are paid at the lower of:
1. The submitted charge, or
2. $257.10 per session

The base rates as described in this item are adjusted by the following clauses of Supplement 2 of this Attachment:
A. IHS/638 Facilities
B. Critical Access Hospitals
C. TPL
D. MinnesotaCare Tax Rate Adjustment
E. Modifiers
G. Community and Public Health Clinics increase
I. Exceptions to payment methodology and reconstructing a rate
R. Professional Services Rate Decrease July 2009
S. Professional Services Rate Decrease July 2010