

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #: 11-005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, GA 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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August 22, 2014

Mr. Justin Senior  
Deputy Secretary for Medicaid  
Florida Agency for Health Care Administration  
2727 Mahan Drive  
Mail Stop 8  
Tallahassee, Florida 32308

Re: Florida State Plan Amendment, Transmittal #11-005

Dear Mr. Senior:

We have reviewed Florida State Plan Amendment (SPA) 11-005, which was submitted to the Atlanta Regional Office on September 8, 2011. This amendment establishes conditions and guidelines for Freestanding Birthing Centers according to the Affordable Care Act of March 23, 2010.

Based on the information provided, we are now ready to approve Florida SPA 11-005 as of August 22, 2014. The effective date is July 1, 2011. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Etta Hawkins at (404) 562-7429 or [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

|  |  |   |                     |
|--|--|---|---------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>   |  | 1. TRANSMITTAL NUMBER:<br>2011-005  | 2. STATE<br>Florida |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                     |
| FOR: HEALTH CARE FINANCING ADMINISTRATION  |  | 4. PROPOSED EFFECTIVE DATE<br>July 1, 2011  |                     |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  |   |                     |
| 5. TYPE OF PLAN MATERIAL (Check One):  |  |   |                     |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT  |  |   |                     |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |   |                     |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>Section 2301 of the Affordable Care Act   |  | 7. FEDERAL BUDGET IMPACT: (in thousands)<br>No fiscal impact.   |                     |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Attachment 3.1-A, Page 11b<br>Attachment 3.1-B, Page 11b<br>Attachment 4.19-B, Page 33  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br>NEW<br>Attachment 3.1-A, Page 11b<br>Attachment 3.1-B, Page 11b<br>Attachment 4.19-B, Page 33                                 |                     |
| 10. SUBJECT OF AMENDMENT: Medicaid Coverage of Freestanding Birth Centers  |  |   |                     |
| 11. GOVERNOR'S REVIEW (Check One):   |  |   |                     |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  |  | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br>Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.   |                     |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>//s//   |  | 16. RETURN TO:<br>Ms. Roberta K. Bradford<br>Deputy Secretary for Medicaid<br>Agency for Health Care Administration<br>2727 Mahan Drive, Mail Stop #8<br>Tallahassee, FL 32308<br><br>Attention: Robin Ingram |                     |
| 13. TYPED NAME:<br>Ms. Roberta K. Bradford   |  |   |                     |
| 14. TITLE:<br>Deputy Secretary for Medicaid  |  |   |                     |
| 15. DATE SUBMITTED: 09-06-11   |  |   |                     |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |   |                     |
| 17. DATE RECEIVED: 09-08-11  |  | 18. DATE APPROVED: 08-22-14   |                     |
| <b>PLAN APPROVED – ONE COPY ATTACHED</b>   |  |   |                     |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-11  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>//s//  |                     |
| 21. TYPED NAME: Jackie Glaze   |  | 22. TITLE: Associate Regional Administrator<br>Division of Medicaid & Children Health Opns  |                     |
| 23. REMARKS: Approved with the following changes as authorized by the state agency emails dated: 08-14-14 and 08-15-14<br><br><b>Block # 8 Changed to read:</b> Attachment 3.1-A pages 30, 44 and 58; Attachment 3.1-B pages 30, 41 and 51; Attachment 4.19-B page 33.<br><br><b>Block # 9 Changed to read:</b> Attachment 3.1-A pages 30, 44 and 58; Attachment 3.1-B pages 30, 41 and 51; Attachment 4.19-B page 33. |  |   |                     |

Nurse Midwives

7/1/2011

Nurse Midwives provide services to recipients with medically low risk pregnancies for prenatal, delivery and postpartum care, within their scope of practice under State law.

Amendment: 2011-005  
Effective: 7/1/2011  
Supersedes: 95-25  
Approval: 08-22-14

## Coverage Template for Freestanding Birth Center Services

### 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

Florida Medicaid birth centers provide prenatal and delivery services for recipients expected to experience a medically low risk pregnancy and delivery.

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

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

Please describe any limitations: Florida Medicaid limits prenatal visits to a maximum of 10 visits provided in a licensed birth center to a recipient expected to experience a low-risk pregnancy and delivery, however, additional visits may be provided based on medical necessity in a medically appropriate setting.

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.).\*

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

Amendment: 2011-005  
Effective: July 1, 2011  
Approved: 08-22-14  
Supersedes: 93-61

Attachment 3.1-A

Licensed Midwives

7/1/2011

Licensed Midwives provide services to recipients with medically low risk pregnancies for prenatal, delivery and postpartum care, within their scope of practice under State law.

Amendment: 2011-005  
Effective: 7/1/2011  
Supersedes: 97-09  
Approval: 08-22-14

Attachment 3.1-B

Licensed Midwives

7/1/2011

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Effective: 7/1/2011  
Supersedes: 97-09  
Approval: 08-22-14

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Amendment: 2011-005  
Effective: 7/1/2011  
Supersedes: 95-25  
Approval: 08-22-14



## Coverage Template for Freestanding Birth Center Services

### Attachment 3.1B: Freestanding Birth Center Services

#### 28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

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

Amendment: 2011-005  
Effective: July 1, 2011  
Approved: 08-22-14  
Supersedes: 93-61

## METHODS USED IN ESTABLISHING PAYMENT RATES

7/1/2011 Freestanding Birth Center Services

Freestanding Birth Centers are reimbursed a facility fee.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Freestanding Birth Center Services (FBCS). The Agency's FBCS rates were set as of May 21, 2014, and are effective for facility services provided on or after that date. The FBCS practitioners, (licensed physicians, certified nurse midwives and licensed midwives) bill their services separately from the FBCS. The FBCS practitioners' fee schedules are referenced in the state plan under physician services (licensed physicians) and Other Practitioner Services (licensed midwife and nurse midwife). All rates, including current and prior rates, are published and maintained on the Agency's fiscal agent website. Specifically, the fee schedules are published at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Rates for practitioners and physicians were last updated as described in Physician Services and Other Practitioner Services of the plan.

SPA TN: 2011-005  
Effective: 07/01/11  
Superseded by: 93-61  
Approval: 08-22-14