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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 <u>Courtenay.Savage@cms.hhs.gov</u>.

Sincerely,

/s/

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

cc: Sean Barrett, MDHS

Enclosure

		FORM APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	14-07	Minnesota
FOR, CENTER FOR INEDICARE & MEDICARD ORA TODS	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	· · · · · · · · · · · · · · · · · · ·
CENTER FOR MEDICARE & MEDICAID SERVICES		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
	ONSIDERED AS NEW PLAN	X AMENDMENT
□ NEW STATE PLAN □ AMENDMENT TO BE C COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR § 440.210	a. FFY '15 \$ 562,000	
42 OF R § 440.210	b. FFY '16 \$ 750,000	,
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	SEDED PLAN SECTION
Attachment 3.1-A, page 66j	OR ATTACHMENT (If Applicable):
Attachment 3.1-B, page 65j	Same	
Attachment 4.19-B, page 63		
10. SUBJECT OF AMENDMENT:		
Doula Services		
11. GOVERNOR'S REVIEW (Check One):		
x GOVERNOR'S OFFICE REPORTED NO COMMENT	□ OTHER, AS SPECI	FIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
INO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		· · · · · · · · · · · · · · · · · · ·
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCY OFFICIAL.	Sean Barrett Minnesota Department of Human Services	
	Federal Relations Unit	
	PO Box 64983	
	St. Paul, MN 55164-0983	
13. TYPED NAME:		
Ann Berg		
14. TITLE:		
Deputy Medicaid Director		
15. DATE SUBMITTED:		
June 30, 2014		the second s
	FFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
June 30, 2014 PLAN APPROVED – ON	9/25/14	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL
	/s/	
Verlon Johnson	Associate Regional Administrat	or
23. REMARKS:		<u>-</u>

STATE: <u>MINNESOTA</u> ATTACHMENT 3.1-A Effective: July 1, 2014 Page 66i TN: 14-07 Approved: 9/25/14 Supersedes: 05-06 (00-11, 98-05) 20.a. <u>Pregnancy-Related and Post Partum Services for 60 Days After the</u> <u>Pregnancy Ends.</u> (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.

STATE: <u>MINNESOTA</u> ATTACHMENT 3.1-B Effective: July 1, 2014 Page 65i TN: 14-07 Approved: 9/25/14 Supersedes: 05-06 (00-11, 98-05) 20.a. <u>Pregnancy-Related and Post Partum Services for 60 Days After the</u> <u>Pregnancy Ends.</u> (continued) (6) Parenting sick/preterm infant, if indicated (a) Follow-up on "risk" factors and conditions

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ATTACHMENT 4.19-B STATE: MINNESOTA Effective: July 1, 2014 TN: 14-07 Approved: 9/25/14 Supersedes: 11-02 (06-17, 05-06, 02-10, 02-04) 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.

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

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