

## **Table of Contents**

**State/Territory Name:**                      **NEW JERSEY**

**State Plan Amendment (SPA) #:**      **13-10 MA**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

---

December 9, 2013

Valerie Harr  
Deputy Director  
State of New Jersey  
Department of Human Services  
Div. of Medical Asst. & Health Services  
Quackerbridge Plaza  
Building 7 P O Box 712  
Trenton, New Jersey 08625-0712

Dear Ms. Harr:

We have completed our review of the submission of New Jersey's State Plan amendment (SPA) 13-10 MA NJ which was received in office September 12, 2013 and find it acceptable for incorporation into New Jersey's Medicaid State Plan. This SPA is being submitted to comply with Section 2301 of the ACA which requires states that recognize freestanding birth centers, and the services rendered by certain other professionals providing services in a freestanding birth center to cover the services provided by those centers and professionals as mandatory Medicaid services eligible for FFP. This is not an increase in benefits or coverage

Please note the approval date of this SPA is December 9, 2013 with an effective date of July 1, 2013. Copies of the approved State Plan pages and the signed CMS - 179 are enclosed.

Should you have any questions or concerns please contact Vennetta Harrison at 212-616-2214.

Sincerely,

/s/

Michael Melendez  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

2. STATE

13-10 MA NJ

New Jersey

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

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

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2013

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
1905(a)(28) of the Social Security Act (42 U.S.C. § 1396d)

7. FEDERAL BUDGET IMPACT

- a. FFY 2013:\$ 0  
b. FFY 2014:[\$50,000]  
c. FFY 2015:[\$117,000]

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1 B Page 11a and 12a  
Attachment 3.1B Page 11b and 12b  
Attachment 3.1B Page 11c and 12c  
Attachment 3.1A Page 13 and 14  
Attachment 4.19B page 16a      \*\*SEE REMARKS BELOW

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

Same  
Same  
Same  
Same  
Same

10. SUBJECT OF AMENDMENT:  
Freestanding Birth Centers

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

OTHER, AS SPECIFIED:  
Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jennifer Velez

14. TITLE: Commissioner

15. DATE SUBMITTED: 9/12/13

16. RETURN TO:

Valerie Harr, Director  
Division of Medical Assistance and Health Services  
P.O. Box 712, #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: December 09, 2013

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 01, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Michael Melendez

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

*The spa is being submitted to comply with Section 2301 of the ACA which requires states that recognize freestanding birth centers and the services rendered by certain other professionals providing services in a freestanding birth center to cover the services provided by those centers and professionals as mandatory Medicaid services eligible for FFP. This is not an increase in benefits coverage.*

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: NEW JERSEY

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S): PREGNANT  
WOMEN

**Freestanding Birth Center Services**

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

Provided: \_\_\_ No limitations  x  With limitations \_\_\_ None licensed or approved

Please describe any limitations: A Freestanding Birth Center (FBC) cannot be a hospital or an entity reviewed as part of a hospital accreditation or certification. FBC accreditation is required through the Commission for the Accreditation of Freestanding Birth Centers. FBCs provide routine antepartum, intrapartum, and postpartum care, as well as, newborn care services targeted to low-risk pregnancies (normal, uncomplicated pregnancy and expected to deliver neonates of a weight greater than 2499 grams with a gestational age of at least 37 weeks and an expected postpartum required stay of less than 24 hours). FBCs surgical procedures are limited to those normally accomplished during an uncomplicated birth to include episiotomy and repair.

Labor shall not be induced, inhibited, stimulated or augmented with pharmacological agents, and general or conduction anesthesia, except minor conduction blocks, shall not be administered at the birth center. Minor conduction blocks and local anesthesia may be administered by a certified nurse midwife in accordance with the scope of practice rules of the Board of Medical Examiners. The FBC must be located within an approximate distance of no greater than 20 minutes from the affiliated community perinatal center.

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

Provided: \_\_\_ No limitations  x  With limitations (please describe below)

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

13-10-MA NJ

TN:13-10 MA NJ  
Supersedes TN: New

Approval Date: DEC 0 9 2013  
Effective Date: JUL 0 1 2013

**New**

**OFFICIAL**

Please describe any limitations: A joint statement of practice relations is required between the OB/GYN physician and the certified nurse midwife to outline the scope of practice and accreditation requirements mandated by the Board of Medical Examiners. The collaborating physician must hold operative privileges in OB/GYN within the designated hospital associated with the FBC.

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:

(b) Advanced Practice Nurse (APN)

13-10-MA NJ

TN: 13-10 MA NJ  
Supersedes TN: New

**New**

Approval Date: DEC 09 2013  
Effective Date: JUL 01 2013

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: NEW JERSEY

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S): DEPENDANT  
CHILDREN

**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: A Freestanding Birth Center (FBC) cannot be a hospital or an entity reviewed as part of a hospital accreditation or certification. FBC accreditation is required through the Commission for the Accreditation of Freestanding Birth Centers. FBCs provide routine antepartum, intrapartum, and postpartum care, as well as, newborn care services targeted to low-risk pregnancies (normal, uncomplicated pregnancy and expected to deliver neonates of a weight greater than 2499 grams with a gestational age of at least 37 weeks and an expected postpartum required stay of less than 24 hours). FBCs surgical procedures are limited to those normally accomplished during an uncomplicated birth to include episiotomy and repair.

Labor shall not be induced, inhibited, stimulated or augmented with pharmacological agents, and general or conduction anesthesia, except minor conduction blocks, shall not be administered at the birth center. Minor conduction blocks and local anesthesia may be administered by a certified nurse midwife in accordance with the scope of practice rules of the Board of Medical Examiners. The FBC must be located within an approximate distance of no greater than 20 minutes from the affiliated community perinatal center.

**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)

13-10-MA NJ

TN:13-10 MA NJ  
Supersedes TN: New

**New**

Approval Date: DEC 09 2013  
Effective Date: JUL 01 2013

**OFFICIAL**

Please describe any limitations: A joint statement of practice relations is required between the OB/GYN physician and the certified nurse midwife to outline the scope of practice and accreditation requirements mandated by the Board of Medical Examiners. The collaborating physician must hold operative privileges in OB/GYN within the designated hospital associated with the FBC.

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:

(b) Advanced Practice Nurse (APN)

13-10-MA NJ

TN: 13-10 MA NJ  
Supersedes TN: New

**New**

Approval Date: DEC 09 2013  
Effective Date: JUL 01 2013

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: NEW JERSEY

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S): AGED, BLIND, OR  
DISABLED

**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: A Freestanding Birth Center (FBC) cannot be a hospital or an entity reviewed as part of a hospital accreditation or certification. FBC accreditation is required through the Commission for the Accreditation of Freestanding Birth Centers. FBCs provide routine antepartum, intrapartum, and postpartum care, as well as, newborn care services targeted to low-risk pregnancies (normal, uncomplicated pregnancy and expected to deliver neonates of a weight greater than 2499 grams with a gestational age of at least 37 weeks and an expected postpartum required stay of less than 24 hours). FBCs surgical procedures are limited to those normally accomplished during an uncomplicated birth to include episiotomy and repair.

Labor shall not be induced, inhibited, stimulated or augmented with pharmacological agents, and general or conduction anesthesia, except minor conduction blocks, shall not be administered at the birth center. Minor conduction blocks and local anesthesia may be administered by a certified nurse midwife in accordance with the scope of practice rules of the Board of Medical Examiners. The FBC must be located within an approximate distance of no greater than 20 minutes from the affiliated community perinatal center.

**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)

13-10-MA NJ

TN: 13-10 MA NJ  
Supersedes TN: New

**New**

Approval Date: DEC 09 2013  
Effective Date: JUL 01 2013



**OFFICIAL**

Please describe any limitations: A joint statement of practice relations is required between the OB/GYN physician and the certified nurse midwife to outline the scope of practice and accreditation requirements mandated by the Board of Medical Examiners. The collaborating physician must hold operative privileges in OB/GYN within the designated hospital associated with the FBC.

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:

(b) Advanced Practice Nurse (APN)

---

13-10-MA NJ

TN:13-10 MA NJ  
Supersedes TN: New

**New**

Approval Date: DEC 09 2013  
Effective Date: JUL 01 2013

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: NEW JERSEY

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

**Freestanding Birth Center Services**

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

Provided:  No limitations  With limitations  None licensed or approved

Please describe any limitations: A Freestanding Birth Center (FBC) cannot be a hospital or an entity reviewed as part of a hospital accreditation or certification. FBC accreditation is required through the Commission for the Accreditation of Freestanding Birth Centers. FBCs provide routine antepartum, intrapartum, and postpartum care, as well as, newborn care services targeted to low-risk pregnancies (normal, uncomplicated pregnancy and expected to deliver neonates of a weight greater than 2499 grams with a gestational age of at least 37 weeks and an expected postpartum required stay of less than 24 hours). FBCs surgical procedures are limited to those normally accomplished during an uncomplicated birth to include episiotomy and repair.

Labor shall not be induced, inhibited, stimulated or augmented with pharmacological agents, and general or conduction anesthesia, except minor conduction blocks, shall not be administered at the birth center. Minor conduction blocks and local anesthesia may be administered by a certified nurse midwife in accordance with the scope of practice rules of the Board of Medical Examiners. The FBC must be located within an approximate distance of no greater than 20 minutes from the affiliated community perinatal center.

**29. (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)

13-10-MA NJ

TN:13-10 MA NJ

Supersedes TN: New

**New**

Approval Date: DEC 09 2013  
Effective Date: JUL 01 2013

**OFFICIAL**

Please describe any limitations: A joint statement of practice relations is required between the OB/GYN physician and the certified nurse midwife to outline the scope of practice and accreditation requirements mandated by the Board of Medical Examiners. The collaborating physician must hold operative privileges in OB/GYN within the designated hospital associated with the FBC.

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:

(b) Advanced Practice Nurse (APN)

13-10-MA NJ

TN:13-10 MA NJ  
Supersedes TN: New

**New**

Approval Date: DEC 09 2013  
Effective Date: JUL 01 2013

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: NEW JERSEY

REIMBURSEMENT FOR SERVICES

Freestanding Birth Center Services

Methods and Standards for Establishing Payment Rates for Freestanding Birth Center Services

**Medicaid providers of freestanding birth centers are reimbursed as follows:**

Facility payments for birth center services provided by a freestanding birth center are limited to the lower of the facility's usual and customary charge or the Medicaid maximum fee schedule for services provided by the center. The fee schedule for freestanding birth center services shall be based on the level of services rendered by the center. A higher facility rate is established for prenatal, intrapartum and limited postpartum care provided to low-risk, uncomplicated maternity patients provided by the center and a lower facility rate is established for antepartum and intrapartum care provided to a maternity patient who is transferred to a hospital due an emergent or complicated delivery. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of birth center services. The fees in the State's fee schedule were set on September 1, 2013, and are effective for services provided on or after that date and are published on the Department's fiscal website at <http://www.njmmis.com> under the link "rates and code information".

Physicians (OB/GYN), Pediatricians, Advanced Practice Nurses and Certified Nurse Midwives, as well as other licensed practitioners, clinical laboratory and pharmaceutical services shall be reimbursed based on the Medicaid fee schedule. The fee schedule may also be found at <http://www.njmmis.com>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The fees in the State's fee schedule were set on September 1, 2013, and are effective for services provided on or after that date and are published on the Department's fiscal website at <http://www.njmmis.com> under the link "rates and code information".

13-10-MA NJ

TN:13-10 MA NJ  
Supersedes TN: New

**New**

Approval Date: DEC 09 2013  
Effective Date: JUL 01 2013