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

27. A. Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: [ ] No Limitations [X] With limitations [ ] None, licensed or approved

Please describe any limitations:

a. Facilities must:
   i. Be licensed by the Department of health and Human Resources ("DHHR") or its designee;
   ii. Be specifically approved by DHHR to provide Birthing center services; and
   iii. Maintain standards of care required by DHHR for licensure.

B. 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)

Please describe any limitations:

Please check all that apply:

[X] (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

The following practitioners may provide birthing center services and must be licensed in the state of West Virginia as:

i. Physician under the relevant West Virginia Code section
ii. Nurse-midwife under the relevant West Virginia Code section

[X] (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).*

[N/A] (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: Women's Health Nurse Practitioner

Therapeutic Interventions are interventions and research based strategies designed to achieve the integrated outcomes of the child's IFSP, through Part C, IDEA services such as speech therapy, physical therapy and occupational therapy.

Teaming/Treatment Planning is a meeting/planning session with the family for the purpose of planning assessments, designing outcomes and interventions or periodic review of the objective and strategies of the child's IFSP. This service is intended to reduce duplication of services and promote a collaborative service delivery process.

Providers will be credentialed through Title V to assure they meet all relevant licensing requirements and possess suitable qualifications to serve infants and toddlers who are eligible for Part C, IDEA services.

The above referenced therapy providers shall meet the requirements as set forth in 42 C.F.R. §440.110

(v) Private duty nursing. Prior Authorization is required.

5. a. **Physicians' Services**

Services may be limited by specialty, e.g., pathology, radiology, or by frequency/duration by prior authorization.

b. **Medical and Surgical Services Provided by a Dentist**

Limitations placed on the procedure for physicians apply when that service is provided by a dentist. Dental coverage for individuals age 21 and over will be limited to repair of fractures of the maxilla and mandible and certain surgical procedures which can be performed by a physician or oral surgeon.

6. a. **Podiatrists' Services**

Services may be limited in amount/duration, or by prior authorization. Limitations placed on the service (procedure) for other qualified practitioners apply when the services is provided by a podiatrist.

b. **Optometrists' Services**

Coverage will consist of one pair of eyeglasses for adults following cataract surgery.

c. **Chiropractors' Services**

Services consist of manual manipulation of the spine to correct a subluxation and radiological examinations related to the service. Coverage is limited to twelve (12) treatments in a twelve (12) month period. Additional treatments require prior authorization.

d. **Other-practitioners' Services**

Psychologists: Prior authorization is required for psychotherapy after initial ten (10) sessions.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR FREESTANDING BIRTH CENTER SERVICES

Medicaid providers of freestanding birth center services are reimbursed as follows:

The payment for services provided by a freestanding birth center is limited to the lower of the encounter rate base or on a fee for the services provided in the clinic. The agency's fee schedule for freestanding birth center services was established on April 1, 2012, and is effective for services provided on or after that date. All government and private providers are paid according to the same methodology. The fee schedule will be published on the Medicaid website at: http://www.dhhr.wv.gov/bms/Pages/default.aspx

Physicians, midwives, and other licensed practitioners as defined per Attachment 3.1-A, Page 11 are paid a separate fee for services performed in the freestanding birth center based on procedure code and as specified in Attachment 4.19-B, physicians' services (page 3a) and Women's Health Nurse Practitioner Services (page 5). All government and private providers are paid according to the same methodology. The fee schedule will be published on the Medicaid website at: http://www.dhhr.wv.gov/bms/Pages/default.aspx