# Contents:

**Schedule 24**

**Midwifery Birth Centers**

**Article 28**

# Program Information

* **Community Need**
* **Utilization**

**Schedule 24 A/B – Midwifery Birth Center Program Information and Community Need**

**Instructions:** Please attach a project narrative (uploaded as an attachment to this Schedule) that includes the elements in the following sections, and any other relevant information.

**Program Information**

1. Describe how the program will operate, including complying with state and, if applicable, federal regulations, including but not limited to patient admission criteria, prenatal and intrapartum care, postpartum care, discharge, and follow-up care, and on-site emergency care capabilities.
2. Describe the transfer criteria and the relationships with the transfer hospitals, including the nearest Regional Perinatal Center.
3. If the transfer hospital(s) is more than 15 miles away, and there is a closer hospital, provide a written explanation as to why a closer facility was not chosen.
4. Cite relevant accreditations, certifications, or awards attained by the applicant which builds confidence in services of high quality.
5. Describe relevant programs or resources the applicant will bring to the new facility. Include existing programs that have proven track records at the applicant’s other sites, if applicable, as well as programs the applicant plans. Such programs may include:
   1. Programs specially tailored to the health needs of the population of the service area;
   2. Grant-funded programs;
   3. Scholarships or fellowships.
6. Describe the applicant’s experience or track record serving similar populations.

## Public Need Summary

1. Identification of the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s));
2. Whether the proposed clinic is in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA); if so, please identify;
3. A quantitative and qualitative description of the population to be served. (Qualitative data may include median income, ethnicity, payor mix, etc.);
4. A description of where and how the population to be served is currently receiving birthing services;
5. Documentation of the current and projected demand for a midwifery birth center;
6. A description of how this project responds to and reflects the needs of the residents in the community you propose to serve;
7. An indication of whether the facility will serve all patients needing care, regardless of their ability to pay or the source of payment.

**Schedule 24C – Midwifery Birth Center Utilization and Services**

***Instructions:*** For applications requesting new or changes to more than one location, complete separate Tables (Utilization and/or Services) for each location.

## PROJECTED UTILIZATION OF SERVICES

The number of projected visits should be listed in this table for each existing or proposed certified service. Visits should be estimated for the current, first and third year of the project. This table should contain visit estimates for services at this site alone, not for the applicant’s other sites.

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION:**  *(Enter street address of facility)* | Current Year  *Visits* | First Year  *Visits* | Third  Year  *Visits* |
| **CERTIFIABLE SERVICES** |
| BIRTHING SERVICE O/P |  |  |  |
| MEDICAL SERVICES – PRIMARY CARE1 |  |  |  |
| **Total**2 |  |  |  |

1 PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

2 ‘**Total’** MUST be the SAME as submitted on Table 13D

## The Authorized Services Table in Schedule 24C is only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**AUTHORIZED CERTIFIED SERVICES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION:**  *(Enter street address of facility)* |  | | | |
|  | Existing | Add | Remove | Proposed |
| BIRTHING SERVICE O/P |  |  |  |  |
| MEDICAL SERVICES – PRIMARY CARE1 |  |  |  |  |

1 PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric