Appendix C: Perinatal Services Questionnaire

Kaiser Family Foundation Survey of Family Planning and Perinatal Services under Medicaid, Fiscal Year 2015:

MEDICAID AND PERINATAL SERVICES

This Section is intended to identify whether various perinatal services are normally covered under Medicaid State Plan or waiver programs in your state for adults 21 and older and also identify coverage variations between programs. Please indicate the Medicaid Perinatal benefits that are provided under the programs offered in your state as of July 1, 2015. **Please do NOT include services that are provided by managed care plans as value-added benefits (that is, are not a required state benefit).** *Please check all that apply*. Describe utilization controls or conditions your state applies by entering text in the space provided. If your state does not cover the benefit under any circumstances, check the box for "Not covered in any Medicaid program."

Medicaid Program Coverage as of July 1, 2015					
Benefit/Service	**Not Covered in any Medicaid Program**	**Traditional Medicaid**	**Medicaid ACA Expansion**	**Pregnancy Only Medicaid**	**Describe limits or utilization controls**
B1. Prenatal Care					
1.a Prenatal vitamins	☐	☐	☐	☐	<Triple-click to enter text>
1.b Ultrasound	☐	☐	☐	☐	<Triple-click to enter text>
1.c Childbirth education/Classes (such as birth or Lamaze)	☐	☐	☐	☐	<Triple-click to enter text>
1.d Infant care/Parenting education or classes	☐	☐	☐	☐	<Triple-click to enter text>
1.e **Comments on Prenatal Care**: <Triple-click to enter text>					
B2. Genetic Lab and Counseling					
2.a Genetic counseling	☐	☐	☐	☐	<Triple-click to enter text>
2.b Chorionic Villus sampling	☐	☐	☐	☐	<Triple-click to enter text>
2.c Amniocentesis	☐	☐	☐	☐	<Triple-click to enter text>
2.d **Comments on Genetic Lab and Counseling**: <Triple-click to enter text>					
B3.Counseling and Support Services					
3.a Case management	☐	☐	☐	☐	<Triple-click to enter text>
3.b Non-emergency medical transportation	☐	☐	☐	☐	<Triple-click to enter text>
3.c Home visits - prenatal	☐	☐	☐	☐	<Triple-click to enter text>
3.d Home visits - postpartum	☐	☐	☐	☐	<Triple-click to enter text>
3.e Substance/alcohol abuse treatment	☐	☐	☐	☐	<Triple-click to enter text>
3.f **Comments on Counseling and Support Services**: <Triple-click to enter text>					
B4. Delivery and Postpartum Care					
4.a Birth Centers	☐	☐	☐	☐	<Triple-click to enter text>
4.b Home births	☐	☐	☐	☐	<Triple-click to enter text>
4.c Doula Services	☐	☐	☐	☐	<Triple-click to enter text>
4.d Postpartum visit	☐	☐	☐	☐	<Triple-click to enter text>

Medicaid Program Coverage as of July 1, 2015					
Benefit/Service	Not Covered in any Medicaid Program	Traditional Medicaid	Medicaid ACA Expansion	Pregnancy Only Medicaid	Describe limits or utilization controls
4.e. **Comments on Delivery and Postpartum Care**: <Click here to enter text>					
B5. Breastfeeding Support Services					
5.a Breastfeeding education	☐	☐	☐	☐	<Triple-click to enter text>
5.b Individual lactation consultant – hospital-based	☐	☐	☐	☐	<Triple-click to enter text>
5.c Individual lactation consultant – outpatient/clinic	☐	☐	☐	☐	<Triple-click to enter text>
5.d Individual lactation consultant – home visit	☐	☐	☐	☐	<Triple-click to enter text>
5.e Electric Pump	☐	☐	☐	☐	<Triple-click to enter text>
5.f Manual Pump	☐	☐	☐	☐	<Triple-click to enter text>
5.g **Comments on Breastfeeding Support Services**: <Triple-click to enter text>					