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# **Maternal Level II Rule Review**

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**March 27, 2018**

# Office of EMS/Trauma System



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- Elizabeth Stevenson, RN
- Designation Program Manager
- Centers of Excellence for Fetal Diagnosis and Therapy, Maternal, Neonatal, Stroke and Trauma Designation

# Office of EMS/Trauma System



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- Thank you to Kelli Kennedy with the DSHS Library for assisting today.
- Kelli will be fielding the questions during the webinar.
- You may ask questions at any time during the webinar.
- We will have a time after the webinar for answers to your questions.

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- You may type your questions in the chat box and hit "enter";
- or
- You may email your questions to be answered at a later time to:  
[Elizabeth.Stevenson@dshs.texas.gov](mailto:Elizabeth.Stevenson@dshs.texas.gov)

# Objectives

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Why Maternal Designation?

Overview of Rule Process

Perinatal Care Regions (PCR)  
participation by facility

Overview of the designation process

Level II Rule Review

Questions

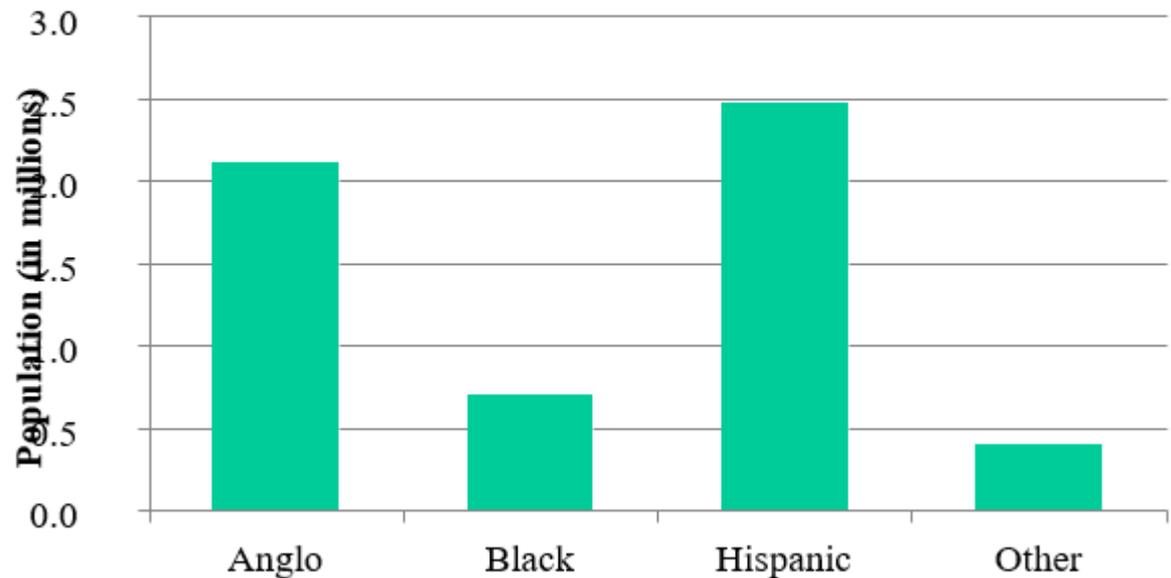


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# Women's Health in Texas

**Population of Women of Childbearing Age (15-44) in Texas by Race/Ethnicity, 2014**



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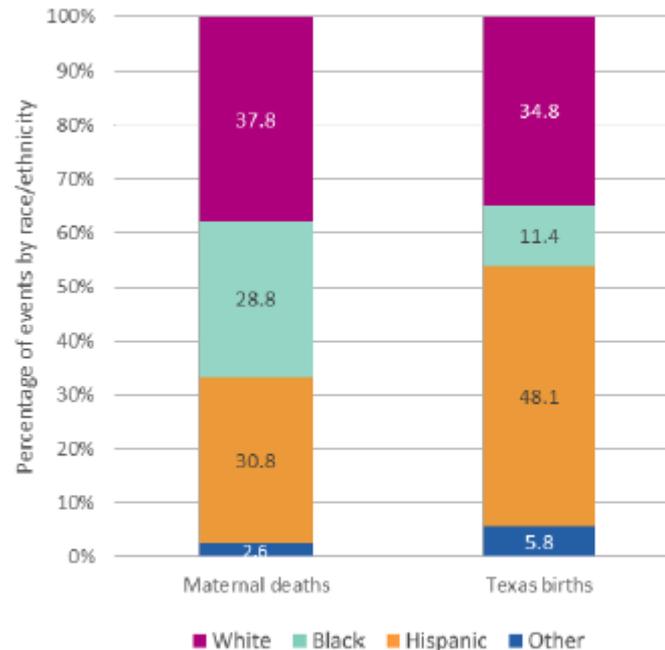
# Women's Health in Texas



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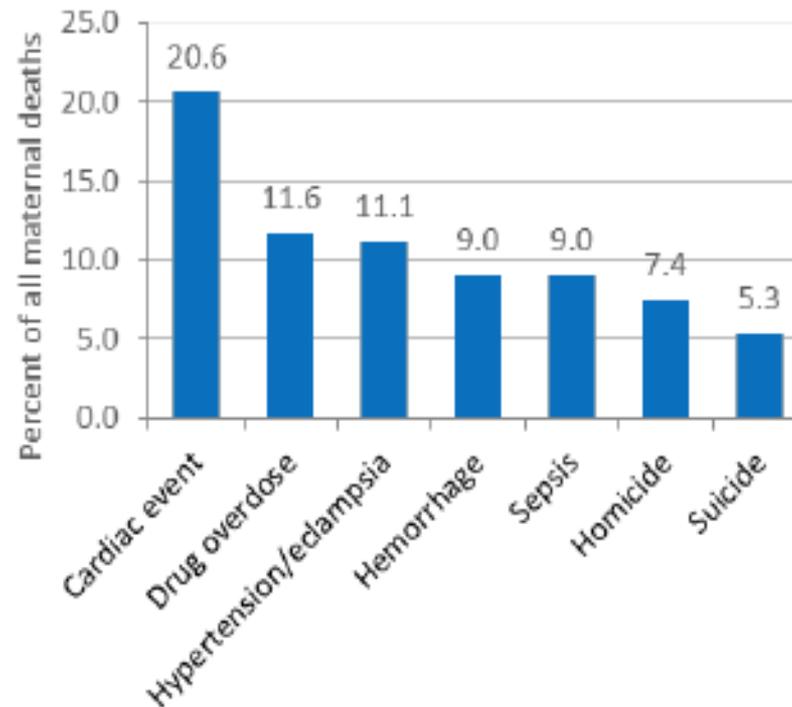
**Figure 1. Percentage of Texas maternal deaths and births in 2011-2012 by mother's race/ethnicity.**



Source: CHS Birth and Death Files, 2011-2012  
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016

# Women's Health in Texas

Figure 2. Top causes of maternal death in Texas in 2011-2012.



Source: CHS Death File, 2011-2012

Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016



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# Women's Health in Texas

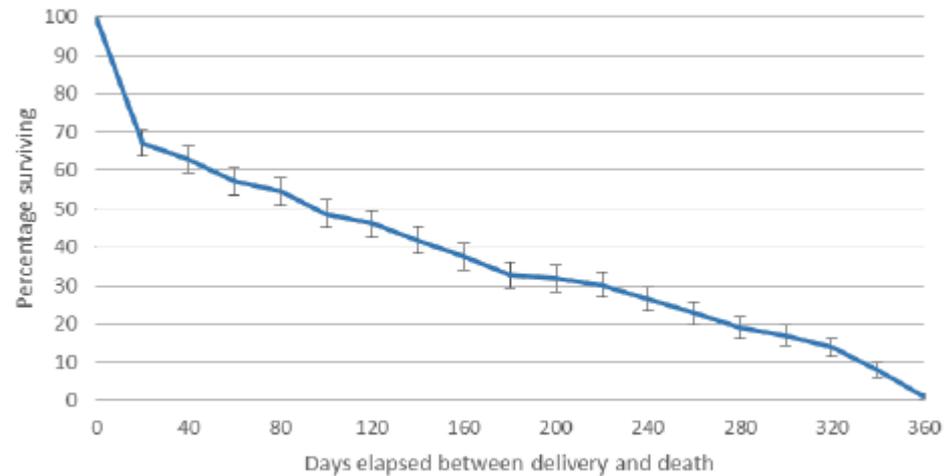


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**Figure 3. Survival plot of time elapsed between delivery and death, 2011-2012 maternal deaths**



Source: CHS Birth, Fetal Death, and Death Files, 2011-2012  
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016

# Legislative Overview

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## HB 15, 83<sup>rd</sup> R Legislative Session

Neonatal and Maternal Levels of Care

Establish perinatal care regions

Perinatal Advisory Council (PAC)

Neonatal and Maternal rules adopted by March 1, 2017

Neonatal designation by August 31, 2017

Maternal designation by August 31, 2018

## HB 3433, 84<sup>th</sup> R

Neonatal and Maternal rules adopted by March 1, 2018

Neonatal designation by August 31, 2018

Maternal designation by August 31, 2020



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# Maternal Levels of Care

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## Rule Development Process

- Maternal Rules were developed over a 12 + month process
- Perinatal Advisory Council recommendations
- Stakeholder Meetings State-wide
- Published for public comment November 17, 2017 in the Texas Register
- Public Hearing December 20, 2017
- Published in the Texas Register, February 16, 2018
- **Maternal Rules effective March 1, 2018**



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# EMS-Trauma System Website

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Topics: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

Home About Us News I am a... I'm looking for... Resources Online Services

EMS & Trauma Systems Home [Home](#) > [EMS-Trauma Systems](#) > EMS-Trauma Systems

Search EMS

Check EMS

Certification/License Status

Designation 

- Maternal Designation
- Neonatal Designation
- Stroke Designation
- Trauma Designation
- Data Sources

**EMS-Trauma Systems**

 [Sign up for e-mail updates](#)

**NEW!**

Sign up to receive announcements by email regarding the EMS Trauma Systems program. This feature will serve as a tool to increase communication with stakeholders regarding new information added to the website.

**Customer Service Survey**

We value your feedback. Please take our online customer service survey at <https://www.surveymonkey.com/r/RLUsurvey>. Thank you.



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# Preferences for Notifications



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EMS/Trauma Systems Program - "Self-Subscription" Topics	Self-Subscription" Links
To receive email notification of changes or updates, please subscribe to <b>each</b> topic that may apply to your needs.	
DSHS EMS Ambulance Providers	 <a href="#">Sign up for e-mail updates</a>
DSHS EMS Educators	 <a href="#">Sign up for e-mail updates</a>
DSHS EMS Medical Directors	 <a href="#">Sign up for e-mail updates</a>
DSHS EMS Personnel	 <a href="#">Sign up for e-mail updates</a>
DSHS EMS-Trauma Systems Funding	 <a href="#">Sign up for e-mail updates</a>
DSHS First Responder Organizations	 <a href="#">Sign up for e-mail updates</a>
DSHS GETAC Meetings and Notifications	 <a href="#">Sign up for e-mail updates</a>
DSHS Maternal Designation	 <a href="#">Sign up for e-mail updates</a>
DSHS Neonatal Designation	 <a href="#">Sign up for e-mail updates</a>
DSHS Regional Advisory Councils	 <a href="#">Sign up for e-mail updates</a>
DSHS Stroke Designation	 <a href="#">Sign up for e-mail updates</a>
DSHS Texas EMS Conference	 <a href="#">Sign up for e-mail updates</a>
DSHS Texas EMS Trauma News	 <a href="#">Sign up for e-mail updates</a>
DSHS Trauma Systems	 <a href="#">Sign up for e-mail updates</a>
All DSHS Topics	 <a href="#">Sign up for e-mail updates</a>

# Maternal Designation Website



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## Maternal Levels of Care Designation

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The purpose of the Maternal Levels of Care Designation is to implement House Bill 15, 83rd Legislature, Regular Session, 2013, which added Health and Safety Code, Subchapter H, Hospital Level of Care Designations for Neonatal and Maternal Care, Sections 241.181 - 241.187. House Bill 3433, 84th Legislature, Regular Session, 2015 amended Health and Safety Code, Chapter 241 and requires the development of initial rules to create the neonatal/maternal level of care designation by March 1, 2018. The maternal levels of care designation rule became effective on March 1, 2018 and the designation for maternal level of care is an eligibility requirement for Medicaid reimbursement beginning September 1, 2020.

### Register for Hospital Level of Care Designations for Maternal Care Webinars

The rule for Hospital Level of Care Designations for Maternal Care became effective on March 1, 2018. The webinars will clarify questions about the rule content and provide examples of compliance with the different requirements for designation in the rule. The designation process will be described with specifics about survey organizations and designation timelines. Questions about the rule will be accepted at the end of the webinars.

**Rules:** [Texas Administrative Code, Title 25, Chapter 133, Subchapter K.](#)

### Scheduled Maternal Levels of Care Webinars\*:

- Level I**    [Thursday, March 22, 2018, 12:00 PM CDT](#)
- Level II**    [Tuesday, March 27, 2018, 12:00 PM CDT](#)
- Level III**    [Wednesday, March 28, 2018, 12:00 PM CDT](#)
- Level IV**    [Thursday, March 29, 2018, 12:00 PM CDT](#)

# Texas Administrative Code



## Texas Administrative Code

<u>TITLE 25</u>	HEALTH SERVICES
<u>PART 1</u>	DEPARTMENT OF STATE HEALTH SERVICES
<u>CHAPTER 133</u>	HOSPITAL LICENSING

### Subchapters

<u>SUBCHAPTER A</u>	<u>GENERAL PROVISIONS</u>
<u>SUBCHAPTER B</u>	<u>HOSPITAL LICENSE</u>
<u>SUBCHAPTER C</u>	<u>OPERATIONAL REQUIREMENTS</u>
<u>SUBCHAPTER D</u>	<u>VOLUNTARY AGREEMENTS</u>
<u>SUBCHAPTER E</u>	<u>WAIVER PROVISIONS</u>
<u>SUBCHAPTER F</u>	<u>INSPECTION AND INVESTIGATION PROCEDURES</u>
<u>SUBCHAPTER G</u>	<u>ENFORCEMENT</u>
<u>SUBCHAPTER H</u>	<u>FIRE PREVENTION AND SAFETY REQUIREMENTS</u>
<u>SUBCHAPTER I</u>	<u>PHYSICAL PLANT AND CONSTRUCTION REQUIREMENTS</u>
<u>SUBCHAPTER J</u>	<u>HOSPITAL LEVEL OF CARE DESIGNATIONS FOR NEONATAL AND MATERNAL CARE</u>
<u>SUBCHAPTER K</u>	<u>HOSPITAL LEVEL OF CARE DESIGNATIONS FOR MATERNAL CARE</u>
<u>SUBCHAPTER L</u>	<u>CENTERS OF EXCELLENCE FOR FETAL DIAGNOSIS AND THERAPY</u>



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# Maternal Rule

## Texas Administrative Code

<u>TITLE 25</u>	HEALTH SERVICES
<u>PART 1</u>	DEPARTMENT OF STATE HEALTH SERVICES
<u>CHAPTER 133</u>	HOSPITAL LICENSING
<u>SUBCHAPTER K</u>	HOSPITAL LEVEL OF CARE DESIGNATIONS FOR MATERNAL CARE

## Rules

<u>§133.201</u>	Purpose
<u>§133.202</u>	Definitions
<u>§133.203</u>	General Requirements
<u>§133.204</u>	Designation Process
<u>§133.205</u>	Program Requirements
<u>§133.206</u>	Maternal Designation Level I
<u>§133.207</u>	Maternal Designation Level II
<u>§133.208</u>	Maternal Designation Level III
<u>§133.209</u>	Maternal Designation Level IV
<u>§133.210</u>	Survey Team



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# Maternal Rule Definitions

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Available – Relating to staff who can be contacted for consultation at all time without delay.

Designation – A formal recognition by the Executive Commissioner of the facility's maternal care capabilities and commitment for a period of three years.

Immediately – without delay



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# Maternal Rule Definitions

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Lactation Consultant – A health care professional who specializes in the clinical management of breastfeeding.

On-site – at the facility and able to rapidly arrive at the patient bedside for urgent requests.

Urgent – requiring immediate action or attention

At all times – 24/7/365



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# General Requirements

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- Our office recommends the appropriate designation for a facility to the Executive Commissioner of HHSC.
- Multiple locations under a single license requires that each location is separately designated.
- Final designation may not be the level requested by the facility.



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# PCR - Perinatal Care Regions

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- Aligned with the Trauma Service Areas (TSAs) due to established infrastructure to support the functions of the PCRs.
- Established for regional planning purposes, including emergency and disaster preparedness.
- Not established for the purpose of restricting patient referral.
- Designated facilities must participate in the PCR.



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# Designation Process

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Level II facilities will be surveyed by an approved organization and evaluated for compliance and non-compliance with the rule.

The application packet submittal will be discussed in a webinar at a later date.



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# Designation Process

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## Organizations Performing Surveys

- TETAF – Texas EMS, Trauma and Acute Care Foundation
  - Website – [tetaf.org](http://tetaf.org)
- ACOG – American College of Obstetricians and Gynecologists
  - <http://acog.org/LOMCTexas>



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# Designation Process

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**The application for designation will be released June 1, 2018.**

All facilities applying for Level II designation will submit the following.

- Completed application
- Application Fee
- A survey report of compliance or non-compliance with the rules.
- Letter of participation from the Perinatal Care Region.
- Plan of Correction if the facility has potential deficiencies.



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# Designation Process

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d) Non-refundable application fees for the three-year designation period are as follows:

(2) Level II maternal facility applicants, the fee is \$1,500.00.



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# Plan of Correction

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Plan of Correction if the facility has potential deficiencies to include:

The deficiency;

The corrective action;

Title of responsible person for implementation of action;

How the action will be monitored;  
and

The date by which the POC will be complete.



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# Designation Process

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- Every Texas licensed hospital that provides maternal care must be designated by August 31, 2020 to receive Medicaid reimbursement.
- Designation for maternal care is required by August 31, 2020.
- Applications for designation must be submitted to our office before July 1, 2020.
- Surveys must be completed before May 1, 2020.



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# Designation Process

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(B) Any facility that has not completed an on-site survey to verify compliance with the requirements for a Level II, III or IV designation at the time of application must provide a self-survey and attestation and will receive a Level I designation. The office, at its sole discretion may recommend a designation for less than the full three-year term. A designation for less than the full three-year term will have a pro-rated application fee consistent with the one, two or three-year term length.



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# Designation Process

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(D) The office, at its discretion, may designate a facility for a shorter term designation for any application received prior to September 1, 2018.

(E) An application for a higher or lower level designation may be submitted at any time.



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# Designation Process

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g) The office shall review the findings of the survey report and any POC submitted by the facility, to determine compliance with the maternal designation program requirements.

(1) A recommendation for designation shall be made to the executive commissioner based on compliance with the requirements.

(2) A maternal level of care designation shall not be denied to a facility that meets the minimum requirements for that level of care designation.



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# Designation Process

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(3) If a facility does not meet the requirements for the level of designation requested, the office shall recommend designation for the facility at the highest level for which it qualifies and notify the facility of the requirements it must meet to achieve the requested level of designation.

(4) If a facility does not comply with requirements, the office shall notify the facility of deficiencies and required corrective action(s) plan (CAP).



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# Guiding Principles

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If the rule does not specify the exact requirement (ex. Successful ACLS completion), it is up to the facility to define the expectation appropriate for the population served.

Medical Practice decisions are not regulated by the Department of State Health Services.



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# Program Requirements

(b) Program Plan. The facility shall develop a written plan of the maternal program that includes a detailed description of the scope of services available to all maternal patients, defines the maternal patient population evaluated and/or treated, transferred, or transported by the facility, that is consistent with accepted professional standards of practice for maternal care, and ensures the health and safety of patients.



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# Program Requirements

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(2) The written maternal program plan shall include, at a minimum:

(C) written triage, stabilization, and transfer guidelines for pregnant and postpartum patients that include consultation and transport services;



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# Program Requirements

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(D) written guidelines or protocols for prevention, early identification, early diagnosis, and therapy for conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality;

(E) provisions for unit specific disaster response to include evacuation of maternal patients and infants to appropriate levels of care;



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# Program Requirements

(F) a Quality Assessment and Performance Improvement (QAPI) Program as described in §133.41 of this title (relating to Hospital Functions and Services). The facility shall demonstrate that the maternal program evaluates the provision of maternal care on an ongoing basis, identify opportunities for improvement, develop and implement improvement plans, and evaluate the implementation until a resolution is achieved. The maternal program shall measure, analyze, and track quality indicators and other aspects of performance that the facility adopts or develops that reflect processes of care and is outcome based. Evidence shall support that aggregate patient data is continuously reviewed for trends and data is submitted to the department as requested;



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# Program Requirements

(G) requirements for minimal credentials for all staff participating in the care of maternal patients;

(H) provisions for providing continuing staff education, including annual competency and skills assessment that is appropriate for the patient population served;

(I) a perinatal staff registered nurse as a representative on the nurse staffing committee under §133.41 of this title; and

(J) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served.



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# Program Requirements

(c) Medical Staff. The facility shall have an organized maternal program that is recognized by the medical staff and approved by the facility's governing body.

(1) The credentialing of the maternal medical staff shall include a process for the delineation of privileges for maternal care.

(2) The maternal medical staff will participate in ongoing staff and team based education and training in the care of the maternal patient.



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# Program Requirements

d) Medical Director. There shall be an identified Maternal Medical Director (MMD) and/or Transport Medical Director (TMD) as appropriate, responsible for the provision of maternal care services and credentialed by the facility for the treatment of maternal patients. The responsibilities and authority of the MMD and/or TMD shall include:

- (1) examining qualifications of medical staff requesting maternal privileges and making recommendations to the appropriate committee for such privileges;
- (2) assuring maternal medical staff competency in managing obstetrical emergencies, complications and resuscitation techniques;



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# Program Requirements

- (3) monitoring maternal patient care from transport if applicable, to admission, stabilization, operative intervention(s) if applicable, through discharge, and inclusive of the QAPI Program;
- (4) participating in ongoing maternal staff and team based education and training in the care of the maternal patient;
- (5) overseeing the inter-facility maternal transport;
- (6) collaborating with the MPM in areas to include: developing and/or revising policies, procedures and guidelines, assuring medical staff and personnel competency, education and training; and the QAPI Program;
- (7) frequently leading and participating in the maternal QAPI meetings;



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# Program Requirements

- (8) ensuring that the QAPI Program is specific to maternal and fetal care, is ongoing, data driven and outcome based;
- (9) participating as a clinically active and practicing physician in maternal care at the facility where medical director services are provided;
- (10) maintaining active staff privileges as defined in the facility's medical staff bylaws; and
- (11) developing collaborative relationships with other MMD(s) of designated facilities within the applicable Perinatal Care Region.



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# Program Requirements

e) Maternal Program Manager (MPM). The MPM responsible for the provision of maternal care services shall be identified by the facility and:

(1) be a registered nurse with perinatal experience;

(2) be a clinically active and practicing registered nurse participating in maternal care at the facility where program manager services are provided;

(3) has the authority and responsibility to monitor the provision of maternal patient care services from admission, stabilization, operative intervention(s) if applicable, through discharge, and inclusive of the QAPI Program;



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# Program Requirements

- (4) collaborates with the MMD in areas to include: developing and/or revising policies, procedures and guidelines; assuring staff competency, education, and training and the QAPI Program;
- (5) frequently leads and participates in the maternal QAPI meetings;
- (6) ensures that the QAPI Program is specific to maternal and fetal care, is ongoing, data driven and outcome based; and
- (7) develops collaborative relationships with other MPM(s) of designated facilities within the applicable Perinatal Care Region.



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# Level II (Specialty Care)

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a) Level II (Specialty Care). The Level II maternal designated facility will:

(1) provide care for pregnant and postpartum patients with medical, surgical, and/or obstetrical conditions that present a low to moderate risk of maternal morbidity or mortality; and

(2) have skilled personnel with documented training, competencies and annual continuing education specific for the patient population served.



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# Level II (Specialty Care)



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



Society for  
Maternal-Fetal  
Medicine

## OBSTETRIC CARE CONSENSUS

Number 2 • February 2015

### Levels of Maternal Care



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## Level II (Specialty Care)

b) Maternal Medical Director (MMD). The MMD shall be a physician who:

(1) is a family medicine physician, an obstetrics and gynecology physician, or maternal fetal medicine physician, all with obstetrics training and experience, and with privileges in maternal care;

(2) demonstrates administrative skills and oversight of the Quality Assessment and Performance Improvement (QAPI) program; and

(3) has completed annual continuing education specific to maternal care, including complicated conditions.



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# Level II (Specialty Care)

c) Program Functions and Services.

(1) Triage and assessment of all patients admitted to the perinatal service.

(A) Pregnant patients who are identified at high risk of delivering a neonate that requires a higher level of neonatal care than the scope of their neonatal facility shall be transferred to a higher level neonatal designated facility prior to delivery unless the transfer is unsafe.

(B) Pregnant or postpartum patients identified with conditions and/or complications that require a higher level of maternal care shall be transferred to a higher level maternal designated facility unless the transfer is unsafe.



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## Level II (Specialty Care)

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(2) Provide care for pregnant patients with the capability to detect, stabilize, and initiate management of unanticipated maternal-fetal or maternal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a higher level of neonatal and/or maternal care.

(3) An obstetrics and gynecology physician with obstetrics training and experience, and with maternal privileges, shall be available at all times and arrives at the patient bedside within 30 minutes of an urgent request.



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## Level II (Specialty Care)

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(4) A board certified maternal fetal medicine physician shall be available at all times for consultation.

(5) Medical and surgical physicians shall be available at all times and arrive at the patient bedside within 30 minutes of an urgent request.



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## Level II (Specialty Care)

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(6) Specialists, including behavioral health, shall be available at all times for consultation appropriate to the patient population served.

(7) Ensure that a qualified physician or certified nurse midwife with appropriate physician back-up is available to attend all deliveries or other obstetrical emergencies.



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## Level II (Specialty Care)

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(8) The primary provider caring for a pregnant or postpartum patient who is a family medicine physician with obstetrics training and experience, obstetrics and gynecology physician, maternal fetal medicine physician, or a certified nurse midwife, physician assistant or nurse practitioner with appropriate physician back-up, whose credentials have been reviewed by the MMD and is on-call:



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## Level II (Specialty Care)

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(A) shall arrive at the patient bedside within 30 minutes of an urgent request; and

(B) shall complete annual continuing education, specific to the care of pregnant and postpartum patients, including complicated conditions.



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## Level II (Specialty Care)

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(9) Certified nurse midwives, physician assistants and nurse practitioners who provide care for maternal patients:

(A) shall operate under guidelines reviewed and approved by the MMD; and

(B) shall have a formal arrangement with a physician with obstetrics training and/or experience, and with maternal privileges who will:



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## Level II (Specialty Care)

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- (i) provide back-up and consultation;
- (ii) arrive at the patient bedside within 30 minutes of an urgent request; and
- (iii) meet requirements for medical staff as described in §133.205 of this title (relating to Program Requirements) respectively.



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## Level II (Specialty Care)

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(10) An on-call schedule of providers, back-up providers, and provision for patients without a physician will be readily available to facility and maternal staff and posted on the labor and delivery unit.

(11) Ensure that physicians providing back-up coverage shall arrive at the patient bedside within 30 minutes of an urgent request.



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## Level II (Specialty Care)

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(12) Appropriate anesthesia, laboratory, pharmacy, radiology, respiratory therapy, ultrasonography and blood bank services shall be available on a 24-hour basis as described in §133.41 of this title (relating to Hospital Functions and Services) respectively.



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## Level II (Specialty Care)

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(A) Anesthesia personnel with training and experience in obstetric anesthesia shall be available at all times and arrive to the patient bedside within 30 minutes of an urgent request.

(B) An anesthesiologist with training and/or experience in obstetric anesthesia shall be available at all times for consultation.



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## Level II (Specialty Care)

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(C) Laboratory and blood bank services shall be capable of:

(i) providing ABO-Rh specific or O-Rh negative blood, fresh frozen plasma and/or cryoprecipitate, and platelet products on-site at all times;

(ii) implementing a massive transfusion protocol;

(iii) ensuring guidelines for emergency release of blood components; and

(iv) managing multiple blood component therapy.



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## Level II (Specialty Care)

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(D) Medical Imaging Services.

(i) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record.

(ii) There shall be regular monitoring of the preliminary versus final reading in the QAPI Program.



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## Level II (Specialty Care)

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(iii) Computed Tomography (CT) imaging and interpretation available at all times.

(iv) Basic ultrasonographic imaging for maternal or fetal assessment, including interpretation shall be available at all times.

(v) A portable ultrasound machine immediately available at all times to the labor and delivery and antepartum unit.



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## Level II (Specialty Care)

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(E) A pharmacist shall be available for consultation at all times.

(13) Obstetrical Services.

(A) The ability to begin an emergency cesarean delivery and ensure the availability of a physician with the training, skills, and privileges to perform the surgery within a time period consistent with current standards of professional practice and maternal care.



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(B) Ensure the availability and interpretation of non-stress testing, and electronic fetal monitoring.

(C) A trial of labor for patients with prior cesarean delivery shall have the capability of anesthesia, cesarean delivery, and maternal resuscitation on-site during the trial of labor.



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## Level II (Specialty Care)

(14) Resuscitation. The facility shall have written policies and procedures specific to the facility for the stabilization and resuscitation of the pregnant or postpartum patient based on current standards of professional practice. The facility:

(A) ensures staff members, not responsible for the neonatal resuscitation, are immediately available on-site at all times who demonstrate current status of successful completion of ACLS and the skills to perform a complete resuscitation; and

(B) ensures that resuscitation equipment, including difficult airway management equipment for pregnant and postpartum patients, is immediately available at all times to the labor and delivery, antepartum and postpartum areas.



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(15) The facility shall have written guidelines or protocols for various conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality, including promoting prevention, early identification, early diagnosis, therapy, stabilization, and transfer. The guidelines or protocols must address a minimum of:

(A) massive hemorrhage and transfusion of the pregnant or postpartum patient in coordination of the blood bank, including management of unanticipated hemorrhage and/or coagulopathy;

(B) obstetrical hemorrhage, including promoting the identification of patients at risk, early diagnosis, and therapy to reduce morbidity and mortality;



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(C) hypertensive disorders in pregnancy, including eclampsia and the postpartum patient to promote early diagnosis and treatment to reduce morbidity and mortality;

(D) sepsis and/or systemic infection in the pregnant or postpartum patient;

(E) venous thromboembolism in the pregnant and postpartum patient, including assessment of risk factors, prevention, early diagnosis and treatment;



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(F) shoulder dystocia, including assessment of risk factors, counseling of patient, and multi-disciplinary management; and

(G) behavioral health disorders, including depression, substance abuse and addiction that includes screening, education, consultation with appropriate personnel and referral.



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## Level II (Specialty Care)

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(17) Perinatal Education. A registered nurse with experience in maternal care shall provide the supervision and coordination of staff education. Perinatal education for high risk events will be provided at frequent intervals to prepare medical, nursing, and ancillary staff for these emergencies.

(18) Support personnel with knowledge and skills in breastfeeding and lactation to meet the needs of maternal patients shall be available at all times.



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(19) Social services, pastoral care and bereavement services shall be provided as appropriate to meet the needs of the patient population served.

(20) Dietician or nutritionist available with appropriate training and experience for population served in compliance with the requirements in §133.41 of this title.



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# Resources

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Resource documents on the maternal designation website to perform a self-assessment of the maternal program at your facility to identify compliance with the requirements in the rule.



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# Deadlines

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Each hospital that provides maternal care must be designated by August 31, 2020 to receive Medicaid reimbursement.

Applications must be received in our office before July 1, 2020 to be approved for designation by the Executive Commissioner before September 1, 2020.

Surveys occur before May 1, 2020 to ensure designation by the deadline.



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# Contact Information

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- Please send your name, title, facility name, email address and phone number to:
- [Jewell.Potter@dshs.texas.gov](mailto:Jewell.Potter@dshs.texas.gov)



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# Maternal Rule Review

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- Webinars are scheduled the next two days for Level III and Level IV.
- Meetings around the state to review the maternal rule TBA.
- Add information to the maternal designation website as it becomes available.



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# Questions?

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# Thank you

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[Elizabeth.Stevenson@dshs.texas.gov](mailto:Elizabeth.Stevenson@dshs.texas.gov)

**512-834-6794 Office**

# Webinar Questions



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# Office of EMS/Trauma System



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# Maternal Rules Webinar



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