

4.5 Benefit Package

Appendix 4.5 contains the most recent version of the Prepaid Benefit Package from the model contract. The Benefit Package description is being revised to add more clarity. We have included this version to assist plans in preparing to serve the Medicaid population. The revised version will be distributed with the model contract and is available from the Bureau of Intergovernmental Affairs at (518) 486-9015.

APPENDIX L

PREPAID BENEFIT PACKAGE

DEFINITIONS OF COVERED SERVICES

The categories of services in the Medicaid Managed Care benefit package (e.g., Inpatient Hospital, Physician Services, etc.) and their descriptions are consistent with the Medicaid program and the calculation of the HMO capitation rate.

The services listed as covered services shall be provided by the Contractor to enrollees as medically necessary benefits rendered under the terms of the Agreement. The service descriptions utilized herein are in summary form. The full description and scope of the services specified herein are established by the Medical Assistance Program as set forth in the applicable MMIS provider manual. It is understood that Contractor's delivery of such services is dependent upon Contractor's model (IPA, staff, network) and Contractor specific delivery sites.

With the exception of SSI Benefits (See Benefit Package L,1) emergency services (as defined in Section 10 and Appendix T of this Agreement) emergency transportation, family planning, mental health and substance abuse assessments (1 per year each) and services provided by local public health units described in Section 10, all care provided by the Contractor, pursuant to this Agreement must be provided, arranged, or authorized by the Contractor or the Participating Practitioners.

Inpatient Hospital Care

Inpatient hospital services are those items and services, provided under the direction of a physician or dentist, ordinarily furnished by the hospital for the care and treatment of inpatients. Among other services, inpatient hospital services encompass a full range of necessary diagnostic and therapeutic care including surgical medical, nursing, radiological and rehabilitative services.

Outpatient Hospital Services

Outpatient hospital services are provided through ambulatory care facilities. Ambulatory care facilities include Hospital Outpatient Departments (OPD), Diagnostic and Treatment Centers (Free Standing Clinics) and Emergency Rooms. These facilities may provide those necessary medical, surgical, and rehabilitative services and items authorized by their operating certificates. Outpatient services (clinic) also include mental health, alcohol, C/THP and family planning services provided by ambulatory care facilities.

Hospital OPDs and D&T centers may perform ordered ambulatory services. The purpose of ordered ambulatory services is to make available to the private practitioner those services needed to complement the provision of ambulatory care in his/her office. Examples are: diagnostic testing

and radiology.

Physician Services

Physician services include the full range of preventive, primary care medical services and physician specialty services that fall within a physician's scope of practice under New York State law. Included are the services of physician's assistants.

In addition to the full range of medical services, the following benefits are also included:

- certain specified laboratory procedures performed in the office during the course of treatment (refer to laboratory services); family planning health services including diagnosis, treatment and related counseling furnished under the supervision of a physician (fertility services are not covered);
- Child/Teen Health Plan (C/THP) services which are comprehensive primary health care services provided to children under age 21.
- physical examinations, including those which are necessary for employment, school, and camp.
- physical and/or mental health, or alcohol and substance abuse examinations as requested by the local department of social services to fulfill its statutory responsibilities for the protection of children and adults and for children in foster care.
- health and mental health assessments for the purpose of making recommendations regarding a recipient's disability status for Federal SSI applications.
- Health, mental health, and alcohol and substance abuse assessments for the purpose of making recommendations regarding a recipient's ability to perform work when requested by a local social services district.

Home Health Services

Acute home health care services which are provided by a certified home health agency to recipients in their homes. These services may include nursing, home health aide services, equipment and appliances, physical therapy, speech/language pathology, occupational therapy, social work services or nutritional services. Services must be medically necessary pursuant to an established care plan. Personal care tasks performed by a home health aide in connection with a certified home health care agency visit, and pursuant to an established care plan, are covered.

Plans must provide up to two post partum home visits for high risk infants and mothers, as well as to women with less than a forty-eight (48) hour hospital stay after a vaginal delivery or less than a ninety-six (96) hour stay after a cesarean delivery. Visits must be made by a qualified health professional (minimum qualifications being an RN with maternal/child health background), the first to occur within forty-eight (48) hours of discharge.

Emergency Room Services

Health care services and items including psychiatric stabilization and medical detoxification from drugs or alcohol, furnished in the emergency department of hospital, or a specialized psychiatric emergency room. Specific guidelines available in Appendix H.

School Based Health Center Services

New York State approved school based health centers are sponsored by hospitals and diagnostic and treatment centers and provide comprehensive health and mental health services on school site according to New York State's Guidelines for School Based Health Care.

Court Ordered Necessary Treatment

The Contractor shall provide any Benefit package services to Enrollees as ordered by a court of competent Jurisdiction, regardless of whether such services are provided by participating providers within the plan or by a Non-Participating Provider in compliance with such court order. The Non-Participating Provider shall be reimbursed by the Contractor at the Medicaid fee schedule rate.

Those Services ordered by the court are any services performed by, or under the supervision of a physician, dentist, or other provider qualified under State Law to furnish medical, dental, behavioral health (including treatment for mental health and/or alcohol and/or substance abuse or dependence), or other Medicaid covered services (the plan is responsible for payment of those Medicaid services as covered by the benefit package).

FQHC Services

Services provided by a Federally Qualified Health Center(FQHC) as authorized by its operating certificate and otherwise covered by Medicaid.

Services of Other Practitioners

Nurse Practitioner Services

The practice of a nurse practitioner may include preventive services, the diagnosis of illness and physical conditions, and the performance of therapeutic and corrective measures. A nurse practitioner must have a collaborative agreement and practice protocols with a licensed physician in accordance with the requirements of the Department of Education.

In addition to the scope of services and protocols as are in accordance with NYS law, the following services are also included:

- Child/Teen Health Plan (C/THP) services which are comprehensive primary health care services provided to children under 21;
- physical examinations including those which are necessary for employment, school and camp.

Therapy: Occupational Therapists, Physical Therapists, and Speech-Language Pathologists

Rehabilitation services are rendered for the purpose of maximum reduction of physical or mental disability and restoration of the recipient to his or her best functional level. Rehabilitation services include care and services rendered by physical therapists, speech-language pathologists and occupational therapists.

Midwife Services

These services apply to the health care management of mothers and newborns throughout the maternity cycle (pregnancy, labor, the performance of delivery, and the immediate [six weeks] postpartum period). The care may be provided in a hospital on an inpatient basis or outpatient basis, in a diagnostic and treatment center, in the office of the certified nurse-midwife or collaborating physician, or in the recipient's home as appropriate. The certified nurse-midwife must be licensed in accordance with current N.Y.S. rules and regulations pertaining to professional midwifery practice. According to Insurance and Health Law, Contractor must include certified midwives in its provider network.

Other Practitioners

Includes services by practitioners certified and licensed by the State of New York: Psychologists and audiologists.

Podiatry Services

Services must include routine foot care when the enrollee's physical condition poses a hazard due to the presence of localized illness, injury or symptoms involving the foot, or when they are preformed as a necessary and integral part of otherwise covered services such as the diagnosis and treatment of diabetes, ulcers, and infections. Services for persons under 21 must be provided upon referral of a physician, physician's assistant, nurse practitioner or certified midwife to a podiatrist.

Medicaid coverage of podiatry excludes routine hygienic care of the feet, the treatment of corns and calluses, the trimming of nails, the other hygienic care such as cleaning or soaking feet, in the absence of pathological condition.

Eye Care and Low Vision Services

Eye care includes the services of an optometrist and an ophthalmic dispenser including eyeglasses, medically necessary contact lenses, low vision aids and low vision services. The optometrists may perform an eye examination to detect visual defects and eye disease as necessary or as required by the recipient's condition. An ophthalmic dispenser fills the prescription of an optometrist or ophthalmologist and supplies eyeglasses or other vision aids upon the order of a qualified practitioner.

Dental Services

Dental care shall include but shall not be limited to preventive, prophylactic and other routine dental care, services and supplies and dental prosthetic required to alleviate a serious health condition, including one which affects employability.

Note: County Option

Counties have option to capitate plans for this service.

Transportation Services

These include ambulance, ambulate, livery services, and public transportation to transport clients to necessary medical and psychiatric care. Also required is the cost of an attendant to accompany the patient, if medically necessary.

Note: County Option

Counties have option to capitate plans for this service.

Pharmacy Service

Effective August 1, 1998 Pharmacy related Services will not be a covered benefit. Monthly capitation rates will be addressed to reflect this fact.

Laboratory Services

All laboratory testing sites providing services under this contract must have a permit issued by the New York State Department of Health and additionally must have either a Clinical Laboratory Improvement Act (CLIA) certificate of waiver, a physician performed microscopy procedures (PPMP) certificate, or a certificate of registration along with a CLIA identification number. Those laboratories with certificates of waiver or a physician performed microscopy procedures (PPMP) certificate may perform only those specific test permitted under the terms of their waiver. Laboratories with certificates of registration may perform a full range of laboratory tests for which they have been certified. Physicians providing laboratory testing may perform only those specific limited laboratory procedures identified in the Physician's MMIS Provider

Manual.

Radiology Services

Radiology services include the provision of diagnostic radiology, diagnostic ultrasound, nuclear medicine, radiation oncology, and magnetic resonance imaging (MRI). These services may only be performed upon the order of a qualified medical professional, including dentists.

Child Teen Health Program (C/THP)

Child/Teen Health Program (C/THP) is a package of early and periodic screening, including inter-periodic, diagnostic and treatment services that New York State offers all Medicaid eligible children under 21 years of age. Care and services are provided in accordance with the periodicity schedule and guidelines developed by the New York State Department of Health. The package of services includes administrative services designed to assist families obtain services for children that includes outreach informing, appointment scheduling, administrative case management and transportation assistance.

Family Planning and Reproductive Health Care

Family Planning and Reproductive Health Care services means the offering, arranging and furnishing of those health services which enable individuals including minors who may be sexually active to prevent or reduce the incidence of unwanted pregnancy. These include: diagnosis and all medically necessary treatment, sterilization, screening and treatment for sexually transmissible diseases, screening for disease and pregnancy.

Also included is HIV counseling and testing when provided as part of a family planning visit. Additionally reproductive health care includes coverage of all medically necessary abortions. Elective induced abortions must be covered for New York City recipients. Fertility services are not covered.

Nursing Services

Nursing services include those intermittent, part-time and continuous nursing services provided in accordance with the ordering physician's treatment plan as outlined in his/her written recommendation. Nursing services must be provided by RNs and LPNs in accordance with the Nurse Practice Act through a CHHA, a licensed home care agency or by a private practitioner. Nursing services include care rendered directly to the individual and instructions to his/her family or caretaker such as teacher or day care provider in the procedures necessary for the patient's treatment or maintenance.

DME, Hearing Aids

Durable Medical Equipment - are devices and equipment, other than prosthetic or orthotic appliances, (including assistive technology and adaptive equipment), which have been ordered by a qualified practitioner.

Hearing Aid Services - include hearing aid devices furnished to alleviate disability caused by the loss or impairment of hearing.

Preventive Care

Preventive care means the treatment to avert disease/illness and/or its consequences. There are three levels of preventive care: primary, such as immunizations, aimed at preventing disease; secondary, such as disease screening programs aimed at early detection of disease; and tertiary, such as physical therapy, aimed at restoring function after the disease has occurred. Commonly, the term "preventive care" is used to designate prevention and early detection programs rather than restorative programs.

Prosthetic/Orthotic

Prosthetic appliances and devices are those appliances and devices, other than artificial eyes, ordered for a recipient by a qualified practitioner which replace any missing part of the body.

Orthotic appliances and devices are those appliances and devices, including prescription footwear ordered for a recipient by a qualified practitioner which are used for the purpose of supporting a weak or deformed body part or to restrict or eliminate motion in a diseased or injured part of the body.

Alcohol and Substance Abuse Services

Inpatient: Services include but are not limited to: assessment, management of intoxication and withdrawal conditions, group, individual, or family counseling, substance abuse education, rehabilitation, discharge planning. The Plan will be reimbursed fee-for-service at the contract fee schedule for medically necessary services provided in excess of 30 days, combined mental health/ substance abuse benefits. (see 3.11(iii)).

Medically necessary, complicated inpatient detoxification is an unlimited benefit. Uncomplicated detoxification may be counted toward either the inpatient or outpatient benefit.

Not a covered service for SSI recipients.

Outpatient: Services include but are not limited to: assessment, individual, group, or family counseling, substance abuse education, treatment planning, preventive counseling, discharge planning, and services to significant others. Services may be provided in-home, office, or the community. Enrollees must be allowed one alcohol/substance abuse assessment in a twelve month period. The Contractor will be compensated at the contracted fee schedules for medically necessary services provided in excess of sixty (60) visits.

Not a covered service for SSI recipients.

Mental Health Services

Inpatient Care

Medically necessary voluntary and involuntary admission to State psychiatric centers, Article 31 inpatient psychiatric hospitals and Article 28 hospitals up to 30 days mental health benefits. Plans will be reimbursed fee-for-service at the contract fee schedule for medically necessary care in excess of 30 days, combined mental health/substance abuse benefit.

Outpatient services include but are not limited to:

Assessment, (stabilization), treatment planning, discharge planning, verbal therapies, and education, symptom management, case management services, crisis intervention (and outreach services), chlozapine monitoring and collateral services. Services may be provided in-home, office or the community. For further information regarding service coverage consult the following MMIS Provider manuals: Clinic, Ambulatory Services for Mental Illness (Clinic Treatment Program), Clinical Psychology, and Physician (Psychiatric Services). Plans will be reimbursed fee-for-service at the contract fee schedule for medically necessary care beyond twenty (20) visits.

Enrollees must be allowed to self refer for one mental health assessment from a plan network provider in a twelve month period. In the case of children, such self referrals may originate at the behest of a school guidance counselor or similar source.

Mental Health benefits may change when Mental Health Special Needs Plans for persons with serious mental illness or children with serious emotional disturbance become operational in mid 1998.

Not a covered service for SSI recipients.

Prepaid Benefit Package Definitions of Non-Covered Services

Alcohol and Substance Abuse Services

Methadone Maintenance Treatment Program (MMTP)

Consists of drug detoxification, drug dependence counseling, and rehabilitation services which include chemical management of the patient with methadone. Facilities that provide methadone maintenance treatment do so as their principal mission and are certified by the Office of Alcohol and Substance Abuse Services under 14 NYCRR, Part 1040.1.

Substance Abuse Services Provided by 1035 Facilities

These programs provide medically supervised ambulatory substance abuse treatment that focuses on medical oversight of clients with health conditions in addition to their substance abuse. Individual and group counseling for the primary client and his/her significant others, psychological evaluations, and educational, vocational, and social services are made available to each client to help the client address and resolve the substance abuse problem. These facilities are certified by OASAS under 14 NYCRR, Part 1035.

Outpatient Alcoholism Rehabilitation Services

Outpatient alcoholism rehabilitation programs provide intensive full or half-day services to meet the needs of a specific target population. When appropriate, they may be operated independently of outpatient clinics, if they remain affiliated with an accessible clinic program. Most outpatient rehabilitation programs will have a separate, identifiable and specially designed environment and specific target population of chronic alcoholic persons who need a range of services which are different from those typically provided in an alcoholism outpatient clinic. These services are certified by OASAS under 14 NYCRR, Part 372.3.

Hearing Aid Services - include hearing aid devices furnished to alleviate disability caused by the loss or impairment of hearing.

Mental Health Services

Intensive Psychiatric Rehabilitation Treatment Programs (IPRT)

A time limited active psychiatric rehabilitation designed to assist a patient in forming and achieving mutually agreed upon goals in living, learning, working and social environments, to intervene with psychiatric rehabilitative technologies to overcome functional disabilities. IPRT services are certified by OMH under 14 NYCRR, Part 587.12.

Day Treatment

A combination of diagnostic, treatment, and rehabilitative procedures which, through supervised and planned activities and extensive client-staff interaction, provides the services of the clinic treatment program, as well as social training, task and skill training and socialization activities. Services is expected to be of six months duration. These services are certified by OMH under 14 NYCRR, Part 585.11.

Continuing Day Treatment

Provides treatment designed to maintain or enhance current levels of functioning and skills, maintain community living, and develop self-awareness and self-esteem. Includes: assessment and treatment planning; discharge planning; medication therapy; medication education; case management; health screening and referral; rehabilitative readiness development; psychiatric rehabilitative readiness determination and referral; and symptom management. These services are certified by OMH under 14 NYCRR, Part 587.10.

Intensive Case Management (ICM)

The target population consists of individuals who are seriously and persistently mentally ill (SPMI) require intensive, personal and proactive intervention to help them obtain those services which will permit functioning in the community and either have symptomology which is difficult to treat in the existing mental health care system or are unwilling or unable to adapt to the existing mental health care system.

Please note: See Generic definition of Comprehensive Medicaid Case Management (CMCM) under OTHER NON-COVERED SERVICES.

Partial Hospitalization

Provides active treatment designed to stabilize and ameliorate acute systems, serves as an alternative to inpatient hospitalization, or reduces the length of a hospital stay within a medically supervised program by providing the following: assessment and treatment planning; health screening and referral; symptom management; medication therapy; medication education; verbal therapy; case management; psychiatric rehabilitative readiness determination and referral; crisis intervention. These services are certified by OMH under NYCRR, Part 587.22.

Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs, as follows:

OMH Licensed CRs*

Rehabilitative services in community residences are interventions, therapies and activities which are medically therapeutic and remedial in nature, and are medically necessary for the maximum reduction of functional and adaptive behavior defects associated with the person's mental illness.

Family-Based Treatment*

Rehabilitative services in family-based treatment programs are intended to provide treatment to seriously emotionally disturbed children and youth to promote their successful functioning and integration into the natural family, community, school or independent living situations. Such services are provided in consideration of a child's developmental stage. Those children determined eligible for admission are placed in surrogate family homes for care and treatment.

Services For Children With Serious Emotional Disturbance (SED)

These are services provided to children and adolescents with serious emotional disturbance that will be provided by certain designated OMH clinics. Children meeting the SED definition must have certain DSM-III diagnoses, as well as meeting other at risk or functional impairment criteria.

Mental Retardation and Developmental Disabilities Services

Long Term Therapy Services Provided by Article 16-Clinic Treatment Facilities or Article 28 Facilities

These services to persons with developmental disabilities include medical or remedial services recommended by a physician or other licensed practitioner of the healing arts for a maximum reduction of the effects of physical or mental disability and restoration of the person to his or her best possible functional level. It also includes the fitting, training, and modification of assistive devices by licensed practitioners or trained others under their direct supervision. Such services are designed to ameliorate or limit the disabling condition and to allow the person to remain in or move to, the least restrictive residential and/or day setting. These services are certified by OMRDD under 14 NYCRR, Part 679 (or they are provided by Article 28 Diagnostic and Treatment Centers that are explicitly designated by the SDOH as serving primarily persons with developmental disabilities.)

*These services are certified by OMH under 14 NYCRR Part 586.3.

Day Treatment

A planned combination of diagnostic, treatment and rehabilitation services provided to developmentally disabled individuals in need of a broad range of services, but who do not need intensive 24 hour care and medical supervision. The services provided as identified in the comprehensive assessment may include nutrition, recreation self-care, independent living, therapies, nursing, and transportation services. These services are generally provided in ICF or comparable setting. These services are certified by OMRDD under 14 NYCRR, Part 690.99.

Comprehensive Medicaid Care Management (OMRDD)

The target population consists of individuals who are developmentally disabled, in need of ongoing and comprehensive rather than incidental case management and reside in OMRDD Certified Family Care

Homes, Community Residences, live independently or with family or reside in residential facilities certified by a state agency other than OMRDD and are referred by the residential facility, or its supervising or certifying agency.

Please note: See generic definition of Comprehensive Medicaid Case Management (CMCM) under OTHER NON-COVERED SERVICES.

Home And Community Based Services Waivers

The Home and Community Based Waiver Program serves developmentally disabled persons who would otherwise be admitted to an ICF/MR if waived services were not provided. The services provided include case management, respite, medical social counseling, nutrition counseling, respiratory therapy, and home adaptations. These services are authorized pursuant to a 1915(b) waiver from DHHS.

Services Provided Through The Care At Home Program (OMRDD)

"Care At Home" waivers serve children who would not be eligible for Medicaid due to parents' income and resources and who are physically disabled according to SSI criteria and who are determined capable of being cared for at home if provided additional waived services. These services are authorized pursuant to a 1915(b) waiver from DHHS.

OTHER NON-COVERED SERVICES

Personal Care Agency Services

Services rendered by a personal care agency which are approved by the local social services district are not covered under the Contractor's benefit package. Should it be medically necessary for the primary care physician (PCP) to order personal care agency services, the PCP (or the Contractor on the physician's behalf) must first contact the recipient's local social services district contact person for personal care. The district will determine the applicant's need for personal care agency services and coordinate with the personal care agency a plan of care.

Prescription and Non-Prescription Drugs

Effective August 1, 1998 Chapter 19 of the laws of 1998, amending Section 365-i of the Social Services Law requires that coverage for prescription drugs, over the counter drugs and medical supplies shall not be included in the benefit package. Pharmacies will bill MMIS directly on a fee for service for these services. Plans will have pharmacy, over the counter drugs and medical supplies, removed from their monthly capitation payments. Medical supplies are items for health use other than drugs, prosthetic or orthotic appliances, or durable medical equipment which have been ordered by a qualified practitioner in the treatment of a specific medical condition and which are: consumable, non-reusable, disposable, or a specific rather than incidental purpose, and generally have no salvageable value.

The Early Intervention Program (EIP)

This program provides early intervention services to certain children, from birth through two years, who have a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. All child health care providers may act as primary referral sources. As such, all managed care providers must refer infants and toddlers to the local designated Early Intervention agency in their area. (In most municipalities, the county health department is the designated agency, except: New York City - the Department of Health, Mental Retardation and Alcoholism Services; Erie County - The Department of Youth Services; Jefferson County - the Office of Community Services; and Ulster County - the Department of Social Services.)

The local early intervention agency will designate a service coordinator who will coordinate the screening, evaluation and assessment process to identify a child's unique needs, and will be responsible for coordinating all necessary early intervention services. This individual will serve as the primary point of contact to assist parents in obtaining the services and/or assistance they need. The service coordinator will also coordinate the development of the individualized family services plan (IFSP), a written plan for providing early intervention services.

Early intervention services provided to this eligible population are categorized as Non-Covered since costs related to these services were not included in fee-for-service capitation calculations. These services will stay categorized as Non-Covered at least until such time as historical data becomes available. These services, which are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development, will be identified on MMIS by unique rate codes by which only the designated early intervention agency can claim reimbursement. Contractor covered and authorized services will continue to be provided by the Contractor. Consequently, the Contractor will be expected to refer any enrolled child suspected of having a developmental delay to the locally designated early intervention agency in their area and participate in the development of the Child's IFSP. Contractor's participation in the development of the IFSP is necessary in order to coordinate the provision of early intervention services and services covered by the Contractor.

Additionally, the locally designated early intervention agencies will be instructed on how to identify a managed care recipient and the need to contact the Contractor to coordinate service provision.

Preschool Supportive Health Services

The State Departments of Social Services and Education have developed and implemented the Preschool Supportive Health Services Program (PSHSP) to assist counties and New York City in obtaining third party reimbursement for certain educationally related medical services provided by approved preschool special education programs for young children with disabilities. The Committee on Preschool Special Education in each school district is responsible for the development of an individualized education program (IEP) for each child evaluated in need of special education and medically related health services.

The following PSHSP services, i.e., physical therapy, occupational therapy and speech therapy, rendered to children 3 through 4 years of age in conjunction with an approved IEP are categorized as Non-Covered

since the costs related to these services were not included previously in fee-for-service capitation calculations. As other medically related PSHSP services receive federal approval, the list of non-covered services will be expanded.

The PSHSP services will be identified on MMIS by unique rate codes which only counties and New York City can claim reimbursement. Contractor covered and authorized services will continue to be provided by the Contractor.

School Supportive Health Services

The State Departments of Social Services and Education have developed and implemented the School Supportive Health Services Program (SSHSP) to assist school districts in obtaining third party reimbursement for certain educationally related medical services provided by approved special education programs for children with disabilities. The Committee on Special Education in each school district is responsible for the development of an Individualized Education Program (IEP) for each child evaluated in need of special education and medically related services.

The following SSHSP services, i.e., physical therapy, occupational therapy and speech therapy, rendered to children 5-21 years in conjunction with an approved IEP are categorized as Non-Covered since the costs related to these services were not included previously in fee-for-service capitation calculations. As other medically related SSHSP services receive federal approval, the list of Non-Covered services will be expanded.

The SSHSP services will be identified on MMIS by unique rate codes which only school districts can claim Medicaid reimbursement. Contractor covered and authorized services will continue to be provided by the Contractor.

Comprehensive Medicaid Case Management (CMCM)

A program which provides "social work" case management referral services to a targeted population (e.g.: pregnant teens, mentally ill). A CMCM case manager will assist a client in accessing necessary services in accordance with goals contained in a written case management plan. CMCM programs do not provide services directly, but refers to a wide range of service providers. Some of these services are: medical, social psycho-social, education, employment, financial, and mental health. CMCM referral to community service agencies and/or medical providers requires the case manager to work out a mutually agreeable case coordination approach with the agency/medical providers. Consequently, if an enrollee of the Contractor is participating in a CMCM program, the Contractor should work collaboratively with the CMCM case manager to coordinate the provision of services covered by the Contractor. CMCM programs will be instructed on how to identify a managed care recipient on EMEVS and informed on the need to contact the Contractor to coordinate service provision.

Directly Observed Therapy for Tuberculosis Disease

Tuberculosis directly observed therapy (TB/DOT) is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician's prescribed medication regimen. While the clinical management of tuberculosis is covered by the Contractor, TB/DOT where applicable, can be billed directly to MMIS by any State Department of Health approved fee-for-service Medicaid TB/DOT provider. The Contractor remains responsible for communicating, cooperating and coordinating clinic management of TB with the TB/DOT is a non-covered benefit, the enrollee reserves the right to use any fee-for-service DOT provider.

AIDS Adult Day Health Care

Adult Day Health Care Programs (ADHCP) are programs designed to assist individuals with HIV disease to live more independently in the community or eliminate the need for residential health care services. Registrants in ADHCP require a greater range of comprehensive health care services than can be provided in any single setting, but do not require the level of services provided in a residential health care setting. Regulations require that a person enrolled in an ADHCP must require at least three hours of health care delivered on the basis of at least one visit per week. While health care services are broadly defined in this setting to include general medical care, nursing care, medication management, nutritional services, rehabilitative services, and substance abuse and mental health services, the latter two cannot be the sole reason for admission to the program. Admission criteria must include, at a minimum, the need for general medical care and nursing services.

HIV COBRA Case Management

The HIV COBRA (Community Follow-up Program) Case Management Programs is a program that provides intensive, family-centered case management and community follow-up activities by case managers, case management technicians, and community follow-up workers. Reimbursement is through an hourly rate billable to Medicaid. Reimbursable activities include intake, assessment, reassessment, service plan development and implementation, monitoring, advocacy, crisis intervention, exit planning, and case specific supervisory review-case conferencing.

PREPAID BENEFIT PACKAGE

Covered Services	Managed Care Plan Scope of Benefit (1)
Inpatient Hospital Care	Up to 365 days per year. (366 for leap years)
Outpatient Hospital Services	Covered as needed based on medical necessity.
Physician Services	Covered as needed based on medical necessity.
Home Health Services (short-term, acute) (5)	Provided as ordered by a managed care plan physician.
Emergency Room Services	Covered as needed based upon medical necessity. Medical assessment (triage) covered in non-emergent cases.
FQHC Services	Covered as an in-plan service. Plans must either contract with an FQHC or demonstrate that they provide equivalent service.
Services of Other Practitioners (3)	Covered in accordance with State regulations.
Podiatry Services	Provided as ordered by a managed care plan provider for persons under 21 years of age.
Eye Care and Low Vision Services	Covered if referred by a managed care plan physician, except refractive services, for which members may self-refer. Provision of glasses is in accordance with New York State Plan specifications.
Dental Services	Optional capitated service
Transportation	May be covered as a plan benefit or provided by LDSS through other contracting arrangements at the county's option. (See County-specific addenda)
Laboratory Services	Covered as ordered by a managed care plan qualified medical professional.
Radiology Services	Covered as ordered by a managed care plan qualified medical professional.
Diagnostic Services	Covered as ordered by a managed care plan qualified medical professional.
EPSDT Services through the C/THP (2)	Provided to all children and young adults up to age 21 years.
Family Planning	Optional capitated service.
Private Duty Nursing	Covered service based on medical necessity.
DME/Hearing Aid	Covered as ordered by a managed care plan practitioner. Effective August 1, 1998 excluding disposable medical supplies.
Court-ordered services	Plans will be responsible for providing services ordered by a court of competent jurisdiction if the services are in the medicaid benefit package.
Preventive Services	Provided as ordered by managed care plan practitioner.
Prosthetic/Orthotic	Covered Service as ordered.
Mental Health Services (4)	20 outpatient visits; and 30 inpatient days. (Inpatient days in combination Alcohol and Substance Abuse Services inpatient days)
Alcohol and Substance Abuse Services	60 outpatient visits; and 30 inpatient days. (Inpatient days in combination with Mental Health Services inpatient days)
Detoxification Services	Covered in an inpatient or outpatient hospital setting or a freestanding detoxification center as medically necessary when ordered by a managed care plan physician. Medically necessary complicated inpatient detoxification is covered as part of the inpatient hospital benefit. Uncomplicated detoxification can be counted either against the inpatient or outpatient alcohol and substance abuse benefit.
School Based Health Center	Covered as in-plan service where available. Plans must contract with hospitals and D&TCs which provide these services.

1. All services are subject to existing State Plan provisions and must be medically necessary unless court ordered per Section 10.5 of the model contract.
2. Unless a non-covered service is ordered by the child's physician based on the results of a screening.
3. Mid-level practitioners certified and licensed by the State of New York, including Nurse Practitioners, Physician Assistants, Social Workers, Psychologist, Midwives, Therapists (speech, occupational and physical) and audiologists.
4. Nothing herein shall be deemed to preclude a plan from substituting alternative, clinically appropriate services to ensure quality of care and cost effective service delivery. Substitution of Alternative clinically appropriate services such as non-covered mental health Medicaid services or alternative mental health services will be subject to approval by the Plan Medical Director, and submission to the State of an approved benefit substitution plan detailing proposed benefit substitutions, costs of such services, and supportive documentation assuring that the substitution of such services will not increase total costs per person above what otherwise would have been incurred by the Plan and the State.
5. Plans must provide up to two post partum home visits for high risk infants and mothers, as well as to women with less than a forty-eight (48) hour hospital stay after a vaginal delivery or less than a ninety-six (96) hour stay after a cesarean delivery. Visits must be made by a qualified health professional (minimum qualifications being an RN with maternal/child health background), the first to occur within forty-eight (48) hours of discharge.

See attached Appendix L,1 for Specific SSI Benefits

**APPENDIX L,1
PREPAID BENEFIT PACKAGE
FOR SSI RECIPIENTS**

Covered Services	Managed Care Plan Scope of Benefit (1)
Inpatient Hospital Care	Up to 365 days per year (366 for leap year).
Outpatient Hospital Services	Covered as needed based on medical necessity.
Physician Services	Covered as needed based on medical necessity.
Home Health Services (short-term, acute) (4)	Provided as ordered by a managed care plan physician.
Emergency Room Services	Covered as needed based upon medical necessity. Medical assessment (triage) covered in non-emergent cases.
FQHC Services	Covered as an in-plan service. Plans must either contract with an FQHC or demonstrate that they provide equivalent service.
Services of Other Practitioners (3)	Covered in accordance with State regulations.
Podiatry Services	Provided as ordered by a managed care plan provider for persons under 21 years of age.
Eye Care and Low Vision Services	Covered if referred by a managed care plan physician, except refractive services, for which members may self-refer. Provision of glasses is in accordance with New York State Plan specifications.
Dental Services	Optional capitated service
Transportation	May be covered as a plan benefit or provided by LDSS through other contracting arrangements at the county's option. (See County-specific addenda)
Laboratory Services	Covered as ordered by a managed care plan qualified medical professional.
Radiology Services	Covered as ordered by a managed care plan qualified medical professional.
Diagnostic Services	Covered as ordered by a managed care plan qualified medical professional.
EPSDT Services through the C/THP (2)	Provided to all children and young adults up to age 21 years.
Family Planning	Optional capitated service.
Private Duty Nursing	Covered service based on medical necessity.
DMEs/Hearing Aid	Covered as ordered by a managed care plan practitioner. Effective August 1, 1998 excluding disposable medical supplies.
Court-ordered services	Plans will be responsible for providing services ordered by a court of competent jurisdiction if the services are in the medicaid benefit package.
Preventive Services	Provided as ordered by managed care plan practitioner.
Prosthetic/Orthotic	Covered Service as ordered
School Based Health Center	Covered as in-plan service where available. Plans must contract with hospitals and D&TCs which provide these services.

1. All services are subject to existing State Plan provisions and must be medically necessary unless court ordered per Section 10.5 of the model contract.
2. Unless a non-covered service is ordered by the child's physician based on the results of a screening.
3. Mid-level practitioners certified and licensed by the State of New York, including Nurse Practitioners, Physician Assistants, Social Workers, Psychologist, Midwives, Therapists (speech, occupational and physical) and audiologists.
4. Plans must provide up to two post partum home visits for high risk infants and mothers, as well as to women with less than a forty-eight (48) hour hospital stay after a vaginal delivery or less than a ninety-six (96) hour stay after a cesarean delivery. Visits must be made by a qualified health professional (minimum qualifications being an RN with maternal/child health background), the first to occur within forty-eight (48) hours of discharge.