

**HEALTH PLUS (HP) SUMMARY OF COVERED SERVICES**

	<b>Child Health Plus (B)</b>	<b>Family Health Plus</b>	<b>Health Care Plus (MMC) Non-SSI</b>	<b>Health Care Plus (MMC) SSI &amp; SSI Related</b>
AIDS Adult Day Care	Not Covered	Not Covered	FFS	FFS
Ambulatory Care - Professional Services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Audiology Services (Also see Hearing Aid Services)	Covered by HP (one exam per CY and more if deficiencies are detected)	Covered by HP	Covered by HP	Covered by HP
Chemical Dependence (Alcohol and Substance Abuse) Services - Inpatient	Covered by HP – Up to 30 days per CY combined for inpatient mental health services and inpatient detoxification. Partial hospitalization may be provided in lieu of inpatient mental health treatment.	Covered by HP- Up to 30 days per CY combined for inpatient mental health and chemical dependence services.	Covered by HP  See attached chart for detail on behavioral health benefit package.	FFS  See attached chart for detail on behavioral health benefit package.
Chemical Dependence (Alcohol and Substance Abuse) Services Outpatient	Covered by HP - Up to combined 60 visits per CY for diagnosis and treatment of mental health alcoholism and substance abuse. May include family therapy.	Covered by HP - Up to combined 60 visits per CY for diagnosis and treatment of mental health alcoholism and substance abuse.	FFS (except outpatient detoxification which is covered by HP)	FFS (except outpatient detoxification which is covered by HP)

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Child/Teen Health Plan (Also known as EPDST)	C/THP not applicable to CHP B. Component services may be covered.	Covered by HP for members under 21	Covered by HP for members under 21	Covered by HP for members under 21
Chiropractic Care	Not Covered	Not Covered	Not Covered by HP or FFS	Not Covered by HP or FFS
Cosmetic Surgery	Not Covered	Not Covered	Not Covered by HP or FFS (unless medically necessary for conditions that cause acute suffering, endanger life, result in illness or infirmity, interfere with normal activity, or threaten a significant handicap).	Not Covered by HP or FFS (unless medically necessary for conditions that cause acute suffering, endanger life, result in illness or infirmity, interfere with normal activity, or threaten a significant handicap).
Court Ordered Services (if part of the benefit package)	Covered by HP if medically necessary and in benefit package.	Covered by HP if part of the benefit package, not solely for administrative purposes	Covered by HP if part of the benefit package, not solely for administrative purposes	Covered by HP if part of the benefit package, not solely for administrative purposes
Dental Services- Emergency, Preventive, and Routine	Covered by HP (excludes orthodontia)	Covered by HP (excludes orthodontia)	Covered by HP (excludes orthodontia) FFS covers some orthodontia	Covered by HP (excludes orthodontia) FFS covers some orthodontia

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Detoxification Services – <b>Inpatient</b> detoxification and Medically Supervised Inpatient Withdrawal Services	Covered by HP, part of 30 day per CY inpatient Mental Health and Chemical Dependence benefit	Covered by HP if medically necessary	Covered by HP (Medically Supervised Inpatient Withdrawal Services covered FFS when ordered by LDSS under Welfare Reform)	Covered by HP (Medically Supervised Inpatient Withdrawal Services covered FFS)
Detoxification Services – Medically Supervised <b>Outpatient</b> Withdrawal Services	Covered by HP, part of 60 visits per CY benefit for outpatient Mental Health and Chemical Dependence services.	Covered by HP if medically necessary	Covered by HP (Covered FFS when ordered by LDSS under Welfare Reform)	Covered by HP (Covered FFS when ordered by LDSS under Welfare Reform)
Diabetic Education and Home Visits	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Diabetic Equipment and Supplies	Covered by HP (includes insulin)	Covered by HP (includes insulin)	Covered FFS (pharmacy benefit) DME covered by plan	Covered FFS (pharmacy benefit) DME covered by plan
Durable Medical Equipment	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Emergency Room Services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Enteral Formula	Covered by HP	Covered by HP	FFS (Pharmacy benefit)	FFS (Pharmacy benefit)
Experimental or Investigational Treatment	Not Covered by HP	Covered by HP on Case by Case Basis	Covered by HP on Case by Case Basis	Covered by HP on Case by Case Basis
Eye Care	See Vision care	See Vision care	See Vision care	See Vision care

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Family Planning and Reproductive Health Services	Covered by HP	Covered by HP	Covered by HP – HCP members can also receive these services FFS from any Medicaid provider	Covered by HP – HCP members can also receive these services FFS from any Medicaid provider
Fertility Treatments	Not Covered by HP	Not Covered by HP	Not Covered HP or FFS	Not Covered HP or FFS
Foot Care	Covered by HP, if due to illness or injury or part of an otherwise covered service	Covered by HP, if due to illness or injury or part of an otherwise covered service	Covered by HP, if due to illness or injury or part of an otherwise covered service	Covered by HP, if due to illness or injury or part of an otherwise covered service
Hearing Aid Services and Products	Covered by HP, including hearing aids, supplies, and batteries	Covered by HP, including hearing aids, supplies, and batteries	Covered by HP (excludes hearing aid batteries which are covered FFS under the pharmacy benefit)	Covered by HP (excludes hearing aid batteries which are covered FFS under the pharmacy benefit)
HIV testing and Counseling	Covered by HP	Covered by HP	Covered by HP - HCP members can also receive these services as part of a family planning visit from any Medicaid provider.	Covered by HP - HCP members can also receive these services as part of a family planning visit from any Medicaid provider.
Home Health Care Services from Certified Home Health Agency	Covered by HP - 40 visits/CY in lieu of hospital or SNF	Covered by HP 40 visits/CY in lieu of hospital or SNF	Covered by HP as medically necessary.	Covered by HP as medically necessary.
Hospice Services from licensed Article 40 Hospice	Covered by HP	Covered by HP	FFS	FFS
Hospital Inpatient Services	Covered by HP	Covered by HP	Covered by HP (subject to stop-loss)	Covered by HP (subject to stop-loss)

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ICF/Development Disabilities	Not Covered by HP	Not Covered by HP	FFS	FFS
Laboratory Services	Covered by HP	Covered by HP	Covered by HP, except for HIV phenotype and genotype tests (covered FFS)	Covered by HP, except for HIV phenotype and genotype tests (covered FFS)
Long Term Care	See Nursing Home	See Nursing Home	See Nursing Home	See Nursing Home
Maternity Care	Covered by HP	Covered by HP	Covered	Covered
Medical /Surgical Supplies other than those provided during office or home visit	Not covered by HP, except for diabetic and oxygen supplies	Not Covered by HP, except for diabetic supplies and smoking cessation supplies	FFS	FFS
<b>Mental Health Inpatient Treatment and Rehabilitation Services</b> (Also see Detoxification)	Covered by HP – Up to 30 days per CY for inpatient mental health services and inpatient detoxification. Partial hospitalization may be provided in lieu of inpatient mental health treatment.	Covered by HP- Up to 30 days per CY combined with alcohol and substance abuse services	Covered by HP  See attached chart for detail on behavioral health benefit package.	FFS  See attached chart for detail on behavioral health benefit package.

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<b>Mental Health Outpatient Services</b> (Also see Detoxification)	Covered by HP - Up to combined 60 visits per CY for diagnosis and treatment of mental health alcoholism and substance abuse. May include family therapy.	Covered by HP - Up to combined 60 visits per CY for diagnosis and treatment of mental health and alcohol and substance abuse.	Outpatient Mental Health Services Covered by HP  See attached chart for detail on behavioral health benefit package.	FFS  See attached chart for detail on behavioral health benefit package.
Methadone Maintenance	Not Covered by HP	Covered by HP under limited circumstances  See attached chart for detail on behavioral health benefit package	FFS	FFS
Midwife services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Nursing Home	See Residential Health Care Facility	See Residential Health Care Facility	See Residential Health Care Facility	See Residential Health Care Facility

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OMRDD Services- Long Term Therapy, Home and Community Waiver Programs, Care at Home	Not Covered by HP	Not Covered by HP	FFS	FFS
Orthodontia	Not Covered by HP	Not Covered by HP	FFS	FFS
Outpatient Surgery	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Personal and Comfort Items	Not Covered by HP	Not Covered by HP	Not Covered by HP or FFS	Not Covered by HP or FFS
Personal Care Services in Home	Not Covered by HP	Not Covered by HP	Covered only if incidental to home health visit. FFS covers personal care services approved by LDSS.	Covered only if incidental to home health visit. FFS covers personal care services approved by LDSS.
Pharmacy – <b>Non-Prescription</b> (Over-the-Counter) Items	Covered by HP, if ordered by provider and in Medicaid Formulary	Not Covered by HP (only smoking cessation and diabetic supplies, including insulin, are covered)	FFS	FFS
Pharmacy - <b>Prescription</b> Drugs	Covered by HP	Covered by HP	FFS	FFS
Pharmacy – <b>J-Code drugs</b>	Covered by HP	Covered by HP	Covered by HP, except for Risperdal Consta (J2794), which is FFS	Covered by HP, except for Risperdal Consta (J2794), which is FFS
Physical and Occupational Therapy	See Rehabilitation Services	See Rehabilitation Services	See Rehabilitation Services	See Rehabilitation Services
Personal Emergency Response Service (PERS)	Not Covered by HP	Not Covered by HP	FFS	FFS

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Physician Services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Postpartum Home Visits	Covered by HP (part of 40-visit home health care benefit)	Covered by HP (part of 40 visit home health care benefit)	Covered	Covered
Preventive Services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Private Duty Nursing	Not Covered by HP	Not Covered by HP	Covered by HP when medically necessary	Covered by HP when medically necessary
Prosthetics and Orthotics	Covered by HP, except cranial and dental prosthetics	Covered by HP	Covered by HP	Covered by HP
Radiology Services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Rehabilitation Services	Covered by HP, Short Term only	Covered by HP - Up to 20 visits per C/Y for PT, OT,	Covered by HP, if medically necessary. May be provided in RHCF, by CHHA in the home or in outpatient clinic if member is not a permanent resident.	Covered by HP, if medically necessary. May be provided in RHCF, by CHHA in the home or in outpatient clinic if member is not a permanent resident.
Renal Dialysis	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Residential Health Care Facility	Not Covered	Not Covered	Effective 1/01/05 HP responsible for medically necessary RHCF benefits for members not in permanent absence status up to a 60 day CY stop loss. Long term care is covered FFS	Effective 1/01/05 HP responsible for medically necessary RHCF benefits for members not in permanent absence status up to a 60 day CY stop loss. Long term care is covered FFS
Second Opinion	Covered by HP	Covered by HP	Covered by HP	Covered by HP

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Speech Therapy	Covered by HP, for conditions amenable to significant clinical improvement in 2 months	Covered by HP, for conditions amenable to significant clinical improvement in 2 months	Covered by HP if medically necessary	Covered by HP if medically necessary
Tuberculosis Directly Observed Therapy (DOT)	Not Covered	Not Covered	FFS	FFS
Transitional Home Health Care Services starting 10/01/05	None	None	Up to 30 days of personal care in some circumstances.	Up to 30 days of personal care in some circumstances.
Transportation- <b>Emergency</b> (ambulance and air ambulance)	Covered by HP, except air-borne transportation	Covered by HP	Covered by HP	Covered by HP
Transportation- <b>Non Emergency</b>	Not Covered by HP	Not Covered by HP	Covered by HP	Covered by HP
Vision Care (optometry, glasses, etc.)	Covered by HP - vision exams, one pair of glasses in any 12 month period (more frequently if justified), and contact lenses if medically necessary.	Covered by HP – in any 24 month period if medically necessary: one vision exam; one pair of prescription glasses or prescription contact lenses only when medically necessary (not in lieu of glasses); and one pair of occupational eyeglasses. Coverage does <b>not</b> include replacement of lost damaged or destroyed eyeglasses.	Covered by HP - in any 24 month period if medically necessary: one vision exam; one pair of glasses; medically necessary contact lenses. Eyeglasses may be dispensed more frequently if medically indicated (e.g. change in correction greater than ½ diopter) or glasses are lost damaged or destroyed)	Covered by HP - in any 24 month period if medically necessary: one vision exam; one pair of glasses; medically necessary contact lenses. Eyeglasses may be dispensed more frequently if medically indicated (e.g. change in correction greater than ½ diopter) or glasses are lost damaged or destroyed)

Glossary: CHHA – Certified Home Health Agency; LDSS – Local District of Social Service; RHCF – Residential Health Care Facility

Summary Regulatory Affairs - DOH Approved 12-04; Amended 10/1/05; Updated 12/27/05, 10-24-06. 6-3-08 vision benefit corrected

## Mental Health and Chemical Dependence Services for Medicaid (Health Care Plus) Members

	Non-SSI Recipients		SSI Recipients		
	Covered by Health Plus	Fee-for-Service	Covered by Health Plus	Fee-for-Service	
<b>Mental Health</b>	Inpatient mental health services (stop-loss)			Inpatient mental health services	
	Outpatient mental health services (stop-loss)			Outpatient mental health services	
	Provision of medical documentation and mental health and chemical assessments for Welfare reform work requirements, adult protective services, child protective services and foster care.  One self-referral for one assessment by par provider in a twelve month period.	Day Treatment			Day Treatment
		Continuing day treatment			Continuing day treatment
		Day Treatment Programs Serving Children			Day Treatment Programs Serving Children
		Home and Community Based Services Waiver for Seriously Emotionally Disturbed Children (SED)			Home and Community Based Services Waiver for Seriously Emotionally Disturbed Children (SED)
		Intensive Case Management (ICM)			Intensive Case Management (ICM)
		Partial Hospitalization			Partial Hospitalization
		Services Provided through OMH Designated Clinics for children with SED			Services Provided through OMH Designated Clinics for children with SED
		Intensive psychiatric rehabilitation treatment Programs (IPRT).			Intensive psychiatric rehabilitation treatment Programs (IPRT).
Rehab Services Provided by Residents of OMH Licensed Community Residences and Family Based Treatment Programs			Rehab Services Provided by Residents of OMH Licensed Community Residences and Family Based Treatment Programs		

	<b>Non-SSI Recipients</b>		<b>SSI Recipients</b>		
	<b>Covered by Health Plus</b>	<b>Fee-for-Service</b>	<b>Covered by Health Plus</b>	<b>Fee-for-Service</b>	
<b>Mental Health</b>		Assertive Community Treatment (ACT) Personalized Recovery Oriented Services (PROS)		Assertive Community Treatment (ACT) Personalized Recovery Oriented Services (PROS)	
<b>Chemical Dependence Services</b>	Inpatient Alcoholism and Substance Abuse Treatment and Rehabilitation services	Chemical Dependence Inpt rehab and treatment ordered by LDSS under welfare reform (unless already underway and LDSS is satisfied with level of care and services).  Methadone Maintenance  Outpatient Substance abuse treatment  Outpatient Alcohol Clinics  Outpatient alcohol or chemical dependence rehabilitation programs  Outpatient chemical dependence for youth programs	Medical documentation and mental health and chemical assessments for Welfare reform, adult protective services, child protective services, foster care.	Inpatient Alcoholism and Substance Abuse Treatment and Rehabilitation services, including services ordered by LDSS under welfare reform	
	Medical documentation and mental health and chemical assessments for Welfare reform, adult protective services, child protective services, foster care.			Chemical Dependency Services mandated by LDSS	
	Chemical Dependency Benefit Package Services mandated by LDSS if services are already underway and LDSS is satisfied.			Methadone Maintenance	Methadone Maintenance
				Outpatient Substance abuse treatment	Outpatient Substance abuse treatment
				Outpatient Alcohol Clinics	Outpatient Alcohol Clinics
				Outpatient alcohol or chemical dependence rehabilitation programs	Outpatient alcohol or chemical dependence rehabilitation programs
				Outpatient chemical dependence for youth programs	Outpatient chemical dependence for youth programs
<b>Detoxification Services</b>	Medically Managed Inpatient Detoxification	Medically Supervised Inpatient and Outpatient	Medically Managed Inpatient Detoxification	Medically Supervised Inpatient and Outpatient	

	Non-SSI Recipients		SSI Recipients	
	Covered by Health Plus	Fee-for-Service	Covered by Health Plus	Fee-for-Service
<b>Detoxification Services</b>	Medically Supervised Inpatient and Outpatient Withdrawal	Withdrawal Services ordered by LDSS under welfare reform (unless already underway and LDSS is satisfied with level of care and services).	Medically Supervised Inpatient and Outpatient Withdrawal	Withdrawal Services ordered by LDSS under welfare reform (unless already underway and LDSS is satisfied with level of care and services).
	Medically managed detoxification services ordered by LDSS under Welfare Reform.			Medically managed detoxification services ordered by LDSS under Welfare Reform.
<b>OMRDD Services</b>		Long Term Therapy Services Provided by Art. 16 Clinic Treatment Facilities or Art. 28 Facilities		Long Term Therapy Services Provided by Art. 16 Clinic Treatment Facilities or Art. 28 Facilities
		Day Treatment		Day Treatment
		Medicaid Services Coordination		Medicaid Services Coordination
		Home and Community Based Services Waiver		Home and Community Based Services Waiver
		Care at Home Program		Care at Home Program
<b>Court Ordered Services</b>	Benefit Package Services ordered by court whether provided by participating or non-participating provider.	Services not in the benefit package or ordered solely for administrative purposes or ordered by a parole board.	SSI Benefit Package Services (medically managed detoxification) ordered by court whether provided by participating or non-participating provider.	Services not in the benefit package or ordered solely for administrative purposes or ordered by a parole board.

**NOTE:** Medicaid managed care stop-loss - SDOH pays Plan directly, in addition to the capitation rate, for covered services beyond the Stop Loss limits. The Plan continues to provide/arrange for services beyond these limits:

- Mental Health outpatient visits in excess of 20 visits per CY
- Inpatient mental Health and Chemical Dependence days (combined) in excess of 30 days per CY

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## Mental Health and Chemical Dependence Services

### Covered Services Child Health Plus and Family Health Plus

	<b>Child Health Plus (CHP B)</b>	<b>Family Health Plus</b>
<b>Inpatient</b> Mental Health and Chemical Dependence Services	<p>Combined 30 days per CY for inpatient mental health, detoxification and rehabilitation</p> <p>Partial hospitalization may be provided in lieu of inpatient mental health treatment.</p>	Up to 30 days per CY
<b>Outpatient</b> Mental Health and Chemical Dependence Services	<p>Combined 60 visits per CY for diagnosis and treatment of mental health alcoholism and substance abuse. May include family therapy.</p>	Up to 60 visits per CY
Methadone Maintenance	Not Covered	<p>Covered under limited circumstances: 1) enrollee is receiving detoxification services or chemical dependence inpatient rehabilitation and treatment; and while the enrollee is being treated for withdrawal from other substances; and when the provider is appropriately authorized. Methadone maintenance from OASAS facilities that primarily provide methadone maintenance is not covered.</p>
Inpatient Detoxification	Inpatient Detoxification is part of 30 day per CY inpatient Mental Health and Chemical Dependence benefit	Inpatient Detoxification and Medically Supervised Inpatient Withdrawal Services Covered as medically necessary
Outpatient Detoxification	Outpatient Detoxification is part the 60 visits per CY benefit for outpatient Mental Health and Chemical Dependence services.	Medically Supervised Outpatient Withdrawal Services Covered as medically necessary