



## Healthfirst Medicaid Managed Care Plan Covered Services

Healthfirst Medicaid Managed Care is a New York State-sponsored health insurance program that offers eligible New Yorkers with little or no income the health coverage they deserve. Healthfirst Medicaid plan members have access to many benefits and services to help them stay healthy.

The following provides a full list of covered services for Healthfirst Medicaid plan members. More information is available in the **Member Handbook**.

Covered Services for Medicaid Plan Members	Limitations/Restrictions (If Applicable)
Adaptive and Assistive Equipment	<i>See page 5</i>
Adult Day Health Care	
Assertive Community Treatment (ACT)	<i>See page 5</i>
AIDS Adult Day Health Care	
Audiology, Hearing Aids Services and Products	
Breastfeeding Support	
Buprenorphine Prescribers	
Cardiac Rehabilitation	
Caregiver/Family Supports and Services	
Chemical Dependence Inpatient Rehabilitation and Treatment Services	
Community Psychiatric Emergency Program (CPEP)	
Community Self-Advocacy Training and Supports	
Community Habilitation	
Compression and Support Stockings	
Consumer-Directed Personal Assistance Services	
Continued Glucose Monitors (CGM)	<i>See page 5</i>
Continuing Day Treatment	<i>See page 5</i>
Court-Ordered Services	
Crisis Intervention Services	
Day Habilitation	<i>See page 5</i>

Covered Services for Medicaid Plan Members	Limitations/Restrictions (If Applicable)
Dental and Orthodontic Services	
Detoxification Services	
Diabetes - National Diabetes Prevention Program (NDPP)	
Directed Observed Therapy for Tuberculosis Disease (TB DOT)	
Discharge Planning	
Durable Medical Equipment (DME)	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services/ Child Teen Health Program (CTHP)	
Emergency Services	
Emergency Transportation	<i>See page 5</i>
Environmental Modifications	<i>See page 5</i>
Experimental and/or Investigational Treatment	<i>See page 5</i>
Eye Care and Low Vision Services	
Family Planning and Reproductive Health Services	
Family Peer Support Services (FPSS)	<i>See page 6</i>
Foot Care Services	
Foster Care Services	<i>See page 6</i>
Harm Reduction Services	<i>See page 6</i>
Home-Delivered Meals	<i>See page 6</i>
Home Health Services	
Hospice	
Inpatient Hospital Services	
Inpatient Stay Pending Alternate Level of Medical Care	
Laboratory Services	
Local Department of Social Services (LDSS) Mandated Substance Use Disorder (SUD) Services	
Maternity	
Medical Language Interpreter Services	
Medical Social Services	<i>See page 6</i>
Mental Health Services	
Midwifery Services	
Non-Emergency Transportation	<i>See page 6</i>

Covered Services for Medicaid Plan Members	Limitations/Restrictions (If Applicable)
Non-Medical Transportation	
Nurse Practitioner Services	
Observation Services	
Palliative Care Pain & Symptom Management	
Palliative Care Bereavement Service	
Palliative Care Massage Therapy	
Palliative Care Expressive Therapy	
Partial Hospitalization	
Pasteurized Donor Human Milk (PDHM)	<i>See page 6</i>
Percutaneous Coronary Intervention (PCI), also known as coronary angioplasty	
Personal Care Services	<i>See page 6</i>
Personal Emergency Response System (PERS)	
Personalized Recovery Oriented Services (PROS)	<i>See page 6</i>
Physician Services	
Post-Stabilization Care Services	
Prescriber Prevails for Atypical Antipsychotic Drugs	
Prescription and Non-Prescription Over-the-Counter (OTC) Drugs, Medical Supplies, and Enteral Formula	
Preventive Health Services	
Prevocational Services	
Private Duty Nursing Services	
Prosthetic/Orthotic Services/Orthopedic Footwear	
Radiology Services	
Rehabilitation Services (not including Psychosocial Rehabilitation (PSR))	<i>See page 6</i>
Renal Dialysis	
Residential Health Care Facility (Nursing Home) Services (RHCF)	<i>See page 6</i>
Respite (planned respite and crisis respite)	
Screening, Brief Intervention and Referral to Treatment (SBIRT) for Chemical Dependency	
Second Medical/Surgical Opinion	

Covered Services for Medicaid Plan Members	Limitations/Restrictions (If Applicable)
Smoking Cessation Counseling	
Smoking Cessation Products	
Substance Use Disorder (SUD) Inpatient Detoxification Services	
Substance Use Disorder (SUD) Inpatient Rehabilitation and Treatment Services	
Substance Use Disorder (SUD) Medically Supervised Outpatient Withdrawal	
Substance Use Disorder (SUD) Outpatient (includes outpatient clinic, outpatient rehabilitation, and opioid treatment)	
Substance Use Disorder (SUD) Residential Addiction Treatment Services	
Supported Employment	
Tuberculosis Directly Observed Therapy	
Other Licensed Practitioner (OLP)	<i>See page 7</i>
Community Psychiatric Supports and Treatment (CPST)	<i>See page 7</i>
Psychosocial Rehabilitation (PSR)	<i>See page 7</i>
Vehicle Modifications	<i>See page 7</i>
Youth Peer Support	<i>See page 7</i>

Covered Services for Medicaid Plan Members	Details - Limitations/Restrictions (If Applicable)
Adaptive and Assistive Equipment	\$15,000 annual calendar year limit
Assertive Community Treatment (ACT)	Minimum age 18 years old
Continued Glucose Monitors (CGM)	<p>NYS Medicaid coverage of real-time continuous glucose monitoring (RT-CGM) may be available for members who meet each of the following criteria. Member must:</p> <ul style="list-style-type: none"> <li>• Have a diagnosis of type 1 diabetes</li> <li>• Be under the care of an endocrinologist who orders the device</li> <li>• Currently be performing at least four finger-stick glucose tests daily</li> <li>• Be on an insulin treatment plan that requires frequent adjustment of insulin dosing</li> <li>• Be able, or have a caregiver who is able, to hear and view RT-CGM alerts and respond appropriately</li> </ul>
Continuing Day Treatment	Minimum age 18 years old
Day Habilitation	<p>Children have a maximum daily amount of services that are available to individuals based upon their residence. Individuals residing in certified settings are limited to a maximum of six hours of non-residential services (or its equivalent), which must commence no later than 3pm on weekdays.</p> <p>Day Habilitation services will not include funding for direct, hands-on physical therapy, occupational therapy, speech therapy, nutrition, or psychology services.</p>
Emergency Transportation	Benefit is transferred to Medicaid fee-for-service (MFFS) according to a phase-in schedule.
Environmental Modifications	\$15,000 annual calendar year limit
Experimental and/or Investigational Treatment	Covered on a case-by-case basis.

Covered Services for Medicaid Plan Members	Details - Limitations/Restrictions - (If Applicable)
Family Peer Support Services (FPSS)	Covered under the children's carve-in state plan amendment (SPA) services. FPSS services are an array of formal and informal services and supports provided to families caring for/raising a child who is experiencing social, emotional, developmental, medical, substance use, and/or behavioral challenges in their home, school, placement, and/or community.
Foster Care Services - Core Limited Health Related Services (CLHRS)	<p>Limitations - Children under the age of 21 who are in foster care</p> <p>Covered as a per diem basis, inclusive of:</p> <ul style="list-style-type: none"> <li>Nursing services</li> <li>Skill building Licensed Behavioral Health Practitioner</li> <li>Medicaid treatment planning and discharge planning</li> <li>Clinical consultation and supervision</li> <li>VFCA Managed Care liaison/administration</li> </ul>
Foster Care Services - Other Limited Health Related Services (OLHRS)	<p>Children/youth who are discharged from a 29-I Health Facility may continue to receive OLHRS from any 29-I health facility for up to one year post discharge</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>Children and Family Treatment Support Services (CFTSS)</li> <li>Children's Home and Community and Based Services (HCBS)</li> <li>Medicaid State Plan Services</li> </ul>
Harm Reduction Services	Includes but is not limited to: overdose prevention, overdose response, and preventing transmission of HIV, Hepatitis B and C, and other illnesses in substance users. Must be recommended in writing by a physician or other licensed practitioner.
Home-Delivered Meals	Only for those enrollees transitioning from the Long-Term Home Health Care Program (LTHHCP) and who received home-delivered meals while in the program.
Medical Social Services	Only for those enrollees transitioning from the Long-Term Home Health Care Program (LTHHCP) and who received medical social services while in the program.
Non-Emergency Transportation	Benefit is transferred to Medicaid fee-for-service (MFFS) according to a phase-in schedule.
Pasteurized Donor Human Milk (PDHM)	Medicaid managed care (MMC) plans are required to cover inpatient use of PDHM when medically necessary.
Personal Care Services	When only Level I (housekeeping) services provided, limited to eight (8) hours per week.
Personalized Recovery Oriented Services (PROS)	Minimum age 18 years old
Rehabilitation Services (not including Psychosocial Rehabilitation (PSR))	Outpatient physical therapy limited to 40 (forty) visits each per calendar year. Occupational and speech therapy limited to 20 (twenty) visits each per calendar year. Limits do not apply to enrollees who are under age 21, are developmentally disabled, or have a traumatic brain injury.
Residential Health Care Facility (Nursing Home) Services (RHCF)	Except for enrollees under age 21 in Long-Term Placement Status.

Covered Services for Medicaid Plan Members	Details - Limitations/Restrictions (If Applicable)
Other Licensed Practitioner (OLP)	Covered under the Children's carve-in State Plan Amendment (SPA) services. OLP consists of three different service components. These services are: assessments for mental health and/or substance use needs; identifying strengths and abilities through individual and group therapies; getting individual, group, or family therapy where member is most comfortable. OLP can be provided to individuals, families, and groups and can be inpatient, outpatient, or at home.
Community Psychiatric Supports and Treatment (CPST)	Covered under the Children's carve-in State Plan Amendment (SPA) services. CPST services are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the child's treatment plan.
Psychosocial Rehabilitation (PSR)	Covered under the Children's carve-in State Plan Amendment (SPA) services. PSR is divided into two different types of sessions: individual and group.
Vehicle Modifications	\$15,000 annual calendar year limit
Youth Peer Support (YPS)	<p>Covered under the Children's carve-in State Plan Amendment (SPA) services. YPS provides the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills.</p> <p>A youth with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.</p>

Benefit changes are subject to New York State Department of Health (NYSDOH) and Centers for Medicare and Medicaid (CMS) adds or changes. Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").  
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