



## 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) |
|---|--|
| Adult Day Health Care   |  |
| Assertive Community Treatment (ACT)                                 |  |
| AIDS Adult Day Health Care  |  |
| Audiology, Hearing Aids Services and Products                       |  |
| Breastfeeding Support   |  |
| Buprenorphine Prescribers   |  |
| Cardiac Rehabilitation  |  |
| Chemical Dependence Inpatient Rehabilitation and Treatment Services |  |
| Community Psychiatric Emergency Program (CPEP)                      |  |
| Compression and Support Stockings                                   |  |
| Consumer-Directed Personal Assistance Services                      |  |
| Continued Glucose Monitors (CGM)                                    | See page 4                               |
| Continuing Day Treatment  |  |
| Court-Ordered Services  |  |
| Crisis Intervention Services  |  |
| Dental and Orthodontic Services                                     |  |
| Detoxification Services   |  |
| Directed Observed Therapy for Tuberculosis Disease (TB DOT)         |  |
| Discharge Planning  |  |
| Durable Medical Equipment (DME)                                     |  |

| Covered Services for Medicaid Plan Members   | Limitations/Restrictions (If Applicable) |
|--|--|
| Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services/<br>Child Teen Health Program (C/THP) |  |
| Emergency Services   |  |
| Emergency Transportation   | <i>See page 4</i>                        |
| Experimental and/or Investigational Treatment  | <i>See page 4</i>                        |
| Eye Care and Low Vision Services   |  |
| Family Planning and Reproductive Health Services   |  |
| Family Peer Support Services (FPSS)  | <i>See page 4</i>                        |
| Foot Care Services   |  |
| Harm Reduction Services  | <i>See page 4</i>                        |
| Home-Delivered Meals   | <i>See page 4</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 4</i>                        |
| Mental Health Services   |  |
| Midwifery Services   |  |
| Non-Emergency Transportation   | <i>See page 4</i>                        |
| Nurse Practitioner Services  |  |
| Observation Services   |  |
| Partial Hospitalization  |  |
| Pasteurized Donor Human Milk (PDHM)  | <i>See page 5</i>                        |
| Percutaneous Coronary Intervention (PCI), also known as coronary angioplasty                                   |  |
| Personal Care Services   | <i>See page 5</i>                        |

| Covered Services for Medicaid Plan Members  | Limitations/Restrictions (If Applicable) |
|---|--|
| Personal Emergency Response System (PERS)   |  |
| Personalized Recovery Oriented Services (PROS)  |  |
| 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  |  |
| Private Duty Nursing Services   |  |
| Prosthetic/Orthotic Services/Orthopedic Footwear  |  |
| Radiology Services  |  |
| Rehabilitation Services (not including Psychosocial Rehabilitation (PSR))   | <i>See page 5</i>                        |
| Renal Dialysis  |  |
| Residential Health Care Facility (Nursing Home) Services (RHCF)   | <i>See page 5</i>                        |
| Screening, Brief Intervention and Referral to Treatment (SBIRT) for Chemical Dependency                               |  |
| Second Medical/Surgical Opinion   |  |
| Seriously Emotionally Disturbed (SED)   |  |
| 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   |  |
| Tuberculosis Directly Observed Therapy  |  |
| Other Licensed Practitioner (OLP)   | <i>See page 5</i>                        |
| Community Psychiatric Supports and Treatment (CPST)   | <i>See page 5</i>                        |
| Psychosocial Rehabilitation (PSR)   | <i>See page 5</i>                        |

| Covered Services for Medicaid Plan Members    | Details - Limitations/Restrictions (If Applicable)  |
|---|---|
| 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> |
| Emergency Transportation                      | Benefit is transferred to Medicaid fee-for-service (MFFS) according to a phase-in schedule.   |
| Experimental and/or Investigational Treatment | Covered on a case-by-case basis.  |
| 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.   |
| 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.   |

| Covered Services for Medicaid Plan Members                                | Details - Limitations/Restrictions (If Applicable)   |
|---|--|
| 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.   |
| 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.   |
| 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.  |

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