AmeriHealth Caritas™

VIP Care®

AmeriHealth Caritas VIP Care (HMO-SNP)

2020 Summary of Benefits

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Summary of Benefits

January 1, 2020 - December 31, 2020

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage (EOC)" or visit us at **www.amerihealthcaritasvipcare.com**

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as AmeriHealth Caritas VIP Care (HMO-SNP).

Tips for comparing your Medicare choices

- This Summary of Benefits booklet gives you a summary of what AmeriHealth Caritas VIP Care (HMO-SNP) covers and what you pay.
  - If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or you can use the Medicare Plan Finder on **www.medicare.gov**.
  - If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **www.medicare.gov** or get a copy by calling **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

Sections in this booklet

- Things to Know About AmeriHealth Caritas VIP Care (HMO-SNP).
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.
- Extra (Supplemental) Benefits that AmeriHealth Caritas VIP Care covers.
- Medical Assistance (Medicaid) Benefits.
- Home and Community Based Services.

AmeriHealth Caritas VIP Care is an HMO-SNP plan with a Medicare contract and a contract with the Pennsylvania Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal. This information is not a complete description of benefits. Call **1-866-533-5490 (TTY 711)**, seven days a week, 8 a.m. – 8 p.m., for more information.

Out-of-network/non-contracted providers are under no obligation to treat AmeriHealth Caritas VIP Care members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Things to Know About AmeriHealth Caritas VIP Care (HMO-SNP)

Hours of operation

- You can call us seven days a week from 8 a.m. to 8 p.m. Eastern time.

AmeriHealth Caritas VIP Care (HMO-SNP) phone numbers and website

- If you are a member of this plan, call toll free at **1-866-533-5490** (**TTY 711**).
- If you are not a member of this plan, call toll free at **1-855-241-3648** (**TTY 711**).
- Our website: **www.amerihealthcaritasvipcare.com**.

Who can join?

To join AmeriHealth Caritas VIP Care (HMO-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and the Pennsylvania Medical Assistance Program. You must qualify for Medical Assistance at one of the following categories of aid:

- Qualified Medicare Beneficiary Plus (QMB+).
- Specified Low-Income Medicare Beneficiary Plus (SLMB+).
- Full Benefit Dual Eligible (FBDE).

You must live in our service area. Our service area includes the following counties in Pennsylvania: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York.

For prospective enrollees, if you have questions about your eligibility, call Member Services at **1-855-241-3648** (**TTY 711**).

Which doctors, hospitals, and pharmacies can I use?

- AmeriHealth Caritas VIP Care (HMO-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.
- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can view our plan's Provider and Pharmacy Directory on our website, **www.amerihealthcaritasvipcare.com**.
- Or call us and we will send you a copy of the Provider and Pharmacy Directory.

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What do we cover?

- **Like all Medicare health plans, we cover everything that Original Medicare covers — and more.**
  - ***Our plan members get all of the benefits covered by Original Medicare.***
  - ***Our plan members also get more than what is covered by Original Medicare.*** Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
  - You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.amerihealthcaritasvipcare.com**.
  - Or call us and we'll send you a copy of the formulary.

How will I determine my drug costs?

- Our plan groups each medication into one of two "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached.
- If you are in a program that helps pay for your drugs ("Extra Help"), you should receive a separate insert called the "Low Income Subsidy Rider" or LIS Rider, which tells you about your drug costs.

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Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

Questions about the costs	AmeriHealth Caritas VIP Care
How much is the monthly premium?	$0 per month.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. In this plan, you may pay nothing for Medicare-covered services, depending on your level of Pennsylvania Medical Assistance Program eligibility. Your yearly limit(s) in this plan: • $3,400 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year. Refer to the **"Medicare & You"** handbook for Medicare-covered services. Please note that you will still need to pay your cost-sharing for your Part D prescription drugs..

Summary of Medical and Hospital Benefits That Are Covered by AmeriHealth Caritas VIP Care

The benefits described below in the left hand column are covered by AmeriHealth Caritas VIP Care (HMO-SNP). These are your Medicare covered benefits.
You pay $0 cost-sharing for your Medicare covered services with AmeriHealth Caritas VIP Care, because you receive Medicare cost-sharing assistance from the Pennsylvania Medical Assistance Program.

When you receive medical services, the provider should only bill AmeriHealth Caritas VIP Care for the cost of those services and cost-sharing amounts. The provider should not charge you for medical services or cost-sharing.

Benefits	**What AmeriHealth Caritas VIP Care covers (Medicare-covered services)**	**Your cost**
Inpatient (IP) Hospital	• Hospital stays. • Doctor and surgeon care. • Our plan covers 90 days for an inpatient hospital stay. • Our plan also covers 60 "lifetime reserve days." These are "extra" days we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. *Prior authorization required.*	$0 copay
Outpatient Hospital	Medically necessary services for diagnosis or treatment of an illness or injury: • X-rays. • Radiation therapy. • Surgical supplies. • Laboratory tests. • Outpatient diagnostic tests. *Not all outpatient preventative or diagnostic services will require authorization.*	$0 copay
Doctor's Office Visits	• Primary care physician visits. • Wellness visits. • Specialist care.	$0 copay

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Benefits	What AmeriHealth Caritas VIP Care covers (Medicare-covered services)	Your cost
Preventive Care	Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening. • Alcohol misuse counseling. • Bone mass measurement. • Breast cancer screening (mammogram). • Cardiovascular disease (behavioral therapy). • Cardiovascular screening. • Cervical and vaginal cancer screening. • Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy). • Depression screening. • Diabetes screening. • Diabetes self-management training. • Diabetic services and supplies. • Health and wellness education programs. • HIV screening. • Lung cancer screening. • Medical nutrition therapy. • Medicare Diabetes Prevention Program (MDPP). • Obesity screening and counseling. • Prostate cancer screening (PSA). • Sexually transmitted infections screening and counseling. • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease). – Four additional face-to-face PCP visits for smoking/tobacco cessation annually. • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots. • Vision care. • "Welcome to Medicare" preventive visit (one time). • Yearly "Wellness" visit physical exam. Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay

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Benefits	What AmeriHealth Caritas VIP Care covers (Medicare-covered services)	Your cost
Emergency Care	• Emergency room services provided by a qualified provider. • Ambulance services. Cost-sharing for necessary emergency services furnished out of network is the same as that for such services furnished in network. Our plan does not provide coverage for emergency medical care outside the United States and its territories.	$0 copay
Urgent Care	• Services needed to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Cost-sharing for necessary urgently needed services furnished out of network is the same as that for such services furnished in network. Our plan does not provide coverage for urgently needed care outside the United States and its territories.	$0 copay
Diagnostic Tests, Lab and Radiology Services, and X-Rays	• Diagnostic radiology services (such as MRIs, CT scans). • Diagnostic tests and procedures. • Lab services. • Outpatient X-rays. • Therapeutic radiology services (such as radiation treatment for cancer). *Some specialized lab services may require prior authorization.* *The majority of lab services do not require prior authorization. Some specialized lab services (for example, genetic testing lab services) may require prior authorization. Have your provider call AmeriHealth Caritas VIP Care to confirm if an authorization is required for your lab service.*	$0 copay
Hearing Services	• Exam to diagnose and treat hearing and balance issues. • Routine hearing exam (for up to one every year). • Hearing aid fitting/evaluation (for up to one every two years). • Hearing aid. • Our plan pays up to $1,000 every two years for hearing aids for both ears combined.	$0 copay

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Benefits	What AmeriHealth Caritas VIP Care covers (Medicare-covered services)	Your cost
Dental Services	Certain dental services you get when you are in a hospital plus: Our plan covers the following preventive services up to $1000 per year: • Cleaning (for up to one every six months). • Dental X-ray(s) (for up to one every year). • Fluoride treatment (for up to one every six months). • Oral exam (for up to one every six months). The comprehensive dental benefit covers minor restorations (fillings), simple extractions, dentures, denture repair, surgical extractions, oral surgery, periodontics, and endodontics up to a combined total of $2,000 every year. Crowns, bridges, and implants are not covered services. *Authorization is required for dentures, periodontics, and endodontics.*	$0 copay
Vision Services	• Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). • Medicare-covered eyeglasses or contact lenses after cataract surgery with insertion of an intraocular lens. • Routine eye exam (for up to one every year). • Up to 1 pair of eyeglasses (lenses and frames) every year. -Or - • Up to 1 pair of contact lenses every year. • $200 plan coverage limit for eye wear every year. The eyewear allowance only applies to the following limited eyewear benefits: Fashion/Designer/Premier frames collections; clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any size or Rx); tinting of plastic lenses; and scratch-resistant coating. Or, in lieu of eyeglasses, the $200 annual allowance may be applied to a limited selection of visually required contact lenses. Additional charges may apply for eyewear benefits that are not listed here.	$0 copay

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Benefits	What AmeriHealth Caritas VIP Care covers (Medicare-covered services)	Your cost
Mental Health Services	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. • Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • Outpatient group therapy visit. • Outpatient individual therapy visit. *Prior authorization required for partial hospitalization services.*	$0 copay
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in an SNF. *Prior authorization required.*	$0 copay
Outpatient Rehabilitation	• Cardiac (heart) rehab services. • Occupational therapy visit. • Physical therapy and speech and language therapy visit. *Prior authorization required.*	$0 copay
Ambulance	Prior Authorization **is not** required for emergency ambulance services **or** ambulance service between acute and sub-acute facilities. *Prior Authorization is required for all other ambulance services.*	$0 copay
Transportation	80 one-way trip(s) to authorized plan-approved locations every year (e.g., doctor's office, pharmacy, and hospital). May consist of car, shuttle, or van depending on the appropriateness for the situation and the member's needs. Rides must be scheduled at least 24 hours in advance except in special circumstances.	$0 copay
Medicare Part B Drugs	Medicare Part B covers a limited number of drugs such as injections a beneficiary receives in a doctor's office, certain oral cancer drugs, drugs used with some types of durable medical equipment (like nebulizer or external infusion pump), and, under very limited circumstances, certain drugs a beneficiary receives in a hospital outpatient setting. *Prior authorization required.*	$0 copay

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Benefits	What AmeriHealth Caritas VIP Care covers (Medicare-covered services)	Your cost
Ambulatory Surgical Center	If you are having surgery in a hospital facility, you should check with your provider about whether you will be an inpatient or an outpatient. Unless the provider writes an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an outpatient. **Authorization required*	$0 copay
Podiatrist Services (foot care)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	$0 copay
Chiropractor Services	Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).	$0 copay
Prosthetic Devices and Related Supplies	Devices (other than dental) that replace all or part of a body part or function. This may include, but is not limited to, braces, artificial limbs, pacemakers, colostomy care, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Includes certain supplies related to prosthetic devices, and repair and/or replacement of prosthetic devices, as well as coverage following cataract removal or cataract surgery. *Authorization is required for Medicare-covered prosthetics and medical supplies over $500 for purchase. Authorization is required for all Medicare-covered prosthetics and medical supplies for rental.*	$0 copay
Durable Medical Equipment and Supplies	Durable medical equipment (wheelchairs, oxygen, etc.). *Authorization is required for Medicare-covered DME items over $500 for purchase. Authorization is required for all Medicare-covered rental items.*	$0 copay
Home Health Care	Covered services include, but are not limited to: • Part-time or intermittent skilled nursing and home health aide services (to be covered under the home health care benefit; your skilled nursing and home health aide services combined must total fewer than eight hours per day and 35 hours per week). • Physical therapy, occupational therapy, and speech therapy. • Medical and social services. • Medical equipment and supplies. *Prior authorization required.*	$0 copay
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	$0 copay

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Benefits	What AmeriHealth Caritas VIP Care covers (Medicare-covered services)	Your cost
Federally Qualified Health Center/Rural Health Clinic	AmeriHealth Caritas VIP Care (HMO-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.	$0 copay for in-network clinics
Services to Treat Kidney Disease and Conditions	• Kidney disease education services. • Outpatient and inpatient dialysis treatment (including dialysis treatments when temporarily out of the service area). • Self-dialysis training. • Home dialysis training with certain home support services. • Certain drugs for dialysis are covered under your Medicare Part B benefit.	$0 copay
Screening for sexually transmitted infections (STIs) and counseling to prevent STIs	We cover sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis, and hepatitis B. These screenings are covered for pregnant women and for certain people who are at increased risk for an STI when the tests are ordered by a primary care provider. We cover these tests once every 12 months or at certain times during pregnancy. We also cover up to two individual 20- to 30-minute, face-to-face high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs. We will only cover these counseling sessions as a preventive service if they are provided by a primary care provider and take place in a primary care setting, such as a doctor's office.	$0 copay

AmeriHealth Caritas VIP Care Copays for Medicare Part D Prescription Drugs

Standard Retail Cost-Sharing

Tier	**One-month supply, two-month supply, and three-month supply** (If you reach the catastrophic coverage stage*, then you pay $0 copay for all tiers.)
Tier 1 (Generic)	$0, $1.30, or $3.60 per prescription.
Tier 2 (Brand)	$0, $3.90, or $8.95 per prescription.

Standard Mail-Order Cost-Sharing

Tier	**Three-month supply** (If you reach the catastrophic coverage stage*, then you pay $0 copay for all tiers.)
Tier 1 (Generic)	$0, $1.30, or $3.60 per prescription.
Tier 2 (Brand)	$0, $3.90, or $8.95 per prescription.

*Catastrophic Coverage

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. When you (or those paying on your behalf) have spent a total of $6,350 in out-of-pocket costs within the calendar year, you will move from the Initial Coverage Stage to the Catastrophic Coverage Stage. You pay nothing.

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Extra (Supplemental) Benefits that AmeriHealth Caritas VIP Care covers

For each benefit listed below, you can see what AmeriHealth Caritas VIP Care covers in addition to Original Medicare covered benefits.

Benefit	AmeriHealth Caritas VIP Care	Your cost
Additional Smoking and Tobacco Use Cessation	Four additional face-to-face PCP visits for smoking/tobacco cessation annually.	**$0 copay**
Routine Dental	Certain dental services you get when you are in a hospital plus: Our plan covers the following preventive services up to $1000 per year: • Cleaning (for up to one every six months). • Dental X-ray(s) (for up to one every year). • Fluoride treatment (for up to one every six months). • Oral exam (for up to one every six months). The comprehensive dental benefit covers minor restorations (fillings), simple extractions, dentures, denture repair, surgical extractions, oral surgery, periodontics, and endodontics up to a combined total of $2,000 every year. Crowns, bridges, and implants are not covered services. *Authorization is required for dentures, periodontics, and endodontics.*	**$0 copay**
Routine Hearing	Exam to diagnose and treat hearing and balance issues: • Routine hearing exam (for up to one every year). • Hearing aid fitting and evaluation (for up to one every two years). • Hearing aid. Our plan pays up to $1,000 every two years for hearing aids for both ears combined.	**$0 copay**
Membership in Health Club/ Fitness Classes	The benefit is for members to attend a health club or a fitness class at a plan-approved location. The benefit is limited to coverage of the membership fee. The goals of the benefit are to encourage a healthy lifestyle, to improve health status, and to help manage chronic conditions.	**$0 copay**
Nurse Call Line	The Nurse Call Line is a service available to all members 24 hours a day, 7 days a week. The service is designed to provide members with a resource to answer health-related questions and to recommend the appropriate level of care.	**$0 copay**

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Benefit	AmeriHealth Caritas VIP Care	Your cost
Over the Counter Items (OTC)	Please visit our website to see our list of covered over-the-counter items. Up to $150 per quarter may be spent for OTC. Monies not spent in a quarter do not roll over into the next quarter.	**$0 copay**
Non-Emergency Medical Transportation	$0 for up to 80 one-way trip(s) to plan-approved locations every year. Transportation is authorized for plan-approved locations only (e.g., doctor's office, pharmacy, and hospital). May consist of car, shuttle, or van depending on the appropriateness for the situation and the member's needs. Rides must be scheduled at least 24 hours in advance except in special circumstances.	**$0 copay**
Routine Vision Services	• Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). • Medicare-covered eyeglasses or contact lenses after cataract surgery with insertion of an intraocular lens – Up to 1 pair of eyeglasses (lenses and frames) every year. -Or - – Up to 1 pair of contact lenses every year. $200 plan coverage limit for eye wear every year. The eyewear allowance only applies to the following limited eyewear benefits: Fashion / Designer / Premier frames collections, Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx), Tinting of Plastic Lenses, and Scratch-Resistant Coating. Or in lieu of eyeglasses, the $200 allowance may be applied to a limited selection of visually required contact lenses. Additional charges may apply for eyewear benefits that are not listed here.	**$0 copay**
Meal Benefit	Covers meals after IP and SNF discharge for qualified homebound members.	**$0 copay**

Summary of Medical and Hospital Benefits That Are Covered by PA Medical Assistance

For each benefit listed below, you can see what Pennsylvania Medical Assistance covers.

Benefits	What PA Medical Assistance covers (Medicaid-covered services)
Inpatient Hospital	• Inpatient acute hospital, no limits. • Inpatient rehab hospital, no limits. • Inpatient psychiatric hospital, no limits. • Inpatient drug and alcohol, no limits.
Outpatient Hospital	• Outpatient ambulatory surgical center (ASC), no limits. • Outpatient hospital short procedure unit (SPU), no limits.
Doctor's Office Visits	No limits
Preventive Care	Tobacco cessation, 70 visits per calendar year
Emergency Care	No limits
Urgent Care	No limits
Diagnostic Tests, Lab and Radiology Services, and X-Rays	No limits
Hearing Services	Not covered
Intermediate Care Facility for Individuals With Intellectual Disabilities (ICF/IID) and Intermediate Care Facility for Other Related Conditions (ICF/ORC)	Not covered by Medicare
Independent Clinic, Outpatient Hospital Clinic	No limits
Dental Services	• One set of dentures per lifetime. • One exam or prophylaxis every 180 days. • Diagnostic, preventive, restorative, surgical dental procedures; prosthodontics; and sedation. • Crowns, periodontics, and endodontics only via approved benefit limit exception.

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Benefits	What PA Medical Assistance covers (Medicaid-covered services)
Vision Services	Optometrist services: two vision exams per year • Eyeglass lenses limited to individuals with aphakia: four lenses per calendar year. • Eyeglass frames limited to individuals with aphakia: two frames per calendar year. • Contact lenses limited to individuals with aphakia: four lenses per calendar year.
Mental Health Services	• Outpatient psychiatric clinic, no limits. • Mobile mental health treatment, no limits. • Outpatient drug and alcohol treatment, no limits. • Methadone maintenance, no limits. • Clozapine, no limits. • Psychiatric partial hospital, no limits. • Peer support, no limits. • Crisis, no limits. • Targeted case management — other than behavioral health, no limits. • Targeted case management —behavioral health only, limited to individuals with serious mental illness (SMI) only, no limits
Skilled Nursing Facility (SNF)	365 days per calendar year
Outpatient Rehabilitation	Therapy (physical, occupational, speech) — rehabilitative: only when provided by a hospital, outpatient clinic, or home health provider. Therapy (physical, occupational, speech) — habilitative: only when provided by a hospital, outpatient clinic, or home health provider
Ambulance	No limits
Transportation	Only to and from Medicaid-covered services
Medicare Part B Drugs	No limits
Podiatrist Services (foot care)	No limits
Chiropractor Services	No limits

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Benefits	What PA Medical Assistance covers (Medicaid-covered services)
Prosthetic Devices and Related Supplies	• Orthopedic shoes and hearing aids are not covered. • Coverage for low vision aids is limited to one per two calendar years. • Coverage for an eye ocular is limited to one per calendar year.
Medical Equipment and Supplies	No limits
Home Health Care	Includes nursing aide and therapy services. Unlimited for first 28 days; limited to 15 days every month thereafter.
Hospice	Key limitation is related to respite care, which may not exceed a total of five days in a 60-day certification period.
Family Planning Clinic, Services, and Supplies	Family planning clinic, services, and supplies, no limits
Maternity and Newborn	Maternity — physician, certified nurse midwives, birth centers, no limits
Intermediate Care Facility for Individuals With Intellectual Disabilities (ICF/IID) and Intermediate Care Facility for Other Related Conditions (ICF/ORC)	Requires an institutional level of care. No limits.
Federally Qualified Health Center/Rural Health Clinic	No limits except for Dental Services. Dental Services limits are described on page 15 of this document.
Independent Clinic, Outpatient Hospital Clinic	No limits
Services to Treat Kidney Disease and Conditions	Initial training for home dialysis is limited to 24 sessions per patient per calendar year.

Home- and Community-Based Services (HCBS) Covered Under Pennsylvania Medical Assistance

The following pages list the Home- and Community-Based Services (HCBS) Waiver Services covered by Pennsylvania Medical Assistance as well as any applicable benefit limits. HCBS Waiver Services allow for long-term care services in home- and community-based settings under the Medicaid program. There is no copayment for any of the services listed.

For all HCBS Waiver Services that are also offered under the state plan, the state plan benefit must be exhausted before HCBS Waiver Services can be accessed. Additionally, Medicare and other third-party resources such as private insurance limitations must also have been exhausted. Lastly, some HCBS Waiver Services may not be accessed at this time. HCBS services are available only to those who qualify to receive waiver service benefits.

Services covered under Pennsylvania Medical Assistance and HCBS Waiver Services

Home and Community-Based Services (HCBS)

Services	Limits
Adult Daily Living Services	Under Community Integration: Each distinct goal may not be more than 26 weeks. No more than 32 units per week for one goal will be approved. If the participant has multiple goals, no more than 48 units per week will be approved. However, the Office of Long Term Living retains the discretion to authorize more than 48 units (12 hours) of Community Integration in one week for up to 21 hours per week and for periods longer than 26 weeks.
Assistive Technology	
Behavior Therapy	
Benefits Counseling	
Career Assessment	
Cognitive Rehabilitation Therapy	
Community Integration	
Community Transition Services	
Counseling	

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Services	Limits
Employment Skills Development	Community Transition Services are limited to an aggregate of $4,000 per participant, per lifetime, as pre-authorized by the state Medicaid agency program office. Total combined hours for employment skills development or job coaching services are limited to 50 in a calendar week. A participant whose needs exceed 50 hours a week must obtain prior approval. Under Specialized Medical Equipment and Supplies, non-covered items include: • All prescription and over-the-counter medications, compounds, and solutions (except wipes and barrier cream). • Items covered under third-party payer liability. • Items that do not provide direct medical or remedial benefit to the participant and/or are not directly relatied to a participant's disability. • Food, food supplements, food substitutes (including formulas), and thickening agents. • Eyeglasses, frames, and lenses. • Dentures. • Any item labeled as experimental that has been denied by Medicare and/or Medicaid. • Recreational or exercise equipment and adaptive devices for such.
Home Adaptations	
Home Delivered Meals	
Home Health Aide	
Home Health — Nursing	
Home Health — Occupational Therapy	
Home Health — Physical Therapy	
Home Health — Speech and Language	
Therapy	
Job Coaching	
Job Finding	
Non-Medical Transportation	
Nutritional Counseling	
Participant-Directed Community Supports	
Participant-Directed Goods and Services	
Personal Assistance Services	
Personal Emergency Response System (PERS)	
Pest Eradication	
Residential Habilitation	
Respite	
Service Coordination	
Specialized Medical Equipment and Supplies	
Structured Day Habilitation	
TeleCare	
Vehicle Modifications	

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