

EmblemHealth Enhanced Care (Medicaid)

Member Benefits

Covered by EmblemHealth - All Members

We cover the following services for all members when medically needed. In most cases, they must be provided by network providers. Please call Customer Services at **1-855-283- 2146** if you have any questions or need help with any of the services below.

Routine and Preventive Medical Care

This kind of care helps prevent health problems. It also helps find problems before they get serious.

Care includes routine and sick visits to your PCP and other network doctors for:

- Regular checkups
- Well-baby and well-child care (shots, checkups and developmental screenings)
- Eye and hearing exams
- Eyeglasses and other medically needed vision aids
- Regular gynecological exams
- Breast exams (including mammography)
- Allergy testing and treatment
- HIV counseling and testing services
- Smoking cessation counseling
- Child/Teen Health Plan Program (C/THP) Services for Medicaid members until the age of 21, including transportation to obtain these services

When medically needed, your doctor will refer you for:

- Lab work
- X-ray.

Maternity care

- Prenatal care, including a comprehensive prenatal care assessment at the first prenatal care visit to identify any risk factors early in pregnancy. Prenatal Home Visit (when medically needed and arranged by a primary maternal care provider)
- Childbirth classes
- Doctor/midwife/nurse practitioner maternal care services
- Hospital delivery
- Newborn nursery care

Hospital Care

This kind of care includes:

- Inpatient care
- Outpatient care
- Emergency care
- Lab work and other tests
- X-rays
- Nursing services

- Inpatient and outpatient surgery, including dental surgery
- Inpatient detoxification services

Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency condition.
- Care you need after you have received emergency care to make sure you remain in stable condition. Depending on the need, you may be treated in the emergency room, in an inpatient hospital room, or in another setting. These are called Post Stabilization Services.

Specialty Care

Includes the services of other practitioners, including:

- Physical therapist
- Occupational and speech therapists
- Audiologist
- Midwives
- Cardiac rehabilitation
- Durable medical equipment (DME), including hearing aids, artificial limbs, and orthotics
- Renal and Hemodialysis
- HIV/AIDS treatment services
- Podiatrists
- Other covered services as medically needed

Home Health Care

These services are generally provided so that you do not have to stay in a hospital. Your doctor or case manager must agree that your medical needs can be met at home with home health care help and request prior approval from your plan.

Services include:

- One initial post-partum home health visit. All primary maternal care providers and/or birthing hospitals must offer and arrange for the initial post-partum home visit 36 to 72 hours after discharge.
- prenatal/postpartum home health visit as medically necessary, arranged by a primary maternal care provider.
- at least 2 visits to high-risk infants (newborns)
- other home health care visits as needed and arranged by your PCP/specialist

Personal Care/Home Attendant/ Consumer Directed Personal Assistance Services (CDPAS)

- **Personal Care/Home Attendant** - Provides some or total assistance with personal hygiene, dressing and feeding and assist in preparing meals and housekeeping when medically needed and arranged by EmblemHealth.
- **CDPAS** – Under this program you receive the personal care/home attendant services indicated above, as well as home health aide and nursing tasks. The difference is that the services are provided by an aide chosen and directed by you. The aide may provide some or total assistance with personal hygiene, dressing and feeding, assistance in preparing meals and housekeeping as well as home health aide and nursing tasks. For more information about CDPAS, contact customer services at **1-855- 283-2146**.

- **Personal Emergency Response System (PERS) Services**

PERS is an in-home health emergency alert system available only to members receiving home health and/or personal care services.

Vision Care

Includes:

- Services of an ophthalmic dispenser, ophthalmologist, and optometrist.
- Low vision eye exams and vision aids (every two years, but more often if medically needed).
- Medically needed contact lenses.
- Eyeglasses (a new pair of Medicaid approved frames every two years, or more often if medically needed). Progressive lenses are not covered.
- Scratch break resistant and polycarbonate eyeglass lenses.
- Artificial eyes.
- Replacement of lost or destroyed glasses, including repairs, when medically needed.
- Specialist for eye diseases and defects.
- Dilated eye (retinal) examination once in any twelve (12) month period for members diagnosed with diabetes.

EmblemHealth members must choose a vision care provider in the EyeMed network. If you need help finding a vision care provider, EyeMed Customer Service at **1-877-324-2791** Monday through Friday, 7:30 am to 11 pm, Saturday, 8 am to 11 pm, and Sunday 11 am to 8 pm.

Pharmacy Services

We cover pharmacy benefit services for all our Medicaid managed care members. You must use our network pharmacies to fill all of your prescriptions and any covered over-the-counter medications, diabetic supplies, select durable medical equipment and medical supplies.

Network Pharmacies

We offer a large network of well-known pharmacies, as well as many independent pharmacies. Ask your pharmacy if they are a network pharmacy. If they are, you can continue to use that pharmacy. If not, you will need to switch to a pharmacy that is in our network. This is easy to do; and it's important for getting your prescriptions filled in a timely manner and for avoiding out-of-pocket costs.

Your Member ID Card

Please make sure to use your member ID Card when filling a prescription or obtaining other covered pharmacy benefits at a network pharmacy. It has information that your pharmacy needs to process your prescriptions. To locate a network pharmacy near you, go to emblemhealth.com. You can also call our Pharmacy Customer Service department at **1- 888-447-7364**.

Our Drug Formulary

Our formulary is a list of medications that network doctors and other medical experts have approved for treating disease and maintaining the health of our Medicaid members. The main purpose of the formulary is to support the use of safe, effective, and affordable drugs and treatments while providing our Medicaid members with quality care. Your doctors will prescribe medications listed on the formulary for your benefit plan unless there is a medical need to prescribe a drug that is not on the list.

Pharmacy Benefits

Medicaid Managed care pharmacy benefit includes:

- Prescription drugs
- Over-the-counter medicines (OTC)
- Insulin and diabetic supplies
- Smoking cessation agents, including OTC products
- Hearing aid batteries
- Enteral formula
- Emergency Contraception (six in a 12-month period)
- Medical and surgical supplies

Medicaid Managed Care Copayments

Prescription Item	Copayment Amount
Brand-name Prescription drugs	\$3.00
Preferred brand-named prescription drugs	\$1.00
Generic prescription drugs.....	\$1.00
Over-the counter medications (e.g., for smoking cessation and diabetes)	\$0.50 per medication

Note: One copay charge for each new prescription and each refill regardless of the number of days' supply of the prescription.

Certain medications require that your doctor get prior plan authorization before writing your prescription. Your doctor will work with us to make sure you get the medications that you need.

Services to Which Copayments DO NOT Apply

- Emergency room visits for needed emergency care.
- Family planning services, drugs, and supplies like birth control pills and condoms.
- Mental health clinic visits.
- Chemical dependency clinic visits.
- Drugs to treat mental illness (psychotropic).
- Drugs to treat tuberculosis.
- Prescription drugs for residents of Adult Care Facilities.

Members That Do Not have to Make Copayments

- Members under age 21.
- Pregnant women (though 60 days postpartum).
- Residents of community-based residential facilities licensed by the Office of Mental Health or the Office of People with Developmental Disability.
- Members in a Comprehensive Medicaid Case Management (CMCM) or Service Coordination program.
- Members in an OMH or OPWDD Home and Community Based Services (HCBS) Waiver program.
- Members in a DOH HCBS Waiver program for Persons with Traumatic Brain Injury (TBI).
- Residents of a Nursing Home.

- Members with incomes below 100 percent of the federal poverty level.
- Members in Hospice.
- American Indians and Alaska Natives who have ever received a service from the Indian Health Service, tribal health programs or under contract health services referral.

You will not be denied health care services based on your inability to pay the copayment at the time of service. However, you will still owe the unpaid co-pay to the provider, and the provider may bill you or take other action to collect the owed amount.

If you are required to pay a copay you are responsible for a maximum of \$50 quarterly (every 3 months). If you transfer from one health plan to another during the calendar year, keep your receipts as proof of your copayments or you may request proof of paid copayments from your pharmacy. You will need to give a copy to your new plan.

Home delivery of a new prescription

You may get home delivery of your maintenance drugs through our mail order pharmacy partner Express Scripts, Inc. (ESI). Maintenance drugs are used to treat chronic conditions and are usually prescribed in quantities greater than 30-day supplies. All you need to do is get a new written prescription from your doctor or other licensed health care provider and mail it to ESI along with the completed order form. You may request an ESI order form to be mailed to you by calling our Pharmacy Customer Service department at **1-888-447-7364**. Mail the form and the original prescription(s) along with the required copayment to ESI as directed on the form. You may include multiple new prescriptions in your order.

If you prefer, your doctor or other licensed health care professional can assist you. You can bring your order form to them and they can fax it to ESI directly with your prescription. Or they can submit your prescription via the Web. In both cases, they must have your member ID number. Only doctors or other licensed health care providers may submit new prescriptions via fax or Web.

You may register at emblemhealth.com. After you register, you will be able to use the EmblemHealth/Express Scripts pharmacy benefits tool to do things like check order status and request refills to existing prescriptions. You will need to register the first time you use the tool, and you will need your member ID to create an account. You or your doctor will still need to send ESI the actual written prescription when using the online option. Please allow 7 to 10 days for delivery from the day ESI receives the prescription(s) to receive your home delivery.

Check on the status of a home delivery prescription order

You can easily check the status of your order via the EmblemHealth/Express Scripts pharmacy benefits tool. You will need to sign in using your member ID and password. You can also call ESI at **1-877-866-4165**. If you have a hearing or speech impairment, and use a TDD, you can call **1-800-899-2114**. You will need your member ID number and your prescription number(s) to access this information.

Specialty Drugs

Specialty drugs are high-cost drugs used to treat complex or rare diseases, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and cancer. The drugs are often self-injected or given in a physician's office and may require special storage and/or handling requirements. You have the choice of filling your specialty drug prescription using one of the following options:

Our Specialty Pharmacy Program: If you choose to use our Specialty Pharmacy Program, your doctor or other health care professional will contact our specialty pharmacy program and your prescriptions will be filled and sent directly to your home or doctor's office. For more information regarding how to use our specialty pharmacy program call EmblemHealth's Specialty Pharmacy program at **1-888-447-0295**.

A Network Retail Pharmacy: You may take your specialty drug prescription to any EmblemHealth network pharmacy that agrees to be part of our specialty pharmacy network. Call our customer service department or your pharmacy to find out if your pharmacy is part of our specialty pharmacy network. For more information about how to fill your specialty drug prescription at a network retail pharmacy, please call EmblemHealth Pharmacy Customer Services at **1-888-447-7364**.

Medical Supplies

You can get some medical supplies directly through participating pharmacies. If the medical supplies that you have been prescribed are not available through a participating pharmacy, call our Pharmacy Customer Service department at **1-888-447-7364**. They will direct you to a vendor who will be able to fill the prescription and have the supplies sent to your home.

Family Planning Services

Includes:

- Birth control.
- Sterilization.
- Medically necessary abortions.
- Screening for anemia, cervical cancer, sexually transmitted diseases (including chlamydia), hypertension, breast disease, pelvic abnormality, and pregnancy.

You can get these services from network OB/GYN doctors. You can also use your Medicaid card if you want to go to doctors or clinics out of our network. Either way, no prior approval is needed to get these services. Just make an appointment.

Residential Health Care Facility Care (Nursing Home Services)

Rehabilitation

EmblemHealth covers short term, or rehab stays, in a skilled nursing home facility.

When a temporary stay is prior approved by your health plan services include:

- Medical supervision.
- 24-hour nursing care.
- Assistance with activities of daily living.
- Physical, occupational therapy and speech language pathology.

Long Term Placement

EmblemHealth **also** covers long term placement in a nursing home for members 21 years of age.

Eligible Veterans, Spouses of Eligible Veterans, and Gold Star Parents of Eligible Veterans may choose to stay in a Veterans' nursing home.

Covered nursing home services include:

- medical supervision
- 24-hour nursing care
- assistance with daily living
- physical therapy
- occupational therapy
- speech-language pathology and other services.

To get these nursing home services:

- they must be arranged by your physician, and
- authorized by EmblemHealth.

You must also be found financially eligible for long term nursing home care by your County Department of Social Services to have Medicaid and/or EmblemHealth pay for these services. When you are eligible for long term placement, you must select one of the nursing homes that are in EmblemHealth's network.

If you want to live in a nursing home that is not part of EmblemHealth's network, you may transfer to another plan that works with the nursing home you have chosen to receive your care.

Behavioral Health Care

Behavioral health care includes mental health and substance use (alcohol and drugs) treatment and rehabilitation services. All of our members have access to services to help with emotional health, or to help with alcohol or other substance use issues. These services include:

Mental Health Care

- Comprehensive Psychiatric Emergency Program (CPEP) including extended observation bed
- Inpatient and outpatient mental health treatment
- Partial hospital care
- Rehab services if you are in a community home or in family-based treatment
- Continuing day treatment
- Personalized Recovery Oriented Services (PROS)
- Assertive Community Treatment Services (ACT)
- Individual and group counseling
- Crisis intervention services

Substance Use Disorder Services

- Crisis Services
 - Medically Managed Withdrawal Management
 - Medically Supervised Withdrawal Management (Inpatient/Outpatient*)

- Inpatient addiction treatment services (hospital or community based)
- Residential addiction treatment services
 - Stabilization in residential setting
 - Rehabilitation in residential setting
- Outpatient addiction treatment services
 - Intensive Outpatient Treatment
 - Outpatient Rehabilitation Services
 - *Outpatient Withdrawal Management
 - Medication Assisted Treatment
- *Opioid Treatment Programs (OTP)

Harm Reduction Services

If you need help related to substance use disorder, members in the Medicaid Managed Care benefit package will be able to get Harm Reduction Services. These services offer a patient-oriented approach to the health and wellness of substance users. Harm Reduction Services provide individuals with resources and programs to help deal with substance use. EmblemHealth will cover harm reduction services that are recommended by a doctor or other licensed professional. These include:

- A plan of care developed by a person experienced in working with substance users.
- Individual supportive counseling that assists in achieving your goals.
- Group supportive counseling in a safe space to talk with others about issues that affect your health and well-being.
- Counseling to help you with taking your prescribed medication and continuing treatment.
- Support groups to help you better understand substance use and identify coping techniques and skills that will work for you.

Crisis Residence Services for Children and Adults

These overnight services help children and adults who are having an emotional crisis. Crisis Residence services include:

Residential Crisis Support

This is a program for people who are age 18 or older with symptoms of emotional distress. These symptoms cannot be managed at home or in the community without help.

Intensive Crisis Residence

This is a treatment program for people who are age 18 or older who are having severe emotional distress.

Children's Crisis Residence

This is a support and treatment program for people under age 21. These services help people cope with an emotional crisis and return to their home and community.

Gambling Disorder Treatment, Provided by Office of Addiction Services and Supports (OASAS) Certified Programs.

Starting **Jan. 1, 2023**, EmblemHealth will cover Gambling Disorder Treatment provided by Office of Addiction Services and Supports (OASAS) certified programs.

You can get Gambling Disorder Treatment:

- face-to-face; or
- through telehealth.

If you need Gambling Disorder Treatment, you can get them from an OASAS outpatient program or, if necessary, an OASAS inpatient or residential program.

You do not need a referral from your primary care provider (PCP) to get these services. If you need help finding a provider, please call EmblemHealth member services at the number listed below.

To learn more about these services, call Member Service at **855-283-2146 (TTY: 711)**. Our hours are 8 a.m. to 6 p.m., Monday through Friday (excluding major holidays).

Dental Services

We believe that providing you with good dental care is important to your overall health care. EmblemHealth members must choose a dentist in the Healthplex network for preventive and restorative dental care such as routine checkups, X-rays, fillings, root canals, crowns and more. If you need help finding a dentist, call Healthplex Customer Service at **1-855-910-2406**, Monday through Friday, 8 am to 6 pm, for the most up-to-date network information.

You can also go to a dental clinic that is run by an academic dental center. Call EmblemHealth Customer Service at **1-855-283-2146** for a list of academic dental centers near you.

Call your dentist right away to schedule appointments for you and all other enrolled family members. Just show your dentist your member ID Card.

Then schedule regular preventive dental visits every six months to keep your teeth and gums healthy. If you do not know who your dentist is, or you want to change your dentist, please call Healthplex, our dental provider, at **1-855-910-2406** between 8 am and 6 pm, Monday through Friday. Healthplex Customer Service Representatives are available to help you. They speak many languages, but if they don't speak yours, they will connect you with a language interpretation service. Hearing impaired members can call dial **1-800-662-1220** to connect to the Healthplex TTY line. You can change your dentist at any time for any reason. This change will be effective immediately.

The following covered services are available from your network dentist or from a dental clinic operated by an academic dental center:

- Routine exams.
- X-rays.

- Cleanings, fillings and tooth pulling.
- Children under seven (7) years of age are covered for four (4) fluoride varnish applications.
- Emergency treatment.
- Replacement of missing teeth (full and partial dentures). Covered when conditions meet Medicaid guidelines.
- Root canals. Patients must be evaluated on a case-by-case basis to determine if conditions meet Medicaid coverage guidelines. Coverage will generally be provided when the number of teeth needing or likely to need root canals is “not excessive” the patient has good oral hygiene, **and** a healthy mouth and gums, and:
 - Has few if any cavities; and
 - Has a full complement of natural teeth; and
 - Has had all other necessary restorations completed; and/or
 - Is undergoing orthodontic treatment.

Root canals will not be covered when the prognosis of the tooth is questionable, or extraction and replacement is a reasonable alternative course of treatment. Molar root canals will not be covered for patients over the age of 21 except where the tooth is a critical abutment for an existing prosthesis.

- Crowns will not routinely be approved if restorative materials can restore the teeth.
- Crowns will not be covered on molar teeth for patients over the age of 21.
- Fixed bridges are considered beyond the scope of the program and not covered.

When you need covered dental specialty services, your network dentist may refer you.

Emergency Transportation Services

Includes land and air ambulance transportation. Regular Medicaid covers this service for all New York City, Nassau, Suffolk, and Westchester members. In an emergency, all members should just call Just call 911 for emergency transportation.

Hospice Services

Hospice is a coordinated program of home and inpatient services that provides non-curative medical and support services for enrollees certified by a physician to be terminally ill with a life expectancy of one year or less. Hospice services include palliative and supportive care provided to an enrollee to meet the special needs arising out of physical, psychological, spiritual, social and economic stress which are experienced during the final stages of illness and during dying and bereavement. Medically necessary curative services are covered for children under age 21 in receipt of hospice services in addition to palliative care. Family members are eligible for up to five visits for bereavement counseling.

Nutritional Counseling and Assessment

Includes assessment and nutritional counseling sessions with a network registered dietician. The result of the initial assessment will determine the number of sessions required. Members who particularly benefit from these services include those who are pregnant; newly diagnosed or living with diabetes, heart disease and/or kidney disease; have an eating disorder or other digestive problems; or have been diagnosed as overweight or obese by their physician.

Case Management Services

Include the coordination of benefits and services for members who have complex or serious diseases or conditions. Members may be assigned to a case management nurse who will work with you and your doctors to ensure that you get the care and services you need when you need them. You could be in the program for weeks, months or years depending on your condition and circumstances. The purpose of case management is to achieve the best health care outcome.

Social Work Services

Include help in getting any community services you may need.

Experimental and Investigational Treatments

These services are covered on a case-by-case basis according to New York State law.

Court ordered services

Includes any plan covered services ordered by a judge.

Directly Observed Therapy (DOT) for Tuberculosis

Services include observation and dispensing of medication, assessment of any adverse reactions to medications and case follow up to make sure patients take their medicine as ordered by their doctor.

Foot Care

These services are covered for all children under 21 years of age and members (regardless of age) with physical conditions that pose a hazard due to the presence of localized illness, injury or symptoms involving the foot, or when performed as a necessary and integral part of otherwise covered services such as the diagnosis and treatment of diabetes, ulcers, and infections.

Benefits Covered by EmblemHealth – For Some Members

We cover the following services for some, but not all members. Check to see if we cover these benefits for you or in the county where you get Medicaid.

Orthodontic Care

EmblemHealth will cover braces for children up to age 21 who have a severe problem with their teeth, such as: can't chew food due to severely crooked teeth, cleft palette or cleft lip.

Medical Social Services

Only available to new and transitioning Medicaid Long Term Home Health Care Program (LTHHCP) members. MSS are individually designed services to assist members who are experiencing problems in managing the emotional difficulties inherent in adjusting to a disability and integrating into ongoing life in the community. are typical of situations that are addressed by Medical Social Services include: Emotional disturbances, family difficulties, adjustment problems related to acute and chronic illnesses, alcohol and substance abuse, and social issues. Such services also include assistance with problem solving to overcome

difficulties with transportation in the community and caregiver turnover and/or absence.

Home Delivered Meals (HDM)

Only available to new and transitioning Medicaid Long Term Home Health Care Program (LTHHCP) members. Home Delivered Meals (HDM) is an individually designed service that provides meals to individuals who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation. These meals assist in maintaining a nutritious diet. They do not, however, constitute a full nutritional regimen.

Adult Day Health Care Services

Must be arranged by your EmblemHealth network doctor. Only available to members who are **not** residents of a residential health care facility (RHCF). Services include health education, nutrition, interdisciplinary care planning, nursing and social services, assistance and supervision with the activities of daily living, restorative rehabilitative and maintenance therapy, planned therapeutic or recreational activities, pharmaceutical services as well as, necessary dental services and sub-specialty care.

AIDS Adult Day Health Care Services

Must be arranged by your EmblemHealth network doctor. Only available to members with HIV/AIDS who are **not** residents of a residential health care facility (RHCF). Services include general medical and nursing care, substance abuse supportive services, mental health supportive services, individual and group nutritional services as well as, structured socialization, recreational and wellness/health promotion activities.

Infertility Services

Some ovulation enhancing drugs for infertility will be covered for women between the ages of 21-44 years old who meet certain eligibility criteria. This benefit is limited to coverage for 3 cycles of treatment per lifetime and requires prior approval. Medical services related to prescribing and monitoring the use of such drugs will also be covered.

National Diabetes Prevention Program (NDPP) Services

If you are at risk for developing type 2 diabetes, EmblemHealth covers services that may help.

Starting **Feb. 1, 2020**, EmblemHealth covers diabetes prevention services through the National Diabetes Prevention Program (NDPP). This benefit covers 22 NDPP group training sessions over the course of 12 months.

The NDPP is an educational and support program designed to help at-risk people from developing type 2 diabetes. The program consists of group training sessions that focus on the long-term, positive effects of healthy eating and exercise. The goals for these lifestyle changes include modest weight loss and increased physical activity. NDPP sessions are taught using a trained lifestyle coach.

Eligibility

You may be eligible for diabetes prevention services if you have a recommendation by a physician or other licensed practitioner and are:

- At least 18 years old,
- Not currently pregnant,
- Overweight, and
- Have not been previously diagnosed with type 1 or type 2 diabetes.

And, you meet one of the following criteria:

- You have had a blood test result in the prediabetes range within the past year, **or**
- You have been previously diagnosed with gestational diabetes, **or**
- You score 5 or higher on the CDC/American Diabetes Association (ADA) Prediabetes Risk Test.

Talk to your doctor to see if you qualify to take part in the NDPP.

Children’s Behavioral Health Services

Substance Use Disorder Services

- Crisis Services
 - Medically Managed Withdrawal Management
 - Medically Supervised Withdrawal Management (Inpatient/Outpatient*)
- Inpatient addiction treatment services (hospital or community based)
- Residential addiction treatment services
 - Stabilization in residential setting
 - Rehabilitation in residential setting
- Outpatient addiction treatment services
 - Intensive Outpatient Treatment
 - Outpatient Rehabilitation Services
 - *Outpatient Withdrawal Management
 - Medication Assisted Treatment
- *Opioid Treatment Programs (OTP)

EmblemHealth Enhanced Care will cover these services for all eligible children and youth under age 21, including those:

- With Supplemental Security Income (SSI);
- Who have federal Social Security Disability Insurance (SSDI) status; or
- Who have been determined certified disabled by a New York State Medical Disability Review.

Children’s Home and Community Based Services (HCBS)

Children’s HCBS offer personal, flexible services to support children/youth and families as they work toward goals and achievements. These services are available where they are most comfortable – at home or in the community. EmblemHealth will cover Children’s HCBS for members participating in the Children’s Waiver and provide care management for these services.

Who is eligible for Children’s HCBS?

Children’s HCBS are for children and youth who:

- Need extra care and support to remain at home or in the community.
- Have complex health, developmental, and/or behavioral health needs.
- Want to avoid going to the hospital or a long-term care facility.
- Are eligible for HCBS and participate in the Children’s Waiver.

Members under age 21 will be able to get these services:

- Community Habilitation
- Day Habilitation
- Caregiver/Family Support and Services
- Community Self Advocacy Training and Support
- Prevocational Services – *must be age 14 and older*
- Supported Employment – *must be age 14 and older*
- Respite Services (Planned Respite and Crisis Respite)
- Palliative Care
- Environmental Modifications
- Vehicle Modifications
- Adaptive and Assistive Equipment
- Youth Peer Support Services and Training
- Crisis Intervention

Children and Family Treatment and Support Services (CFTSS)

CFTSS are for children under age 21 with behavioral health needs. These services help children, and their families improve their health, well-being, and quality of life. These services include:

Other Licensed Practitioner (OLP). This benefit lets you get individual, group, or family therapy where you are most comfortable.

Psychosocial Rehabilitation (PSR). This benefit helps you relearn skills to help you in your community. This service was called “Skill Building.”

Community Psychiatric Supports and Treatment (CPST). This benefit helps you stay in your home and communicate better with family, friends, and others. This service was called “Intensive In-Home Services,” “Crisis Avoidance Management & Training,” or “Intensive In Home Supports and Services.”

Youth Peer Support and Training is a benefit provided by a credentialed Youth Peer Advocate, or Certified Recovery Peer Advocate who has similar experiences. These services can help children and families to:

- Develop skills to manage health challenges and be independent.
- Feel empowered to make decisions.
- Make connections to natural supports and resources.
- Transition to the adult health system when the time is right.

Crisis Intervention is professional help at home or in the community when a child or youth is distressed and cannot be helped by family, friends, or other supports. Through these services, children and families can learn how to use crisis plans to de-escalate a crisis and prevent or reduce future crises.

Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community.

Article 29-I Voluntary Foster Care Agency (VFCA) Health Facility Services

Starting **July 1, 2021**, EmblemHealth will cover Article 29-I VFCA Health Facility services for children and youth under age 21.

29-I VFCA Health Facilities work with families to promote well-being and positive outcomes for children in their care. 29-I VFCA Health Facilities use trauma informed practices to meet the unique needs of each child.

29-I VFCA Health Facilities may only serve children and youth referred by the local district of social services.

The 29-I VFCA Health Facility services available on July 1, 2021 include:

Core Limited Health-Related Services

1. Skill Building
2. Nursing Supports and Medication Management
3. Medicaid Treatment Planning and Discharge Planning
4. Clinical Consultation and supervision
5. Managed Care Liaison/Administration

and

Other Limited Health-Related Services

1. Screening, diagnosis, and treatment services related to physical health
2. Screening, diagnosis, and treatment services related to developmental and behavioral health
3. Children and Family Treatment and Support Services (CFTSS)
4. Children’s Home and Community Based Services (HCBS)

EmblemHealth will cover Core Limited Health Related Services for children and youth placed with a 29-I VFCA Health Facility.

EmblemHealth will cover Other Limited Health Related Services provided by 29-I VFCA Health Facilities to eligible children and youth.

Applied Behavior Analysis (ABA) Services

Starting **January 1, 2023**, EmblemHealth will cover Applied Behavior Analysis (ABA) therapy provided by:

- Licensed Behavioral Analyst (LBA), or
- Certified Behavioral Analyst Assistant (CBAA) under the supervision of an LBA.

Who can get ABA?

Children/youth under the age of 21 with a diagnosis of autism spectrum disorder and/or Rett Syndrome. If you think you are eligible to get ABA services, talk to your provider about this service. EmblemHealth will work with you and your provider to make sure you get the service you need.

The ABA services include:

- assessment and treatment by a physician, licensed behavioral analyst, or certified behavior analyst assistant,
- individual treatments delivered in the home or other setting,
- group adaptive behavior treatment, and
- training and support to family and caregivers.

To learn more about these services, call Member Service at **855-283-2146 (TTY: 711)**. Our hours are 8 a.m. to 6 p.m., Monday through Friday (excluding major holidays).

Benefits You Can Get from EmblemHealth or With Your Medicaid Card

You can choose where to get the following services – from a network doctor or any doctor that will accept your Medicaid card.

Family Planning

You can get these services from a network doctor. Or you can get them from any doctor or clinic that will accept your Medicaid card. No approval is needed.

All members must use network doctors for hysterectomies, routine gynecological exams, prenatal care, delivery and postpartum (after delivery) care.

HIV Counseling and Testing

You can get these services from network providers. You can also get them from any doctor or clinic that will take your Medicaid card, if it is a part of a family planning visit.

TB Diagnosis and Treatment

You can get these services from network providers. Or you can get them from a county public health clinic.

Benefits Using Your Medicaid Card Only

The following services are covered by Medicaid, but not EmblemHealth. You can get these services from any provider who will take your Medicaid card.

Emergency Transportation Services

Regular Medicaid covers emergency transportation for all New York City, Nassau, Suffolk, and Westchester Medicaid members. In an emergency, all members just call 911 for emergency transportation.

Nonemergency Transportation Services*

All Members:

Nonemergency rides are covered by regular Medicaid and not by EmblemHealth for all Medicaid members. To arrange for transportation, members must call:

- Nassau and Suffolk County members: LogistiCare at **1-844-678-1103**.
- Westchester County members: Medical Answering Services (MAS) at **1-866-883-7865**.
- New York City Members: Medical Answering Services (MAS) at **1-844-666-6270**.

If possible, you or your provider should call the above numbers at least three days prior to your medical appointment and give the representative:

- Your Medicaid ID number (for example, AB12345C).
- Appointment date and time.
- Address where your appointment will take place.
- Your doctor's name.

*Nonemergency medical transportation includes personal vehicle, bus, taxi, ambulette and public transportation. If you have an emergency and need an ambulance, you must call 911.

Developmental Disabilities

- Long-term therapies
- Day treatment
- Housing services
- Medicaid Service Coordination (MSC) program
- Services received under the Home and Community Based Services Waiver
- Medical Model (Care-at-Home) Waiver Services

Other Medicaid Covered Services

- Preschool and school services programs (early intervention).
- Early Start programs.
- Comprehensive Medicaid Case Management.

Services Not Covered by EmblemHealth or Medicaid

The following services are not covered by EmblemHealth or Medicaid. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery, if not medically needed.
- Personal and comfort items.
- Infertility treatments for men.
- Chiropractic services.
- Erectile Dysfunction treatments and services.

You may also have to pay for services that:

- You get from a provider not in our network unless it is a provider you are allowed to see as described in the Medicaid member handbook or EmblemHealth or your PCP sends you to that provider.
- Require prior health plan approval and you get these services without prior approval.

Also, if before you get non-covered services, or an unauthorized service, and you agree to be a “*private-pay*” or “*self-pay*” patient you will have to pay for the services received.

You can call Customer Service at **1-855-283-2146** if you have any questions.