

Epaces Responses with Plan Eligibility

Response	Description
COMMUNITY COVERAGE WITH COMMUNITY BASED LONG TERM CARE	<p>Member is eligible to receive most Medicaid services. Member is not eligible for nursing home services in a SNF or inpatient setting except for short-term rehabilitation nursing home care in a SNF.</p> <p>Short-term rehabilitation nursing home care means one admission in a 12-month period of up to 29 consecutive days of nursing home care in a SNF. Member is not eligible for managed long-term care in a SNF, hospice in a SNF or intermediate care facility services. Refer to Appendix Section 7.1 for Attestation of Resources Non-Covered Services.</p>
COMMUNITY COVERAGE WITHOUT LONG TERM CARE	<p>Member is eligible for:</p> <ul style="list-style-type: none"> •acute inpatient care, •care in a psychiatric center, •some ambulatory care, •prosthetics, •short-term rehabilitation. <p>Short-term rehabilitation services include one admission in a 12-month period of up to 29 consecutive days of short-term rehabilitation nursing home care in a SNF, and one commencement of service in a 12-month period up to 29 consecutive days of certified home health agency services.</p> <p>Member is not eligible for:</p> <ul style="list-style-type: none"> •adult day health care, •Assisted Living Program, •certified home health agency services except short-term rehabilitation, •hospice, •managed long-term care, •personal care, •consumer directed personal assistance program, •limited licensed home care, •personal emergency response services, •private duty nursing, •nursing home services in a SNF other than short-term rehabilitation, •nursing home services in an inpatient setting, •intermediate care facility services, •residential treatment facility services •services provided under the: <ul style="list-style-type: none"> o Long Term Home Health Care Program, o Traumatic Brain Injury Program, o Care at Home Waiver Program o Office for People With Developmental Disabilities (OPWDD) Home and Community-Based Services (HCBS) Waiver Program. <p>Refer to Appendix Section 7.1 for Attestation of Resources Non-Covered Services.</p>
ELIGIBLE PCP * MH service type *88 Service Type	<p>Indicates coverage under a pre-paid capitation program (PCP). This status means the member is PCP eligible, as well as, eligible for limited fee for service benefits. To determine exactly what services are covered, contact the PCP designated in the insurance code field.</p> <p>The presence of Service Type MH means Behavioral Health services are carved out of the PCP.</p> <p>The presence of Service Type 88 means the Pharmacy Services are carved out of the PCP.</p>
ELIGIBLE ONLY INPATIENT SERVICES	<p>Member is eligible to receive hospital inpatient services only.</p>
ELIGIBLE ONLY OUTPATIENT CARE	<p>Member is eligible for all ambulatory care, including prosthetics; no inpatient coverage.</p>
MEDICAID ELIGIBLE	<p>Member is eligible for all benefits.</p>
OUTPATIENT COVERAGE WITH COMMUNITY BASED LONG TERM CARE	<p>Member is eligible for most ambulatory care, including prosthetics.</p> <p>Member is not eligible for inpatient care other than short term rehabilitation nursing home care in a SNF.</p> <p>Short-term rehabilitation nursing home care means one admission in a 12-month period of up to 29 consecutive days of short-term rehabilitation nursing home care in a SNF.</p>