

Appendix A: Managed Long-Term Care Covered Services

List of Services	Partial Capitation	PACE	MAP
Adult Day Health Care	•	•	•
Audiology/Hearing Aids	•	•	•
Care Management	•	•	•
Consumer Directed Personal Assistance Services	•	•	•
Dental Services	•	•	•
Home Care (nursing, home health aide, and occupational, physical and speech therapies)	•	•	•
Home Delivered and/or Meals in a Group Setting (such as a day center)	•	•	•
Durable Medical Equipment	•	•	•
Medical Supplies	•	•	•
Medical Social Services	•	•	•
Nursing Home Care	•	•	•
Nutrition	•	•	•
Optometry/Eyeglasses	•	•	•
Personal Care (assistance with bathing, eating, dressing, etc.)	•	•	•
Personal Emergency Response System	•	•	•
Podiatry (foot care)	•	•	•
Private Duty Nursing	•	•	•
Prostheses and Orthotics	•	•	•
Rehabilitation Therapies, Outpatient	•	•	•
Respiratory Therapies	•	•	•
Social Day Care	•	•	•
Social/Environmental Supports (such as chore services or home modifications)	•	•	•
Chronic Renal Dialysis		• - MC	MC
Emergency Transportation		• - MC	MC
Inpatient Hospital Services		• - MC	MC
Laboratory Services		• - MC	MC
Behavioral health services, Mental Health & Substance Abuse		• - MC	MC, •
Outpatient Hospital/Clinic Services		• - MC	MC
Prescription and Non-prescription Drugs		• - MC	MC
Primary and Specialty Doctor Services		• - MC	MC
X-Ray and Other Radiology Services		• - MC	MC

•: Covered through Medicaid premium

• - MC: Covered through the Medicare PACE premium

MC: Covered through the Medicare Advantage Plan premium