

**APPENDIX A to Administrative Services Agreement Between
Managed Long Term Care Partial Capitation Plan and Health Homes**

(original March 2016, revised October 30, 2024)

| Managed Long Term Care Partial Capitation Plan (covered by the capitation ¹ services provided as medically necessary) | check needed services | Managed Long Term Care Partial Capitation Plan (excluded from capitation; can be billed fee-for-service) | check needed services |
|---|--------------------------|--|--------------------------|
| Nursing Home Care | <input type="checkbox"/> | Inpatient Hospital Services | <input type="checkbox"/> |
| Home Care a. Nursing <input type="checkbox"/> b. Home Health Aide <input type="checkbox"/> c. Physical Therapy (PT) <input type="checkbox"/> d. Speech Pathology (OT) <input type="checkbox"/> e. Medical Social Services <input type="checkbox"/> | <input type="checkbox"/> | | |
| Adult Day Health Care | <input type="checkbox"/> | Outpatient Hospital Services | <input type="checkbox"/> |
| Personal Care | <input type="checkbox"/> | Physician Services including services provided in an office setting, a clinic, a facility, or in the home ² | <input type="checkbox"/> |
| DME, including Medical/Surgical Supplies ³ , Enteral and Parenteral Formula ⁴ , and Hearing Aid Batteries, Prosthetics, Orthotics and Orthopedic Footwear ⁵ | <input type="checkbox"/> | Laboratory Services | <input type="checkbox"/> |
| Personal Emergency Response System | <input type="checkbox"/> | Radiology and Radioisotope Services | <input type="checkbox"/> |
| Podiatry | <input type="checkbox"/> | Non-emergency Transportation ⁶ | <input type="checkbox"/> |

| Managed Long Term Care Partial Capitation Plan (covered by the capitation ⁷ services provided as medically necessary) | check needed services | Managed Long Term Care Partial Capitation Plan (excluded from the capitation; can be billed fee-for-service) | check needed services |
|--|--------------------------|---|--------------------------|
| Dental ⁸ | <input type="checkbox"/> | Rural Health Clinic Services | <input type="checkbox"/> |
| Optometry/Eyeglasses | | Chronic Renal Dialysis | <input type="checkbox"/> |
| PT, OT, SP or other therapies provided in a setting other than a home. Limited to 20 visits of each therapy type per calendar year, except for children under 21 and the developmentally disabled. MLTC Plan may authorize additional visits | <input type="checkbox"/> | Mental Health Services ⁹ | <input type="checkbox"/> |
| Audiology/Hearing Aids | <input type="checkbox"/> | Alcohol and Substance Abuse Services ⁹ | <input type="checkbox"/> |
| Respiratory Therapy | <input type="checkbox"/> | OPWDD Services | <input type="checkbox"/> |
| Nutrition | <input type="checkbox"/> | Family Planning Services | <input type="checkbox"/> |
| Private Duty Nursing | <input type="checkbox"/> | Prescription and Non-Prescription Drugs, Compounded Prescriptions | <input type="checkbox"/> |
| Private Duty Nursing | <input type="checkbox"/> | Assisted Living Program; should be disenrolled from MLTC Partial Capitation plan as ALP is an excluded population | <input type="checkbox"/> |
| Consumer Directed Personal Assistance Services | <input type="checkbox"/> | All other services listed in the Title XIX State Plan | <input type="checkbox"/> |
| Home Delivered or Congregate Meals | <input type="checkbox"/> | Services and provide types reimbursable through Medicare under the Physician Fee Schedule (PFS), and Medicare Part B as of Jan 2024 ¹⁰ | <input type="checkbox"/> |
| Social Day Care | <input type="checkbox"/> | | |
| Social and Environmental Supports | <input type="checkbox"/> | | |

¹ The capitation payment includes applicable Medicare coinsurance and deductibles for benefit package services. [1](#).

² Includes nurse practitioners and physician assistants acting as "physician extenders." [2](#).

³ Compression and support stockings are limited to coverage only for pregnancy or treatment of venous stasis ulcers.

⁴ Enteral formula limited to nasogastric, jejunostomy, or gastrostomy tube feeding; or treatment of an inborn error of metabolism

⁵ Prescription footwear and inserts are limited to use in conjunction with a lower limb orthotic brace, as part of a diabetic treatment plan, or if there are foot complication in children under age 21. For more information, please see the DME Manual: <https://www.emedny.org/ProviderManuals/DME/index.aspx>

⁶ Medical appointments arranged through **State-contracted transportation manager, Medical Answering Services**. For medical emergency, members advised to call 911.

⁷ Any of the services listed in this column, when provided in a diagnostic and treatment center, would be included in and covered by the capitation payment.

⁸ As of January 31, 2024, updated [NYS Medicaid Program Dental Policy and Procedure Code Manual](#).

⁹ For additional Mental Health and Substance Abuse Services that may be available through Fee-for-Service to MLTCP member, please review Appendix B for Medicaid Advantage Plus (MAP) and Health Homes.

¹⁰ Provider types, including Medicare-enrolled marriage and family therapists (MFTs), mental health counselors (MHCs), addiction counselors or drug and alcohol counselors, and services, including those addressing health-related social needs and caregiver training, are available for Medicare payment under the Physician Fee Schedule (PFS), and Medicare Part B as of January 1, 2024. Additional information available [here](#).

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