

Amida Care Benefit Guide

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I. Amida Care (AC) Services:

Service	AC Benefit	FFS Medicaid	Prior Auth Required	Guidelines
Abortions	Yes	Yes	No	Members can "self- refer" to any Amida Care provider. Members can use their Medicaid Card to access non-participating providers who accept Medicaid.
Acupuncture	Yes	(-)	No	Provider must be a NYS Education Department licensed provider for acupuncture. No prior authorization is required. One initial appointment and 11 additional appointments for a maximum of 12 appointments each year.
AIDS Adult Day Health Care (AADHC)	Yes	Yes	Yes	New Authorizations: An MD order is required for initial assessment. Care plans and assessment are required for continued authorizations. Concurrent: Care Plan and assessments are required every 6 months for continued authorizations.
Allergen Desensitization Treatments	Yes	(-)	No	N/A
Ambulatory Surgery	Yes	(-)	Yes	Diagnostic and preventative non-operative procedures with or without biopsy i.e. colonoscopy/EGD, bronchoscopy, cystoscopy do not require pre-authorization. Unless non-par provider is performing or procedure is being performed in a non-par facility.
Amniocentesis	Yes	(-)	Yes	N/A
Anesthesia Services – Pain Management	Yes	(-)	Yes	Preauthorization required if procedure is performed in an ambulatory surgery setting. Prior authorization is not required if performed in provider office.
Anesthesia Services – Surgical Procedures	Yes	(-)	Yes	Anesthesia claims are included in the pre-authorization and concurrent review for inpatient and ambulatory surgery.
Artificial Insemination	No	No	N/A	N/A
Asthma Self-Management Training (ASMT)	Yes	(-)	No	Members newly diagnosed with Asthma can self- refer. Benefit covers up 10 hours for 12 continuous month period and 2 hours for subsequent year for follow up training. Training must be provided by a NYS licensed, registered, or certified health care professional, who is certified as an asthma educator (AE-C) by the National Asthma Educator Certification Board.
Autologous Blood Donation	Yes	(-)	Yes	N/A
Bariatric Surgery	Yes	(-)	Yes	No hospital restrictions
Behavioral Health Services: Inpatient Mental Health	Yes	(-)	No	Members can self- refer. Notification by site/institution to Amida Care is required within 48 hours. <i>Call: 1-866-664-7142</i> NOTE: Non HIV/AIDS SSI SNP Coverage is covered by FFS Medicaid.

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Behavioral Health Services: Inpatient Detoxification	Yes	(-)	No	Members can self-refer. Notification by site/institution to Amida Care is required within 48 hours. <i>Call: 1-866-664-7142</i>
Behavioral Health Services: Inpatient Chemical Dependence (Rehabilitation)	Yes	(-)	No	Members can self-refer Notification by site / institution to Amida Care is required within 48 hours. <i>Call: 1-866-664-7142</i> NOTE: Non HIV/AIDS SSI SNP Coverage is covered by FFS Medicaid.
Behavioral Health Services: Outpatient Detoxification (ETOH)	Yes	(-)	No	Members can self-refer. Notification to Amida Care recommended. <i>Call: 1-866-664-7142</i>
Behavioral Health Services: Outpatient Mental Health	Yes	(-)	No	Members can self-refer. Notification to Amida Care recommended. <i>Call: 1-866-664-7142</i> NOTE: Non HIV/AIDS SSI SNP Coverage is covered by FFS Medicaid.
Behavioral Health Services: Outpatient Substance Abuse	No	Yes	N/A	Services carved out to FFS Medicaid.
Birthing Centers – Free Standing (Also see – OB/GYN Care)	Yes	(-)	No	Requires UM notification within 48 hours of admission.
Buprenorphine Management	Yes	(-)	No	Management of buprenorphine by Certified Buprenorphine Providers for maintenance or detoxification when furnished and administered as part of a clinic or office visit.
Cardiac Catheterization	Yes	(-)	Yes	Based upon medical necessity.
Cardiac Rehab – Outpatient	Yes	(-)	Yes	Based upon medical necessity.
Case Management (CM)	Yes	(-)	No	Initial Comprehensive Case Management Assessment within 60 days from effective date of enrollment. Case Management re-assessment every 180 days. Fax assessments to 646-786-1802 attention Case Management Department at Amida Care. NOTE: Home Health CM is covered by FFS Medicaid.
Chemotherapy - Inpatient	Yes	(-)	No	Emergent admission does NOT require prior authorization. UM notification within 48 hours of admission. Elective admission requires prior authorization.
Chemotherapy –	Yes	(-)	No	UM notification within 48 hours required. <i>Call 1-888-364-6061</i>

Service	AC Benefit	FFS Medicaid	Prior Auth Required	Guidelines
Outpatient				
Chiropractic Services	No	No	N/A	N/A
Comfort Items	No	No	N/A	N/A
Compression and support stockings	Yes	(-)	No	Covered in the treatment of open venous stasis ulcers and for the treatment of severe varicosities and edema during pregnancy only. Prior authorization required if greater than \$500
Contact Lenses: for vision	No	No	N/A	Refer to Vision Section.
Contact Lenses: for medical necessity	Yes	(-)	Yes	Refer to Vision Section.
Continuity of Care Provider Left Network	Yes	(-)	Yes	Transition period of up to 90 days if member needs to continue ongoing treatment with current provider. If member is in 2nd trimester of pregnancy, transition period is through post-partum care related to delivery (up to 60 days).
Continuity of Care - New Member with a Non-Participating Provider	Yes	(-)	Yes	Can approve up to 60 days of care with non-par provider if the member has a "life threatening" or "degenerative and disabling" condition or disease. For pregnant members, if they are in their 2nd trimester, transition period is through post-partum care related to delivery.
Continuous or Intermittent Traction	No	No	No	
Cosmetic Surgery	No	No	N/A	<i>See Plastic/Reconstructive Surgery.</i>
Court Ordered Services	Yes	(-)	Yes	Requires UM review/authorization only when: Request is not in benefit package Services requested are within established prior authorization requirement NOTE: A copy of the Court order will be requested
CT Scan	Yes	(-)	No	N/A
Custodial Care	No	No	N/A	N/A
Dermal Filler	Yes	No	Yes	Primary care provider identifies member and determines dermal fills may be an acceptable treatment option for their member. An evaluation by a mental health professional (psychiatrist, psychotherapist, LCSW/LMSW) needed to determine if the member suffers for an emotional or psychiatric condition caused by their lipoatrophy.
Detoxification	See Behavioral Health Services			N/A
Diabetes Self Training (DSMT)	Yes	(-)	No	Members newly diagnosed with Diabetes can self-refer. Benefit covers up to 10 hours for 12 continuous month period and 2 hours for subsequent year for follow up training. DSMT must be performed by a New York State licensed, registered, or certified professional in one of the following

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				professional disciplines: <ul style="list-style-type: none"> Registered Nurse Registered Nurse Practitioner Registered Dietician Physician (MD, DO) Pharmacist Physician Assistant Physical Therapist AND accredited by the American Diabetes Association (ADA), American Association of Diabetes Educators (AADE) as a DMST trainer.
Diabetic Supplies	Yes	(-)	Yes	Non-preferred supplies will require prior authorization: Refer to www.amidacareny.org for list of preferred supplies.
Dialysis - Outpatient	Yes	(-)	Yes	Prior authorization can be given for up to 6 months.
Directly Observed Therapy (DOT)	Yes	(-)	Yes	No prior authorization required if services provided by the Local Department of Health
Directly Observed Antiretroviral Therapy (DART)	Yes	(-)	Yes	N/A
Durable Medical Equipment (DME)	Yes	(-)	Yes	Product(s) ≥ \$500 require prior authorization. See orthopedic/prescription footwear benefit and compression stocking benefit for these products.
Emergency Room Visits	Yes	(-)	No	UM notification by participating hospitals recommended within 48 hours. NOTE: Emergency Services also include Screening, Brief Intervention, and Referral to Treatment (SBIRT) for chemical dependency.
End of Life/Curative/Palliative Care	Yes	No	Yes	See Hospice Care
Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services/Child Teen Health Programs (C/THP)	Yes	(-)	No	A package of early and periodic screening including inter-periodic screens and, diagnostic and treatment services that NYS offers all Medicaid eligible children under twenty-one (21) years of age.
Experimental/Investigational Procedures/Services	Yes	(-)	Yes	Covered on a case by case basis
Family Planning and Reproductive Health Services	Yes	Yes	No	Member can "self-refer" to any Amida Care Provider or Member can use their Medicaid Card to access non-participating providers who accept Medicaid.
Genotyping (HIV)	Yes	(-)	No	See Laboratory Test
Growth Hormone – administered in the providers office	Yes	(-)	Yes	N/A
Hearing Aids	Yes	(-)	Yes	Hearing aids and batteries are covered.

Service	AC Benefit	FFS Medicaid	Prior Auth Required	Guidelines
Hearing Implants	Yes	(-)	Yes	N/A
Hearing Testing	Yes	(-)	No	N/A
Home Delivered Meals	Yes	(-)	Yes	Home Delivered Meals in Medicaid/HIV SNP covered only for those enrollees transitioning from Long Term Home Health Care Program (LTHHCP) and who received Home Delivered Meals while in the LTHHCP. The Home Delivered Meals benefit includes up to two meals per day on week days and/or weekends when enrollee's needs cannot be met by existing support services, including family and approved PCA's.
Home Health Care Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Social Worker, Home Health Aide	Yes	(-)	Yes	<p>Home care can be requested as part of discharge planning post hospitalization, after a short term rehab admission or based on the member's condition as evaluated by the member's PCP, CM or Amida Care Care Coordination staff.</p> <p>Authorization is provided without applying Clinical Criteria for the following:</p> <ul style="list-style-type: none"> ▪ Delivery of high-risk infants (newborns) ▪ Women discharged from the hospital less than 48 hours after vaginal delivery ▪ Women discharged from the hospital less than 96 hours after Cesarean birth ▪ Post discharge from hospital or SNF. <p>Note: Clinical information and plan of care should be submitted with request for additional services.</p>
Home Health Interim Care with NO Skilled Nursing Need	Yes	(-)	Yes	<p>Interim is defined as a set timeframe (usually 30 days) to allow the transition of home care services from skilled nursing services to personal care services.</p> <p>The interim benefit provides time for the primary care provider to initiate and submit the required form (M11Q) to the Plan for review and approval for personal care services and a Universal Assessment be completed by an RN</p> <p>The benefit covers a maximum of 45 days for interim homecare.</p> <p>Personal Care Services are services rendered by a home attendant or home maker (i.e. cooking, shopping, cleaning etc.).</p> <p>NOTE: Interim services are also provided for members post hospital discharge and new enrollees receiving personal care services prior to enrollment from a CHHA utilizing skilled nursing staff to render personal care.</p>
Home Health Care: Tele-Health	Yes	(-)	Yes	<p>Only members who qualify for home care services will be considered for tele-health home services.</p> <p>Only members whose risks are assessed in-person prior to the receipt of tele-health services will be eligible for reimbursement.</p> <p>Agencies are required to assess high-risk enrollees</p>

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				using a DOH approved patient risk assessment. The risk assessment tool used is the UAS.
Home IV Infusion Therapy	Yes	(-)	Yes	Preauthorization required for RN visit. Pharmacy for home infusion therapy carved out to FFS Medicaid.
Hospice Care	Yes	Yes	Yes	Provider contacts Amida Care hospice liaison (Manager of Long Term Care Services) for coordination of services.
Hospital Admissions - Elective	Yes	(-)	Yes	N/A
Hospital Admissions – Emergency & Delivery	Yes	(-)	No	UM notification within 48 hours of admission required.
Hospital Inpatient Stay Pending Alternate Level of Care (ALC)	Yes	(-)	Yes	UM notification within 48 hours of ALC placement required.
Hysterectomy (elective)	Yes	(-)	Yes	Acknowledgement of Receipt of Hysterectomy Information Form (DSS3113) should be sent to UM.
Immunizations	Yes	(-)	No	<u>Childhood Immunizations:</u> Childhood immunizations (below age 19) are paid for via the VFC (Vaccine for Children) Program. Meningococcal included <u>Adult Immunizations:</u> Adult immunizations are covered in the AC Benefit package. NOTE: Providers are paid at contracted rate for all adult vaccines <u>excluding</u> H1N1 and the Medicaid rate for administration of all adult vaccines <u>including</u> H1N1.
Implantable Contraceptives	Yes	(-)	No	NA
Infertility treatment	No	No	N/A	N/A
Injectable Medications	Yes	(-)	No	N/A
Insulin Pump	Yes	(-)	Yes	Covered as DME and requires Prior Authorization if ≥ \$500.
In-vitro Fertilization	No	No	N/A	N/A
Laboratory Tests – Routine (Par and Non Par)	Yes	(-)	No	NOTE: HIV Genotype, Phenotype, Virtual Phenotype and Tropism (Tprofile) Test are included.
Long Term Health Care Program- LTHCP	No	(-)	N/A	
Mammography – Diagnostic	Yes	(-)	No	N/A
Mammography – Routine Screening	Yes	(-)	No	Recommend coordination with PCP and/or OB/GYN
Medical Social Services	Yes	(-)	No	Medical Social Services are covered by Amida Care only for members who have transitioned to Amida Care from the Long Term Home Health Care Program (LTHHCP) and who received Medical Social Services while in

Service	AC Benefit	FFS Medicaid	Prior Auth Required	Guidelines
				LTHCCP
Medical Supplies - Disposable	Yes	(-)	No	Refer to Amida Care website for a list of medical supplies.
Midwife Services	Yes	(-)	No	N/A
MRI	Yes	(-)	No	N/A
Multiple Surgical Procedures	Yes	(-)	Yes	When multiple surgical procedures are performed during the same operative session, provider is reimbursed 100% for the major procedure, 50% for the second procedure and each additional procedure.
Newborn Eligibility	Yes	(-)	N/A	<p>Automatically becomes a plan member unless otherwise specified by Head of Household (HOH).</p> <p>Claims for newborn delivery must be submitted with the newborn's CIN number in order to verify eligibility.</p> <p>NOTE: If the newborn is a member of the Plan, services that require prior authorization apply.</p>
Nuclear Medicine	Yes	(-)	No	N/A
Nurse Practitioner	Yes	(-)	No	N/A
Nursing Home (Long Term –Custodial Care)	Yes	Yes	Yes	<p>Must be over age 21</p> <p>Must need Long Stay/Custodial Placement</p> <p>Placement should be the most integrated, least restrictive setting available to meet the enrollee's need.</p> <p><i>As of February 1, 2015 this will be a covered and should not be disenrolled from Amida Care MCO. (See Section: Residential Health Care Long Term Skilled/Non-Skilled Nursing Facility)</i></p>
Nutritional Counseling – Outpatient	Yes	Yes	Yes	<p>Must be part of a demonstrable medical need under guidance of a physician such as prenatal care, diabetes care, obesity, and malnutrition.</p> <p>AND provided by a licensed individual (i.e. RD, MD, RN).</p>
OB / GYN Care	Yes	Yes	No	<p>Members can “self refer” to any Amida Care provider.</p> <p>Members can use their Medicaid Card to access non-participating providers who accept Medicaid.</p>
Oncotype DX test for Breast Cancer	Yes	(-)	Yes	Gene Expression Profiling Test for Use in the Management of Breast Cancer Treatment.
Oral surgery	Yes	(-)	Yes	N/A
Orthopedic Shoes/ Prescription Footwear and Custom Orthotics	Yes	(-)	Yes	<p>Equal or greater than \$500 preauthorization required.</p> <p>The criteria for coverage of medically necessary prescription footwear, shoe modifications and additions is no longer limited to diabetics, children under the age of 21, or for use as part of a lower limb brace.</p> <p>The criteria for coverage of medically necessary compression and support stockings coverage is no longer limited to use during pregnancy or for treatment of open</p>

Service	AC Benefit	FFS Medicaid	Prior Auth Required	Guidelines
				venous stasis ulcers.
Out of State-Elective	No	No	N/A	N/A
Out of State Emergency-ER visits / Admissions	Yes	(-)	No	N/A
Personal Care Services (PCS)	Yes	(-)	Yes	M11Q completed by primary care provider needed. Level 1 services are limited to a max of 8hrs/week. Level 2 services are for Personal Care, based upon the member's needs. Consumer Directed Personal Care Services is covered.
Person Centered Services Plan (PCSP)	Yes	(-)	Yes	Assessment of PESP need for long term services and supports evaluated based on RN and MD orders, assessment of member's medical environment and needs.
Personal Emergency Response System (PERS)	Yes	(-)	Yes	Assessment of need for PERS services must be made in accordance with and in coordination with authorization procedures for home care services, -or personal care services Authorization for PERS services is based upon recommendation of a physician's orders (M-11q) and/or Uniform Assessment System (UAS) which must include the PERS assessment/reassessment completed by a registered nurse and receiving home health and/or personal care services AC evaluates PERS for medical necessity and authorizes services for periods of up to 6 months. Authorization of PERS is not a substitute for, or in lieu of, assistance with PCS tasks.
PET scans	Yes	(-)	Yes	N/A
Pharmacy Medication administered in a providers office	Yes	(-)	Yes	Pertains to injectables required to be administered in Medical Providers office
Phenotype (HIV)	See Laboratory Test.			N/A
Plastic Surgery /Reconstructive Surgery- Not Cosmetic	Yes	(-)	Yes	For example: Non-cosmetic procedures such as Dermal Fillers and others require prior authorization.
Podiatry	Yes	(-)	No	Covered when physical condition poses a hazard due to the presence of localized illness, injury or symptoms of the foot, or for the diagnosis and treatment of diabetes, ulcers and infections. Routine foot care such as treatment of corns, calluses, nail trimming, soaking or cleaning is NOT covered in the absence of a disease.

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Pre-natal Care	Yes	(-)	No	In addition to OB/GYN services benefits also include services such as: childbirth classes, smoking cessation counseling (up to 6 sessions annually), nutritional care, HIV testing and counseling, extended care, and parenting classes.(Manager of Long Term Care Services)
Prenatal Carrier Testing (Fragile X Syndrome)	Yes	(-)	Yes	Amida Care will begin covering prenatal carrier testing for fragile X syndrome when one or more of the following criteria is met: There is a personal or family history of fragile X tremor /ataxia syndrome, autism spectrum disorder or unexplained mental retardation in a 1st, 2nd or 3rd degree* relative of either parent; The mother has elevated Follicle Stimulating Hormone (FSH) levels before age 40 or premature ovarian failure with no known cause; or The mother or a 1st or 2nd degree female relative of either parent is a confirmed carrier.
Prenatal Carrier Testing (Spinal Muscular Atrophy)	Yes	(-)	Yes	Amida Care will begin covering prenatal carrier testing for spinal muscular atrophy(SMA), once in a lifetime, when one or more of the following criteria is met: There is a personal or family history of SMA or other muscular dystrophy of unknown type in a 1st or 2nd degree relative of either parent The father is a known carrier (September) Carrier screening for SMA of the male partner of a pregnancy will be covered if the pregnant female is found to be a carrier.
Pre-natal Testing for Trisomy 21, 18, and 13	Yes		Yes	Amida Care will begin covering non-invasive prenatal trisomy screening using cell-free fetal DNA for high-risk singleton pregnancies effective November 1, 2014 and January 1, 2015 respectively when one or more of the following criteria is met: Either parent has a family history of an aneuploidy in a 1st* or 2nd** degree relative; The pregnant woman is of advanced maternal age (defined by the American College of Obstetricians and Gynecologists as 35 years or older at the time of delivery); Standard serum screening or fetal ultrasonographic findings indicate an increased risk of an aneuploidy; - Parent(s) have a history of a previous pregnancy with a trisomy; and/or Either parent is known to have a Robertsonian translocation.
Prenatal- Non-stress Tests	Yes	(-)	Yes	Prior authorization applies if more than two instances during the course of the pregnancy.
Prescription and	Yes	(-)	Yes	Includes pharmaceuticals and medical supplies .;

Service	AC Benefit	FFS Medicaid	Prior Auth Required	Guidelines
Non-Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula				<p>Cross Gender Hormone Therapy (CGHT) previously known as Hormone Replacement Therapy (HRT) requires prior authorization.</p> <p>Call Express Scripts (ESI) 1-800-417-8164.</p> <p>Refer to Plan's pharmacy formulary at www.amidacareny.org for preferred medications, medications requiring prior-authorization or step therapy.</p>
Preventive Health Services	Yes	(-)	No	N/A
Private Duty Nursing	Yes	(-)	Yes	N/A
Prosthetics	Yes	(-)	Yes	Equal or greater than \$500 requires prior authorization.
Radiation Therapy	Yes	(-)	No	N/A
Radiology Diagnostic exams (Excluding Pet Scans)	Yes	(-)	No	N/A
Referrals to out of Network specialists and other providers- Elective	Yes	(-)	Yes	<p>Coverage only applies in continuity of care instances and if services are not available in the network.</p> <p>See OON P&P.</p>
Referral – In Network Specialist	Yes	(-)	No	N/A
Referrals to in network and out of network Specialty Care Centers	Yes	(-)	Yes	Coverage only applies in continuity of care instances and if services are not available in the network.
Rehabilitation - Inpatient	Yes	(-)	Yes	<p>Must be rendered by Physical Therapists, Speech/Language Pathologists and Occupational Therapists.</p> <p>Services must be provided in an Article 28 inpatient or outpatient facility, an enrollee's home, an approved home health agency, the office of a qualified private practicing therapist or speech pathologist</p> <p>OR for a child in a school, pre-school/ community setting or in a Residential Health Care Facility (RHCF) as long as the enrollee's stay is classified as a rehabilitative stay and meets the requirements for covered RHCF services.</p> <p>Must be ordered by participating provider.</p>
Residential Health Care Short Term Skilled Nursing Facility	Yes	(-)	Yes	N/A
Residential Health Care Long Term Skilled Nursing Facility	Yes	(-)	Yes	<p>Long term care benefit effective 1/1/15 in NYC only.</p> <p>Approval based on evaluation of member's long term needs using UAS (uniform assessment system) and medical provider's order.</p> <p>The member will have 90 days from the initial approval</p>

Service	AC Benefit	FFS Medicaid	Prior Auth Required	Guidelines
				date of long term placement determination to fully submit long term custodial placement coverage document to local district for continuous long term eligibility coverage.
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Yes	(-)	No	SBIRT services are available to members aged 10 years and older in emergency rooms, hospital outpatient departments, diagnostic and treatment centers and physician offices.
Second Opinions-Medical or Surgical	Yes	(-)	No	Prior-authorization is <u>only</u> required for out-of-network providers.
Sex Change /Gender Reassignment	Yes	(-)	Yes	Refer to Amida Care's Medical Management
Sleep Apnea Study	Yes	(-)	Yes	N/A
Smoking Cessation Counseling (SCC)	Yes	(-)	No	Up to eight (8) counseling sessions are covered per calendar year for all members, including pregnant women. SCC must be provided face-to-face by a Physician, Registered Physician Assistant, Registered Nurse Practitioner, or Licensed Midwife during a medical visit. (No group sessions).
Smoking Cessation Products	Yes	(-)	No	Two courses of smoking cessation therapy per recipient, per year are allowed. A course of therapy is defined as no more than a 90-day supply (an original order and two refills, even if less than a 30 day supply is dispensed in any fill).
Sonograms	Yes	(-)	No	N/A
Specialist as PCP	Yes	(-)	Yes	Permitted for members with a "life threatening" or "degenerative and disabling" condition or disease (OB/GYN as well).
Standing referrals to specialists – In Network	Yes	(-)	Yes	Permitted for members who need "ongoing care"
Standing referrals to specialists - Out of Network	Yes	(-)	Yes	Coverage only applies in continuity of care instances and if services are not available in the network. Refer to OON P&P
Sterilization	Yes	Yes	No	<u>Member Education:</u> Members can "self refer" to any Amida Care provider. Members can use their Medicaid Card to access non-participating providers who accept Medicaid. <u>Provider Education:</u> Participating providers to bill Amida Care. Non-participating providers to bill FFS Medicaid. Providers need to submit form LDSS-3134 and forward form to care coordination department. <u>Claim Guidelines:</u> If claim for a non-participating provider is received, it is denied with direction to bill FFS Medicaid.

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Sterilization Reversal	No	No	N/A	N/A
Therapies- Occupational / Physical / Speech - Outpatient	Yes	(-)	Yes	Coverage is limited to 20 visits each per calendar year. Restrictions do not apply to enrollees under the age of 21, the developmentally disabled and enrollees with a traumatic brain injury.
Topical Oxygen Wound Therapy (TOWT)	Yes	(-)	Yes	N/A
Transplants	Yes	(-)	Yes	N/A
Tropism (Trofile)-HIV	See Laboratory Test			N/A
Tuberculosis Directly Observed Therapy	Yes	(-)	Yes	No prior authorization required if service provided by local Department of Health
Vision: Eye Care and Low Vision Services- Well Vision (Refractive Exams)	Yes	(-)	No	<p>Members may self -refer to a Davis Vision provider for a routine eye examination (refractive exam) and, as necessary, dispensing of glasses / lenses once in any 24 month period.</p> <p>Members may self- refer to College of Optometry of the State</p> <p>University of New York clinicians.</p> <p>Members with Diabetes may self-refer to any participating provider for vision services and annual dilated retinal eye exam.</p> <p>Members may self -refer for replacement of lost or broken glasses.</p> <p>To facilitate replacement/repair under the warranty, members should return to original dispensing office.</p> <p>Member can contact Davis Vision directly at 1-800-999-5431.</p> <p>NOTE: Self- refer is every two years. If a member needs a Replacement sooner, Davis Vision will notify Amida Care to request an override.</p>
All other services (Not listed above)	For any services or situations other than those listed above, contact the Plan for directions.			

II. HIV SNP Enhanced Services:

Service	Description
Case Management Assessments/Service Plans	<p>Member may be assessed for psycho-social or non-medical needs, which result in the development of a “service plan” by a case manager.</p> <p>The initial assessment/service plan will be completed within the first 60 days of intake, and then re-assessed at least every 180 days thereafter.</p> <p>For more information, see <i>Case Management</i>.</p>
Directly Observed Therapy (DOT) or Directly Observed Antiretroviral Therapy (DART)	<p>Members have to see a licensed medical provider for the purposes of taking medications as prescribed.</p> <p>This must be a documented face to face encounter coinciding with a medical treatment schedule and incorporated into a goal-oriented service plan.</p>
Escorts	<p>Members may be escorted roundtrip (to/from) a medical/specialty care appointment or other appointment, such as Medicaid recertification or other benefits, legal or supportive services.</p>
Treatment Adherence Services/Treatment Education	<p>Members may see a trained counselor, pharmacist or medical team member for the purpose of increasing adherence to a treatment regime or treatment education</p>