

3.7 Covered, Coordinated and Non-Covered Services

Covered Services

- Care management
- Home health care (home health aide, PT, OT, SP, and medical social services)
- Nursing services
- Private duty nursing
- Non-emergent transportation
- Podiatry and routine care
- Optometry (including eyeglasses)
- Audiology, hearing aids and batteries
- Dental care
- Prosthetics and orthotics
- Medical equipment and supplies
- Enteral and parenteral nutritional supplements (limitations may apply)
- Personal emergency response system
- Social and environmental supports
- Dietary counseling
- Nursing home care
- Respiratory therapy
- Outpatient physical, occupational and speech therapies (Limited to 20 outpatient visits of each therapy type per calendar year, except for children under 21 and the developmentally disabled- Healthfirst may authorize additional visits for this population)
- Adult day health care
- Personal care
- Consumer Directed Personal Assistance Service
- Social day care
- Home-delivered or congregate meals
- Nutrition
- Telehealth
- Nursing home care (residential health care facility)
- Room and board for hospice care services

Coordinated Services and Noncovered Services

Your care team will coordinate medical services not covered by Senior Health Partners to help you remain at your best.

- In-patient and outpatient hospital services
- Laboratory and radiology/radioisotope services
- Prescription and non-prescription drugs, compounded prescriptions
- Physician services
- Mental health services
- Alcohol and substance abuse services
- Chronic renal dialysis
- Emergency transportation
- Family planning service
- Rural health clinic services
- OPWDD services
- Services listed in the Title XIX State Plan