

**EXHIBIT A**

**COVERED SERVICES LIST**

In the event that a conflict arises between this Agreement and the content of the CHC Waivers approved by CMS, the CHC waivers shall take precedence.

<b>CHC Covered Physical Health Services</b>	
<b>Category</b>	<b>Category</b>
<b>Inpatient Hospital Services</b>	<b>Clinic Services</b>
Inpatient Acute Hospital	Independent Clinic
Inpatient Rehab Hospital	Maternity – Physician, Certified Nurse Midwives, Birth Centers
<b>Outpatient Hospital Clinic</b>	Renal Dialysis Services
Outpatient Hospital Clinic	Ambulatory Surgical Center (ASC) Services
Outpatient Hospital Short Procedure Unit	<b>Dental Services</b>
Federally Qualified Health Center / Rural Health Clinic	<b>Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders</b>
<b>Other Laboratory and X-ray Service</b>	<b>Prescribed Drugs, Dentures, and Prosthetic Devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist</b>
Laboratory	Prescribed Drugs
Radiology (For example: X- rays, MRIs, CTs)	Dentures
<b>Nursing Facility Services</b>	Prosthetic Devices
	Eyeglasses
<b>Family Planning Clinic Services, and Supplies</b>	<b>Diagnostic, Screening, Preventive, and Rehabilitative Services</b>
<b>Physician Services</b>	Tobacco Cessation
Primary Care Provider	Therapy (Physical, Occupational, Speech) - Rehabilitative
Physician Services and Medical and Surgical Services provided by a Dentist	<b>Certified Registered Nurse Practitioner Services</b>

<b>Medical care and any other type of remedial care</b>	<b>Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary</b>
Podiatrist Services	Ambulance Transportation
Optometrist Services	Non-Emergency Medical Transport
Chiropractor Services	Emergency Room
<b>Home Health Services</b>	Hospice Care
Home Healthcare Including Nursing, Aide and Therapy	Limited Abortions*
Medical Supplies	
Durable Medical Equipment Including home accessibility durable medical equipment	
Therapy (Physical, Occupational, Speech)	Definitions for Physical Health Services may be found in the Pennsylvania Medicaid State Plan at: <a href="http://www.dhs.state.pa.us/publications/medicaidstateplan/">http://www.dhs.state.pa.us/publications/medicaidstateplan/</a>
Personal Protective Equipment (PPE)	
<b>CHC LTSS Benefits</b>	
<b>Nursing Facility Services</b>	
<p>Nursing Facility Services are professionally supervised nursing care and related medical and other health services furnished by a healthcare facility licensed by the Pennsylvania Department of Health as a long-term care nursing facility under Chapter 8 of the Healthcare Facilities Act (35 P.S. §§ 448.801-448.821) and certified as a nursing facility provider in the MA Program (other than a facility owned or operated by the Federal or State government or agency thereof). Nursing facility services include services that are skilled nursing and rehabilitation services under the Medicare Program and health-related care and services that may not be as inherently complex as skilled nursing or rehabilitation services but which are needed and provided on a regular basis in the context of a planned program or healthcare and management. A Participant must be NFCE to receive nursing facility services under the CHC Program. Nursing Facility Services includes at least the items and services specified in 42 CFR 483.10(f)(11)(i). Nursing facility services are covered as defined in 55 Pa. Code § 1187.51.</p>	
<p>Exceptional DME for CHC Participants Residing in a Nursing Facility.</p>	

<b>Home and Community-Based Services</b>	
Adult Daily Living	Non-Medical Transportation
Assistive Technology	Nutritional Consultation
Behavior Therapy	Occupational Therapy
Benefits Counseling	Participant-Directed Community Supports
Career Assessment	Participant-Directed Goods and Services
Chore Services	Personal Assistance Services
Cognitive Rehabilitation	Personal Emergency Response System
Community Integration	Pest Eradication
Community Transition Services	Physical Therapy
Counseling	Residential Habilitation
Employment Skills Development	Respite
Financial Management Services	Specialized Medical Equipment and Supplies
Home Adaptations	Speech and Language Therapy
Home Delivered Meals	Structured Day Habilitation
Home Health Aide	Telecare
Job Coaching	Teleservices- Cognitive Rehabilitation Therapy
Job Finding	Teleservices- Counseling
Nursing	Teleservices- Nutritional Consultation
	Vehicle Modifications

\*Some services are included on the CHC Covered Physical Health Services list and the CHC LTSS Benefits list. The CHC LTSS Benefits are available only after the Participant's State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Definitions for the LTSS listed above can be found in the 1915(c) Home and Community Based Services Waiver, and may be amended from time to time, found at:

<https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/CHC-Supporting-Documents.aspx>

**\*An Abortion is a Covered Service only when a physician has found, and certified in writing to the Medicaid agency that, on the basis of that physician's professional judgment, the life of the mother would be endangered if the fetus were carried to term (which is in accordance with 42 CFR 441.202).**