List of Required MI Health Link Services

Each MI Health Link health plan must offer the same Medicare and Medicaid services. All services are provided based on medical need. MI Health Link health plans can offer additional plan covered services. Services marked with * are available to enrollees who meet levels of care requirements, so these services are not available to every enrollee.

Hearing aids are not currently covered by Medicaid and are not a required benefit of MI Health Link. Hospice services are excluded from MI Health Link.

<table>
<thead>
<tr>
<th>Adult Day Program</th>
<th>Dental: Preventive and Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgical Centers</td>
<td>Exams, cleaning, x-rays, restorations, limited surgical extractions, and partial and full dentures are covered services. Endodontics and crowns are not covered services. Under certain cases, dental services can be provided in the hospital setting if medically necessary.</td>
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<tr>
<td>Anesthesia</td>
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<tr>
<td>Assertive Community Treatment Program*</td>
<td></td>
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<tr>
<td>Assessments*</td>
<td></td>
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<tr>
<td>Behavior Treatment Review*</td>
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<tr>
<td>Cardiac and Pulmonary Rehab</td>
<td></td>
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<tr>
<td>Certified Mid-Wife Services</td>
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<tr>
<td>Childbirth and parenting classes</td>
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<tr>
<td>Chiropractic Services</td>
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<tr>
<td>Chore Services*</td>
<td></td>
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<tr>
<td>Clubhouse Psychosocial Rehabilitation*</td>
<td></td>
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<tr>
<td>Community Transition Services</td>
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<tr>
<td>Crisis Services - Crisis Residential Services*</td>
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<tr>
<td>Crisis Services - Intense Crisis Stabilization Services*</td>
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<tr>
<td>Diabetic Supplies and Services &amp; Diabetic Therapeutic Shoes and Inserts</td>
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<tr>
<td>Emergency Services/Care</td>
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<tr>
<td></td>
<td>Prior authorization is not required for emergency services. The MI Health Link health plan must cover emergency services for enrollees traveling out of the health plan's region.</td>
</tr>
<tr>
<td>End Stage Renal Disease Services</td>
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<tr>
<td>Environmental Modifications*</td>
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<tr>
<td>Eye Exams</td>
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<tr>
<td>Eye Wear</td>
<td>Glasses (lenses and frames) and contacts are a covered benefit</td>
</tr>
</tbody>
</table>
Family Planning
Family Training*
Fiscal Intermediary Services*
Good and Services*
Health Services*
Home Delivered Meals*
Home Health
Services are provided to enrollees with skilled or rehabilitative needs with limited ability to leave the home to receive therapy or skilled nursing services.
Housing Assistance*
Immunizations
Inpatient Hospital Psychiatric Admissions
Inpatient Hospital Psychiatric Services
Inpatient Hospital Services - Acute
Laboratory, Diagnostic & X-Ray
Medical Equipment and Supplies:
  Adaptive Medical Equipment and Supplies
  Assistive Technology including van lifts and tie downs*
  Durable Medical Equipment
  Enhanced Medical Equipment and Supplies*
  Medical Supplies
  Prosthetics and Orthotics
Medication Administration
Medication Review
  Medications should be reviewed through Care Coordination process for enrollees not receiving services through the PHIP provider network.
Mental Health Specialty Services - Non physician*
  This service can be provided in a Federally Qualified Health Center (FQHC).
Nursing Home Care: Custodial Care
  Patient Pay Amounts (PPAs) apply to custodial care (traditional Medicaid day of care) and the nursing home collects the PPA from the enrollee.
Nursing Home Care: Skilled Nursing & Rehabilitation services
  The Medicare requirement for a three-day hospital stay prior to admission to a nursing home is not required for MI Health Link.
Nursing Facility Mental Health Monitoring*
Organ & Bone Marrow Transplant
Other Health Care Professional Services
Out-of-Home Non-vocational Habilitation*
Out-of-state Services
Outpatient Blood Services
Outpatient Hospital Services
Outpatient Mental Health Services
Outpatient Partial Hospitalization Services
Peer-Delivered or Operated Support Services*
Personal Care

This service is provided to enrollees needing hands-on assistance or prompting, cueing, supervision or reminding to complete tasks like toileting, bathing, eating or dressing. Enrollees may also qualify for help with tasks like shopping, cooking, laundry or housekeeping.

Services previously provided by the Home Help program will be provided by the MI Health Link health plan.

Personal Care Supplement

The MI Health Link health plan covers this service paid to licensed Adult Foster Care Homes and Homes of the Aged for qualifying enrollees.

Personal Care in Licensed Specialized Residential Setting*

Personal Emergency Response System (PERS)

Pharmacy

The MI Health Link health plan covers Part D drugs and any non-Part D drugs including those covered by Medicaid. Each plan has its own list of covered drugs.

Pharmacy - Enhanced Pharmacy*

Physician Specialist Services excluding Psychiatric Services

Physician/Practitioner (PCP) Services

Podiatry Services

Preventative Care and Screening

Preventive Nursing Services*

Prevocational Services*

Private Duty Nursing*

The MI Health Link Home and Community Based Services waiver covers up to 16 hours of nursing service per day.

Psychiatric Services

Respiratory Care

Respite

Restorative or Rehabilitative Nursing

Rural Health Clinic Services

Skill Building Assistance*

Substance Abuse:
- Outpatient
- Residential Treatment
- Sub-acute Detoxification

Supported/Integrated Employment Services*

Supports Coordination*

Targeted Case Management*

Telemedicine

Therapy:
- Family therapy*
- Individual or Group therapy*
- Occupational Therapy
- Physical Therapy
- Speech, Hearing and Language Therapy

Tobacco cessation

Transplants and Immunosuppressive Drugs
<table>
<thead>
<tr>
<th>Transportation:</th>
<th>Treatment for Sexually Transmitted Disease (STD)</th>
</tr>
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<tbody>
<tr>
<td>Emergency Ambulance Transportation</td>
<td>Treatment Planning*</td>
</tr>
<tr>
<td>Non-emergency Medical Transportation</td>
<td>Urgent Care Clinic Services</td>
</tr>
<tr>
<td>There is no limit to the number of covered</td>
<td>Wellness Visits (Annual Exams)</td>
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<tr>
<td>transportation services for medical</td>
<td></td>
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<tr>
<td>appointments.</td>
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<tr>
<td>Non-Medical Transportation*</td>
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