

EXHIBIT A
Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)
Covered Services

JANUARY 1, 2015 THROUGH DECEMBER 31, 2017

Medicaid Service	Covered Under MA D-SNP
HOSPITAL INPATIENT SERVICES	Yes
HOSPITAL INPATIENT CROSSOVER	Yes
HOSPITAL OUTPATIENT SERVICES	Yes
HOSPITAL OUTPATIENT CROSSOVER	Yes
NURSING HOME CROSSOVER	Yes
SKILLED NURSING HOME	No
INTERMEDIATE CARE FACILITY (ICF) I SERVICES	No
ICF II SERVICES	No
MENTAL HEALTH HOSPITALS	No
INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED (ICF/DD) SUNLAND	No
ICF/DD SIXBED	No
PHYSICIAN SERVICES	Yes
PHYSICIAN SERVICES CROSSOVER	Yes
PRESCRIBED MEDICINES (E.G., BENZODIAZEPINES, BARBITURATES AND SOME OVER THE COUNTER PRODUCTS).	Yes
LAB AND XRAY SERVICES	Yes
LAB AND XRAY CROSSOVER	Yes
PATIENT TRANSPORTATION	Yes
PATIENT TRANSPORTATION CROSSOVER	Yes
FAMILY PLANNING	No
HOME HEALTH SERVICES	Yes
HOME HEALTH CROSSOVER	Yes
SCREENING SERVICES	Yes
CHILD DENTAL SERVICES	No
CHILD VISUAL SERVICES	No
CHILD HEARING SERVICES	No
ADULT DENTAL SERVICES	Yes
ADULT VISION SERVICES	Yes
ADULT HEARING SERVICES	Yes
BEHAVIORAL HEALTH / TARGETED CASE MANAGEMENT SERVICES	Yes
NURSE PRACTITIONER	Yes
REGISTERED PHYSICAL THERAPIST	Yes
HOSPICE SERVICES	Yes
COMMUNITY MENTAL HEALTH	Yes
HOME AND COMMUNITY BASED AGING	No
HOME AND COMMUNITY BASED DEVELOPMENTAL SERVICES	No
AIDS WAIVER SERVICES	No
BIRTHING CENTER SERVICES	No
RURAL HEALTH SERVICES	Yes
RURAL HEALTH CROSSOVER	Yes
PERSONAL CARE SERVICES	No

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Medicaid Service	Covered Under MA D-SNP
PRIVATE DUTY NURSING SERVICES	No
PHYSICAL THERAPY SERVICES	Yes
SPEECH THERAPY SERVICES	Yes
OCCUPATIONAL THERAPY SERVICES	Yes
RESPIRATORY THERAPY SERVICES	Yes
FEDERALLY QUALIFIED HEALTH CENTERS	Yes
CLINIC SERVICES	Yes
DEVELOPMENTAL SERVICES COMMUNITY SUPPORTED LIVING ARRANGEMENT (DS CSLA)	No
MENTAL HEALTH CASE MANAGEMENT	Yes
DEVELOPMENTAL EVALUATION AND INTERVENTION	No
CHILD CASE MANAGEMENT SERVICES	No
CHILD COMMUNITY MENTAL HEALTH SERVICES	No
CHILD THERAPY SERVICES	No
ADULT CONGREGATE LIVING FACILITY	No
PHYSICIAN ASSISTANT SERVICES	Yes
SCHOOL BASED SERVICES	No
DIALYSIS CENTER	Yes
ASSISTIVE CARE SERVICES	Yes
CHIROPRACTIC SERVICES	Yes
MEDICAL SUPPLIES, EQUIPMENT, PROTHESES AND ORTHOSES	Yes
PODIATRIC SERVICES	Yes

§ 422.101 Requirements relating to basic benefits.

(f) Special needs plan model of care (1) MA organizations offering special needs plans must have a model of care plan specifying how the plan will coordinate and deliver care designed for the plan's enrollees. The model of care plan must provide for the following:

- (i) Coordinate care for eligible beneficiaries.
- (ii) Include a network of providers/services having relevant clinical expertise.
- (iii) Target a special needs population.
- (iv) Deliver care based on appropriate protocol for the target enrollees.
- (v) Deliver care to frail/disabled enrollees.
- (vi) Deliver care to enrollees who are at the end of life.
- (vii) Apply performance measures to evaluate processes and outcomes of the model.