

Home Health Care

- Must be medically needed and arranged by Molina
- one medically needed post-partum home health visit (additional visits as medically needed for high-risk women)
- at least 2 visits for high-risk infants (newborns)
- other home health care visits as needed and ordered by your PCP/specialist

Personal Care/Home Attendant/Consumer Directed Personal Assistance Services (CDPAS)

- Must be medically needed and arranged by Molina
- Personal Care/Home Attendant – Help with bathing, dressing and feeding and help with preparing meals and housekeeping
- CDPAS – Help with bathing, dressing and feeding, help preparing meals and housekeeping, plus home health aide and nursing tasks This is provided by an aide chosen and directed by you
- If you want more information, contact Molina at (800) 223-7242 (TTY: 711)

Personal Emergency Response System (PERS)

- This is an item you wear in case you have an emergency
- To qualify and get this service, you must be receiving personal care/home attendant or CDPAS services

Adult Day Health Care Services

- Must be recommended by your Primary Care Provider (PCP)
- Provides health education, nutrition, nursing and social services, help with daily living, rehabilitative therapy, pharmacy services, plus referrals for dental and other specialty care

AIDS Adult Day Health Care Services

- Must be recommended by your Primary Care Provider (PCP)
- Provides general medical and nursing care, substance use supportive services, mental health supportive services, nutritional services, plus socialization, recreational and wellness/health promotion activities

Therapy for Tuberculosis (TB)

- This is help taking your medication for TB and follow up care

Hospice Care

- Hospice helps patients and their families with their special needs that come during the final stages of illness and after death
- Must be medically needed and arranged by Molina
- Provides support services and some medical services to patients who are ill and expect to live for one year or less
- You can get these services in your home or in a hospital or nursing home

Children under age twenty-one (21) who are getting hospice services can also get medically needed curative services and palliative care

If you have any questions about this benefit, you can call our Member Services Department at (800) 223-7242 (TTY: 711)

Dental Care

Molina believes that providing you with good dental care is important to your overall health care. We offer dental care through contracts with individual dentists who are experts in providing high quality dental services. Molina covers dental services such as:

- Preventive dental check-ups
- Cleanings
- X-rays
- Fillings

In certain circumstances, Molina may cover additional services, such as:

- Dentures
- Implants
- Crowns
- Root Canals

You do not need a referral from your PCP to see a dentist!

How to Get Dental Services:

Molina works with Liberty Dental® to provide dental services. Our dental network providers are listed in the Molina Online Provider Directory at [MolinaHealthcare.com](https://www.MolinaHealthcare.com). You can also find a dental provider near you by calling Liberty Dental® toll-free at (866) 609-1184.

- If you need to find a dentist or change your dentist, please call Liberty Dental at (866) 609-1184 (TTY: 711) or please call (800) 223-7242 (TTY: 711) Customer Services Representatives are there to help you.

Show your Member ID card to access dental benefits. You will not receive a separate dental ID card. When you visit your dentist, you should show your plan ID card.

You can also go to a dental clinic that is run by an academic dental center without a referral. If you need help finding a dentist or a dental clinic that is run by an academic dental center, call the New York State Hotline at (800) 541-2831.

Liberty Dental will cover braces for children up to age 21 who have a severe problem with their teeth, such as: can't chew food due to severely crooked teeth, cleft palette, or cleft lip.

Vision Care

- Services of an ophthalmologist, ophthalmic dispenser and optometrist, and coverage for contact lenses, polycarbonate lenses, artificial eyes, and or replacement of lost or destroyed glasses, including repairs, when medically necessary. Artificial eyes are covered as ordered by a plan provider.
- Eye exams, generally every two years, unless medically needed more often.
- Glasses (new pair of Medicaid approved frames every two years, or more often if medically needed).