

BENEFIT HANDBOOK

December 12, 2024



SUPPORTIVE SERVICES FOR
FAMILIES & PHYSICIANS

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Florida Birth-Related Neurological Injury Compensation Plan

INTRODUCTION

Welcome to the Florida Birth-Related Neurological Injury Compensation Plan (“Plan”). Better known as NICA, the Plan is intended to provide compensation, on a no-fault basis, for a limited class of catastrophic injuries that result in unusually high costs for custodial care and rehabilitation. To that end, the Plan provides a wide range of benefits.

We strongly urge every family to familiarize themselves with this Benefits Handbook, which offers clear guidance on potential benefits available under the NICA Plan. As a result of legislative changes made by the Florida Legislature in 2021, the NICA Plan offers several additional and enhanced benefits that all families should review and become familiar with.

The purpose of this Benefits Handbook is to provide simple and straightforward information about the benefits available from NICA and how families may request those benefits. However, this Benefits Handbook is a guide. Ultimately, NICA’s activities are governed by Sections 766.301-766.316, Florida Statutes, sometimes referred to as the NICA Statute. It is essential to understand that the statute – not this handbook – controls any conflict between the information in this Benefits Handbook and the law itself.

Generally, according to Florida law, NICA pays for a participant’s “medically necessary and reasonable” actual expenses, including but not limited to:

- Medical and hospital, habilitative care and training, residential or custodial care
- Professional residential and custodial care and service
- Medically necessary drugs
- Medically necessary special equipment and facilities; and related travel

(See: Section 766.31(1)(a), Florida Statutes)

Although this Handbook attempts to describe the range of benefits available to families, NICA may also pay for other medically necessary supplies, equipment, or expenses, associated with the participant’s condition and medical needs. Families should submit medically necessary expenses not otherwise addressed in this Benefits Handbook for consideration to their participant’s case manager.

One family may, or may not, be eligible for the same benefits as another family because of each participant’s particular condition, medical necessity, or other available coverage. However, NICA strives to ensure that all families are treated similarly and that all medically necessary and reasonable expenses are covered, subject to the limitations set forth in section 766.31, Florida Statutes. NICA reserves the right to ask for a Letter of Medical Necessity for any requested benefit.

Please note that while, given recent legislative changes in Florida, NICA considers itself to be primary to Medicaid and a third party for NICA-covered services, we are still working with AHCA on a plan to coordinate services to ensure seamless service delivery to our participants. Until that plan is finalized, participant families should not change how they obtain services from their providers. Once the transition plan is complete, it will be communicated to families along with any new processes. However, if a family is experiencing any issues with obtaining Medicaid services, please contact your case manager so that NICA can go ahead and transition those services to NICA funding.

CLAIMS REQUEST FOR REIMBURSEMENT OR BENEFITS

This section contains detailed information about NICA's statutory requirements related to covered benefits and the resulting documentation required to ensure that NICA operates within its statutory authority. It also contains a clear framework to ensure that benefit decisions are made consistently and equitably for all participants. Note that while the NICA program covers a broad range of medically necessary and other benefits, it is not intended to provide reimbursement for all expenses that may arise because of the birth injury. Examples of items not covered include the cost of boarding pets while traveling for medical appointments, increased costs for household cleaning products, and legal costs of setting up a special needs trust.

Each section of the Benefit Handbook contains specific requirements related to that type of benefit. Because each participant has different needs, not every participant will require or be eligible for every benefit listed in this Handbook. Similarly, there are many benefits that may be covered that are not specifically listed. Your NICA Case Manager is the best source for questions about benefits that may not be specifically referenced in this Handbook.

The NICA program provides the following broad categories of benefits:

- Medically necessary benefits outlined in Florida Statutes
- Other benefits specifically defined in Florida Statutes
- Other Board approved benefits implemented to promote the administration of the plan in the best interest of participants

Medically necessary benefits outlined in Florida Statutes include the following:

- Nursing / Custodial Care
- Hospital, Medical, and some Dental Treatment
- Medication
- Equipment
- Supplies
- Therapy
- Related travel

Other benefits specifically defined in Florida Statutes include the following:

- Initial Parent Award
- Death Benefit
- Mental Health Services for family members
- Reliable Transportation
- Housing Assistance

Board approved benefits include the following:

- Legal and other fees related to guardianship
- Health insurance premiums
- Annual Special Benefit
- Electricity stipend

Florida Statutes include some other limitations that NICA must adhere to reimburse for services. Specifically:

- reimbursement for medically necessary items must be related to the birth injury,
- reimbursement for medically necessary items must also be reasonable,
- reimbursement is limited to reasonable charges prevailing in the same community for similar services (i.e. charges are usual and customary),
- reimbursement is prohibited for items that participants are entitled to receive under other state or Federal programs, and
- reimbursement is prohibited for items that are covered under insurance plans

Finally, NICA is subject to oversight by a variety of entities including audits by the Florida Office of Auditor General. In order for NICA to appropriately document reimbursed expenses for these purposes, NICA must collect documentation that the goods or services were provided, and, if reimbursement was made to the parent, proof that payment was made for the goods or services.

The rest of this section describes how NICA complies with each of the above requirements. As previously noted, each of the sections on this Handbook contain specific details on documentation requirements for that benefit.

Medical Necessity:

Generally, medical necessity is documented by a prescription, a letter of medical necessity, or an order from a physician. Documentation of medical necessity varies by the type of benefit being requested. This documentation is meant to be objective, as such, NICA does not accept self-referral for equipment or services (i.e. referrals from the provider or seller of the good or service). Note that the fact that a provider has prescribed or recommended something does not make it a covered benefit.

Related to the Birth Injury:

While most requested benefits are clearly related to the birth injury, there are some for which your case manager will request additional documentation to ensure that the item is covered. Examples of items where additional documentation may be required include physician and hospital visits because there may be visits that are not covered. For example, a trip to the ER for a broken bone unrelated to the birth injury, or a trip to the primary care physician for routine vaccinations. There are also items that would not be covered because they are items that would be purchased absent the birth injury, such as diapers before age 3, or disaster supplies not related to medically necessary equipment.

Reasonable:

Reasonableness is a broad term that can best be described as items that are in accordance with generally accepted standards of medical practice (referred to as “standard of care”) and not experimental or investigational. In evaluating any request, NICA’s highest priority is that a treatment or procedure does not cause harm.

The reasonableness standard is also applied as it relates to requests for duplicate items or for items intended for recreational use because it would not be a reasonable use of NICA’s funds to reimburse these items without limitation. Specifically, NICA does not reimburse for duplicate items such as additional equipment for a vacation home, and NICA limits reimbursement for recreational items as described in the Equipment section.

Charges are Usual and Customary:

NICA has several ways for determining if the cost for an item or service is usual and customary. For services such as therapy, NICA starts with a presumption that the current Medicaid rate being accepted by a provider is usual and customary (either the fee-for-service or the managed care rate). In cases where the provider does not accept the Medicaid rate, NICA may request documentation of rates being accepted by private insurance plans. If NICA is unable to determine a rate using either of those methods, NICA will document rates for similar services accepted by other providers in the area.

For equipment and supplies, there are instances where NICA may require quotes to determine a usual and customary cost, however, for many items, NICA has purchased similar items in the past and is aware of costs for those items. NICA also has existing relationships with many equipment and supply vendors and can obtain substantial discounts on supplies and equipment.

In instances where a family may choose to use a provider (or purchase supplies or equipment) that has a rate higher than the usual and customary rate, NICA will pay the usual and customary amount, and the family will be responsible for the difference.

NICA is tax-exempt so NICA should not pay tax on many items. If a parent chooses to purchase equipment costing more than \$3,000 without obtaining prior authorization, sales tax will not be reimbursed to the parent.

Items Covered by Other Programs:

The most prevalent example of items covered by other programs are costs related to education. NICA does not cover expenses related to education such as tuition, tutoring, and school supplies.

The Individuals with Disabilities Act (IDEA) requires that all children receive a free and appropriate education in the least restrictive environment. Services to be provided are outlined in an Individual Education Plan (IEP) and may include services such as therapy, specialized transportation, and school nursing. These costs are funded by the school system and are not covered by NICA.

For children who are homeschooled, funds are provided by the school system to parents for homeschool expenses. NICA does not cover the cost of supplies related to homeschooling.

Items Covered by Insurance:

It is NICA's expectation that health insurance is always maintained for participants. NICA reimburses families for the cost of the participant's health insurance. For families with Medicaid, NICA reimburses the Agency for Health Care Administration for the cost of those premiums. It is expected that where insurance (including Medicaid) provides for coverage of a service that is needed, that service will be obtained from a provider who accepts the participant's insurance if one is available locally.

For items such as therapy, equipment, and some supplies, NICA may request documentation of an insurance denial prior to authorizing a reimbursement request.

If there is a lapse in insurance coverage and expenses are incurred that would have been covered by insurance, NICA will not reimburse for those items. If you need assistance obtaining health insurance for the participant, please reach out to your Case Manager.

Time Limits on Claiming:

NICA will honor reimbursement requests for expenses from medical providers and pharmacies submitted within four years (in accordance Section 95.11(3)(f), Florida Statutes) of the date the expense was incurred if the request is accompanied by documentation of medical necessity and provider invoice or receipts. This time limit does not apply to expenses incurred before the participant's acceptance into the NICA program. Reimbursement will be paid in a timely fashion, and you will be notified in writing if a benefit is denied, or NICA does not have sufficient information or documentation to pay the benefit.

INITIAL PARENTAL AWARD

Beginning January 1, 2021, parents or legal guardians of a NICA participant are entitled to an award not to exceed \$250,000. Each year after 2021, the amount of the parental award for new families joining the program will increase by 3 percent annually.

NURSING CARE

Most NICA participants will need some level of professional nursing or attendant care during their lifetime. Many families opt to stay home and provide care for their participant, while other families prefer to engage professional nursing or attendant care services. Both options are available to eligible families at their discretion. The level of nursing care and amount paid for such care may vary from one family to another, as dictated by each participant's unique medical needs, and the skills of the caregiver.

In order for NICA to pay for nursing care for a participant, your case manager will send a Patient and Nursing Caregiver Form (PNCF) to a physician who provides care for the participant to complete. This form is what NICA will use to authorize the amount and type of care available. The form identifies the number of hours of care required and the level of care for those hours (i.e., CNA, LPN, or RN). NICA may periodically conduct a review with medical professionals to assess the ongoing and sometimes evolving needs of the participant over time.

If applicable, NICA may also request information from your insurance plan regarding the nursing care coverage they provide. Your Case Manager can help you with this process.

Nursing Care Provided in Home by Parent or Legal Guardian:

When professional nursing or attendant care is required, NICA may reimburse a parent or legal guardian for medically necessary and reasonable residential custodial care as documented on the PNCF. This includes any time the parent is required to be with the participant for medical appointments, therapy appointments, etc. This would be as an alternative or in addition to paying for professional nursing care or other professional attendants. It should be noted that NICA can only reimburse one caregiver at a time.

For participants born since June 7, 2002:

Reimbursement is subject to the limitations specified in Sections 766.302(10) and 766.31, Florida Statutes. These sections specify that NICA may reimburse a parent or legal guardian for up to 10 hours of family residential or custodial care that they provide directly to the participant within a 24-hour period. If more than 10 hours are authorized, other caregivers can be reimbursed for care authorized and provided in excess of 10 hours. NICA does not reimburse for any hours when the participant is in school or PPEC.

If a participant requires more than 10 hours of care and if the parent is considered a medical professional (e.g., CNA, LPN, RN), the 10-hour limit is waived. A parent can be reimbursed at their level of licensure (at the Florida Medicaid rate) for the hours of care deemed medically necessary and provided by the parent. For example, if the parent is an LPN and the PNCF authorizes 12 hours of CNA care and 12 hours of LPN care, and the parent provides all 24 hours of care, that parent would be reimbursed for 12 hours at the [CNA rate](#) and 12 hours at the [LPN rate](#).

For NICA participants born before June 7, 2002:

Reimbursement is subject to limitations specified in the Class Action Settlement Agreement and Final Judgment and Order Approving the Class Action Settlement Agreement (available at nica.com). For these families, NICA may reimburse a parent or legal guardian for up to 20 hours per day for their care directly to the participant. If other caregivers are involved in the care, the combined limit is 20 hours per day. School hours are also deducted. If a parent or guardian cares directly for the participant and is a licensed professional caregiver (e.g., Certified Nurse Assistant, Licensed Practical Nurse, or Registered Nurse), the caregiver can be paid for up to 24 hours per day. Payment rates are based on the parent or guardian's level of licensure, and the number of hours authorized by the physician.

Care While Hospitalized:

If a NICA participant is hospitalized and the parent or legal guardian must remain with them while in the hospital, NICA will reimburse the parent or legal guardian for up to 24 hours per day at their typical rate of pay, including day of admit and day of discharge. This change is effective January 1, 2021.

Professional Nursing or Attendant Care Provided in Home:

If recommended by a physician, NICA will reimburse families for medically necessary and reasonable professional nursing or attendant care provided for the participant. NICA will directly reimburse a provider agency or another qualified caregiver, as preferred by the parent or legal guardian. Parents can also be reimbursed when a third-party caregiver misses a shift and a parent must provide some of the care, subject to providing documentation to NICA of the missed shifts.

To request this benefit, a parent or legal guardian can contact their Nurse Case Manager. The Case Manager will request payment information for either the individual or nursing agency the parent wishes to care for the participant.

Nursing Care Provided Prior to NICA Program Entry:

Nursing care provided from date of discharge from the NICU up until the date of entry into the NICA program is reimbursable under the parameters above. The PNCF will be obtained upon entry into the program and applied retroactively.

Custodial Residential Care:

In the event a participant must be moved out of their home into a professional care facility, NICA will pay for the cost of the facility when no other payor is available.

MEDICAL TREATMENT

NICA will reimburse for physician visits related to care and treatment associated with the neurological birth injury, including co-pays and deductibles where applicable.

NICA will reimburse for hospital inpatient and outpatient care, including emergency care related to care and treatment associated with neurological birth injury and facilities charges.

DENTAL TREATMENT

Beginning January 1, 2022, dental services that are medically necessary and related to the birth injury are covered. The only items not covered are the cost of routine cleanings twice per year. Prior requests that have been denied within the last four years will be reconsidered on request.

PRESCRIPTION DRUGS AND PHARMACY MILEAGE

Prescription drugs and pharmacy mileage will be reimbursed with a receipt (to confirm date of medication pick-up) and copy of the medication label to confirm the Rx number, name on prescription, and the name of the medication. Effective 1/1/24, in lieu of this documentation, pharmacy mileage can be reimbursed with a copy of the participant's pharmacy history. In this case, mileage can only be reimbursed multiple times each month if each fill date is at least 10 days from the previous fill date in the pharmacy history. It should be noted that, regardless of distance, the per diem meals and incidentals stipend is not provided with the reimbursement of pharmacy mileage. This reimbursement is exclusively for drugs related to care and treatment associated with the neurological birth injury.

INSURANCE POLICIES AND PREMIUMS

NICA encourages families to carry health insurance if the participant is not otherwise covered by the family's insurance plan, a state or federal program, or another type of health plan and will reimburse the costs of coverage if requested. If you are interested in obtaining health insurance, please inquire about this benefit with your Nurse Case Manager.

Insurance Premiums

NICA will reimburse families for the participant's portion of a health insurance premium starting from the date when the request is made in writing to NICA. For participants entering the program on or after January 1, 2022, NICA will reimburse families the participant's portion of the insurance premium from the date of birth of the participant.

NICA requires a copy of the coverage document and premium that identifies the participant's portion of the premium to pay for this expense. If documentation does not specifically identify the participant's portion, NICA reserves the right to calculate how much of the premium it will reimburse on a pro-rata basis.

THERAPY

NICA will reimburse families for therapies performed by a licensed therapist which are determined to be medically necessary and reasonable by a physician.

Some of the therapies covered include:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Aqua Therapy
- Intensive Therapy
- Music Therapy
- Equine therapy
- Massage Therapy
- Behavioral Therapy
- Vision Therapy

Annual therapy camp programs will be covered up to \$2000. Therapy camp may be covered over \$2000 if it meets the standards of an intensive therapy. Your Nurse Case Manager will evaluate the plan of care for the therapy camp program to determine if the therapy camp can be covered.

Additional therapies may also be eligible for coverage. Inquire with your Nurse Case Manager if a medical provider recommends a therapy not listed above.

NICA may consult periodically with appropriate medical professionals regarding the medical necessity for continuing various therapies.

To request therapy for the participant, NICA requires a plan of care written by the therapist and signed by the participant's physician, as well as information showing that the therapy was denied by all other payers, such as insurance, prepaid plans, HMO, or governmental assistance that may be available. If therapy is partially covered by an insurance plan or other entity, NICA will pay the copay or patient responsibility portion.

MENTAL HEALTH SERVICES

NICA believes in promoting the well-being of our participants and their families. Beginning June 21, 2021, NICA will provide immediate family members (or legal guardians who reside with the participant) with a total annual benefit of up to \$10,000 to obtain mental health services from providers licensed under Chapter 490 and Chapter 491 Florida Statute (or similar statutes in other states). Providers under these Chapters include psychologists, marriage and family therapists, mental health counselors, and social workers. Mental health services provided by psychiatrists licensed under Chapter 458 Florida Statute (or similar statutes in other states) will also qualify for reimbursement. NICA will also pay for any co-payments or deductibles. It should be noted that medication management services are not reimbursable under this benefit. In the event a participant passes away, families can receive the remainder of that calendar year's funds for mental health services (up to \$10,000), plus an additional two years of funds (up to \$20,000) for mental health services until the amount is exhausted.

For reimbursement, NICA must be provided with documentation that the provider is licensed in their home state to provide such services, an explanation of benefits (if applicable), proof of payment, and the dates of service.

Recommendations outside of the therapy made to family members by mental health providers (e.g., prescription medication, massage therapy, yoga, etc.) are not reimbursable under this benefit.

EQUIPMENT

NICA will purchase or reimburse actual expenses for medically necessary equipment that is requested for a participant's care. Because the equipment needed by NICA participants varies widely, a list of equipment that has been covered to date can be found in Appendix A.

To order or reimburse for equipment that is less than \$3,000, NICA will require a written statement from the parent or legal guardian of the participant as to why the equipment is medically necessary (if not clearly related to the injury), 3 quotes (the item being purchased, and two comparative quotes) will be needed for items exceeding \$1000, and an insurance denial if the item is potentially covered by the participant's insurance plan.

To order or reimburse for equipment that is more than \$3,000 NICA will require a letter of medical necessity OR a prescription, 3 quotes (the item being purchased, and two comparative quotes), and an insurance denial if the item is potentially covered by the participant's insurance plan. In some cases, (such as a stander or a wheelchair) NICA will also need the order specifications if buying directly from a vendor.

There are specific pieces of equipment where NICA has a relationship with a vendor for a specialized type or brand of equipment and would like to order the equipment requested from these vendors directly. You can find a list of this equipment in Appendix A with a "*" beside the equipment name. In these cases, the documentation needed in the categories above would still apply.

Beginning 1/1/23, for those pieces of equipment that NICA purchases or reimburses for the participant, repairs, extended warranties, and protective accessories can also be reimbursed.

*NICA Nurse Case Managers can be contacted if there is an uncertainty about whether the equipment item requested may or may not need an insurance denial.

Appendix A – Equipment

This list includes but is not limited to equipment that has been previously authorized.

Equipment items must be medically necessary for the participant.

<u>Equipment < \$3000</u>	<u>Equipment >\$3000</u>
Activity Seat/Chair	Bed
AFOs	Ceiling Lift
Air Loss Mattress	Communication Device
Baby Monitor/Video	Compression Vest
Bath Chair	Electric Wheelchair
Adaptive Car Seat	Firefly (Chairs)
Changing Tables	Freedom Concept (Bike)*
Computer (for assistive speech device)	Gait Trainer
Feeding Chair & Feeding Pump	Hospital Bed
Floor Ramps/ Thresholds	Hot Tub (\$6000 limit)
Glasses (related to birth injury)	Permanent Ramp
Hitch for Van	Portable O2 Concentrator
Hoyer Lift	Portable Pool Heater
Humidifier	Ppod Chair
Ipad (as communication device or therapy)	Scooter
Manual Transfer Wheelchair	Sleep Safe Bed*
Mega Rubber Rolls	Stander
Nebulizer & Oxygen Concentrator	Stim Designs (Galileo System)*
Portable Ramp	Stroller
Portable Generator	Tablet
Pulse Ox	Tobii Dynavox*
Replacement parts for Equipment	Walker
Stethoscope	
Suction Machine & Portable Suction	
Therapy Bench & Mat	
Toileting System	
Transfer Belt - with handles	
Urine Collection System	
*Items that NICA has a relationship with a specific vendor	

Electricity Stipend

Effective October 15, 2021, upon request, NICA may pay families a monthly stipend to offset the additional electricity costs associated with the use of medically necessary equipment related to the participant's neurological injury. The monthly stipend amount for 2021 is \$100 and is indexed to the [U.S. Bureau of Labor Statistics cost per Kilowatt hour](#) for the South Atlantic region. The stipend will be adjusted each January 1st to reflect the percentage change in Kilowatt hour from November of the prior year (i.e. the annual change from the most recent November rate to the November rate prior to that). To qualify for the stipend families will need to fall under one of two categories.

Category 1:

Participant has additional electricity costs associated with the use of one of the following: an electric bed, oxygen concentrator, or a CPAP/BIPAP.

Category 2:

Participant has additional electricity costs associated with the use of a feeding pump, suction machine, and a third piece of medically necessary equipment.

Families should reach out to their Nurse Case Manager to request the stipend and inform their case manager of current necessary medical equipment being used in the home. This must be requested by the parent or guardian and can be paid starting on the 1st of the month following the participant's entry into the program.

SUPPLIES

NICA will purchase or reimburse actual expenses for supplies that are requested for a participant's care. Because the supplies needed by NICA participants vary widely, a list of supplies that have been covered to date can be found in Appendix B.

To order or reimburse for supplies that are less than a onetime expense of \$3000 or a recurring expense under \$1000 monthly, NICA will require a written statement from the parent or legal guardian of the participant as to why the supply is necessary (if not clearly related to the injury) and an insurance denial if the item is potentially covered by the participant's insurance plan.

To order or reimburse for supplies that are more than a \$3,000 onetime expense or an over \$1000 monthly recurring expense, NICA will require a letter of medical necessity OR a prescription, and an insurance denial if the item is potentially covered by the participant's insurance plan.

Effective 6/1/2024, supplies purchased through a same-day-delivery service (i.e., Door Dash, UberEATS, etc.) may be reimbursable with the appropriate documentation submitted. The fees associated with the use of these delivery services (such as delivery fees, service fees, and tips) are non-reimbursable. Please note that shipping protection add-on fees associated with online purchases are also non-reimbursable.

*NICA Nurse Case Managers can be contacted if there is an uncertainty about whether the item requested may or may not need an insurance denial.

Appendix B – Supplies

This list includes but is not limited to supplies that have been previously authorized.

Adaptive Clothing
Alcohol
Baby Food
Backpack (for holding on-the-go emergency supplies)
Bibs
Booster Pads
Burp Cloth
Clorox Wipes
Diaper Rash Cream
Diapers (after age 3)
Feeding Bags - Pressure Relief System
Feeding Pump Kit
Feeding Spoons
Feeding tube cleaning supplies
Foam climbing blocks
Formula
Gauze
Gloves
G-tube accessories
Handgrips
Hippotherapy Helmet
Masks
Meal Replacement Powder
Mickey Buttons
Mouth swabs
Nasal Cannula

Oral Suction Toothbrushes
Oxygen
Pedialyte
Peroxide
Pullups
Saline
Sanitizer
Shoes for AFOs
Socks for AFOs
Specialized Feeding Cups
Suction Cathater
Suction Tray
Supplements
Syringes
Tape
Toothettes
Trach Supplies
Trachs
Trash Bags
Tubing
Underpads (with or without tape)
Urine Collection System Supplies
Emesis Bags
Washcloths
Water (for equipment or formula)
Weighted blanket
Wipes (after age 3)

Specialized Nutritional Products

For participants who are unable to eat a typical diet and require modified soft/puréed food due to a digestive system dysfunction related to the neurological injury, as of 3/1/24, beginning at age 1, NICA will reimburse pre-packaged specialized nutritional products OR provide a monthly stipend for fresh foods to be prepared into purée at home. Families choosing either option may need to provide a letter of medical necessity.

Option 1: Reimbursement for Pre-Packages Specialized Nutritional Products:

NICA will reimburse for specialized nutritional products that provide needed nutritional value and are medically necessary. Puréed baby foods, enteral formulas, and other specialized nutritional products will be reimbursable for as long as they are medically necessary. Families must submit a receipt with any reimbursement request.

Option 2: Monthly Fresh Food Stipend:

NICA encourages families to use fresh foods and beginning October 1, 2022, NICA will provide a monthly stipend for those fresh foods needed for families to process puréed food at home. The monthly stipend is based on the USDA's Thrifty Food Plan which estimates the monthly cost for a nutritious diet based on age. The monthly stipend will be based on the [November 2023 USDA Thrifty Food Plan report](#). NICA will update the monthly stipend amount for families each January 1st based on the most recent USDA Thrifty Food Plan monthly average report available.

If families opt for the monthly fresh food stipend, there will be no reimbursement for specialized nutritional products.

Blender

In addition, NICA will reimburse families whose participant requires a modified soft/puréed food diet, up to \$500 for a blender every three years. Families must submit a receipt with any reimbursement request for a blender and a letter of medical necessity may be required.

It should be noted that the age requirement associated with the reimbursement of specialized nutritional products, or the monthly Fresh Food Stipend does not apply to the purchase of a blender.

ANNUAL SPECIAL BENEFIT

NICA will reimburse families up to \$500 per calendar year for any items that are related to the participant's best interest. Examples may include adaptive toys, pool equipment, games, electronics, and other items that improve quality of life. Beginning with the 2021 benefit, any unused amounts can be rolled over indefinitely.

TRANSPORTATION AND TRAVEL

Reliable Transportation

When a participant needs a reliable mode of transportation, NICA coordinates the purchase of a reliable vehicle or an accessible van upon the parent's request. Current proof of vehicle insurance and valid driver license is required.

NICA is listed as a lienholder on the vehicle's title. However, the vehicle itself is titled in the name of the parents or legal guardians as custodians for the participant under the Florida Uniform Transfer to Minors Act.

As lienholder, NICA pays and/or reimburses the following expenses:

- Vehicle purchase price and associated acquisition costs
- License tag/registration and renewals
- Maintenance costs. Any expenses more than \$500.00 require pre-approval or they may not be reimbursed.
- Basic insurance coverage, full collision coverage, and comprehensive coverage. NICA must be listed as lienholder on the policy.
- Mileage for medical appointments or pre-approved travel will be reimbursed at twice the [GSA rate](#) for a government furnished vehicle.

NICA replaces the vehicle every seven years or 150,000 miles, whichever comes first.

Families no longer needing a vehicle should return it to NICA in good working order within 60 days.

Travel Reimbursement

NICA will reimburse expenses incurred when a NICA participant travels to and from medically necessary appointments, such as physician visits, therapy, or other medically necessary travel. NICA will reimburse mileage associated with trips to the pharmacy for prescriptions related to the participant's birth injury (see the Prescription drugs & Pharmacy Mileage section for documentation requirements), and any non-routine supply/equipment related travel (For example, if a piece of equipment is broken and needs repair, with proper documentation, mileage may be reimbursed for the travel to and from taking the equipment to be repaired). Effective 4/1/2024, with an attendance history, NICA will reimburse mileage to PPEC and to special needs school programs where the participant receives medically necessary services (please reach out to your case manager to find out if your participant's school qualifies for mileage reimbursement). It should be noted that, regardless of distance, the per diem meals and incidentals stipend is not provided with the reimbursement of PPEC Mileage.

If the participant is driven, NICA will reimburse parking fees and tolls (upon submission of receipts), as well as documented mileage at the following rates:

- When using reliable transportation:
 - Mileage for medical appointments or pre-approved travel will be reimbursed at twice the [GSA rate](#) for a government furnished vehicle.
- When using a personal vehicle:
 - Mileage for medical appointments or pre-approved travel will be reimbursed at the [GSA rate](#) for a privately owned vehicle.

To be reimbursed for mileage, NICA must have documentation of the reimbursable appointment the participant attended. Mileage reimbursement will be calculated by the participant's Nurse Case Manager using the addresses for the locations provided by the parent or legal guardian. If the parent or legal guardian wants a specific map route used for the reimbursement, they will need to provide the map used to arrive at the location to their Nurse Case Manager for reimbursement.

When a participant must travel, one-way either 30 miles or in excess of 45 minutes, from home for a medical, therapeutic, or otherwise reimbursable appointment, NICA will reimburse for meals and incidentals at the GSA day-of-travel rate (75% of the per diem) for up to two caregivers and the NICA participant, if applicable (i.e. participant can consume food orally, does not have a digestive system dysfunction which impedes the ability to consume food, and is not receiving reimbursement for pre-packaged specialized nutritional products or the monthly Fresh Food Stipend). No receipts are required. Note that the rate utilized is the rate effective in the destination city.

When the participant and one parent/guardian travel at least 50 miles from home and must stay overnight, NICA will reimburse accommodations of the actual expense up to 1.3 times GSA lodging rate (plus applicable sales taxes) for the destination city.

Meals and incidentals are also reimbursed for overnight travel in accordance with GSA policies for up to two caregivers and the NICA participant, if applicable.

Beginning January 1, 2022, if the participant is flown, NICA will reimburse airline coach travel fares for the participant and two parents/guardians and will reimburse accommodations of the actual expense up to 1.3 times GSA lodging rate. Please note this GSA rate is intended to cover all travelers.

Upon submission of receipts, NICA can reimburse medically necessary transportation expenses not otherwise mentioned above. Please contact your Nursing Case Manager if you have questions about reimbursement of other travel-related expenses.

Effective 9/1/23, when a participant is hospitalized, regardless of the hospital distance, medical mileage and per diem for up to two caregivers will be reimbursed. Mileage can only be reimbursed for one round-trip per day. For parents who choose to remain in the hospital overnight with the participant, the day-of-admission and the day-of-discharge per diem will be reimbursed at the GSA day-of-travel rate (75% of the per diem), the days in between admission and discharge will be reimbursed at the full per diem rate. If the parent does not stay overnight in the hospital with the participant, per diem will be reimbursed at the GSA day-of-travel rate (75% of the per diem) for each day the participant is hospitalized.

HOUSING ASSISTANCE

Participants are entitled to a housing assistance benefit of up to \$100,000 during their lifetime. This benefit has been utilized by families in a variety of ways including (but not limited to) accessible renovations in a current home, new home construction, mortgage or rent monthly payments, moving expenses to a more accessible dwelling, whole house generators or a down payment on a new home. Please contact your case manager with any questions and for information on the documentation needed to utilize this particular benefit.

BEREAVEMENT SUPPORT FUND

It is NICA's utmost goal to support participants and families through every chapter of life. In the event that NICA is notified of the death of a participant, families will receive \$50,000 in an effort to unburden them of the cost of services. A time of loss can be emotional and confusing, NICA desires to be a resource for healing for its families during these difficult times.

GUARDIANSHIP

When a participant turns 18, states typically require parents to become legal guardians to continue making medical decisions on their behalf. NICA will cover the costs for families to obtain guardianship of their NICA participant. Families may select their own attorney, or at request by the parent, NICA can provide a list of attorneys who specialize in guardianship. While there are no restrictions for the cost of obtaining guardianship, it is expected that the range of all costs will be \$3,000 - \$7,500. This can include costs such as annual guardianship renewals, cost of plenary guardianship, cost to become a guardian advocate, consultation fees, legal fees, guardianship classes, background checks, and fingerprints. Travel costs associated with the process of obtaining guardianship are non-reimbursable. Please reach out to your case manager with any questions regarding coverage of guardianship.

DISASTER EVACUATION LODGING

(Effective Date: December 12, 2024)

Retroactive Benefits:

There are no retroactive benefits related to this policy. Benefits are available only after the effective date.

Description:

If a participant's family evacuates due to a natural disaster such as a hurricane, NICA will reimburse for lodging costs if the following criteria are met:

- An emergency declaration exists for the county where the participant resides, AND
- The family is currently receiving, or eligible to receive an electricity stipend, OR the participant has a diagnosed autonomic dysfunction.

Reimbursement is available for up to two (2) nights before the disaster and one (1) night after the disaster. For example, if a hurricane is expected to make landfall on a Wednesday evening, reimbursement is available for Monday and Tuesday night (pre-disaster), for Wednesday night, and for Thursday night (post-disaster).

In the event of power outages, reimbursement extends through the evening when the power is restored. For example, if power is restored on Saturday, reimbursement would also be available for Friday and Saturday nights.

Medical Necessity Documentation:

Documentation of medical necessity is not required.

Prior Authorization Requirements:

Prior authorization is not required.

Exclusions or Limitations:

Lodging costs are limited to \$250 per day excluding taxes. The daily limit includes any additional fees such as parking fees, resort fees, and booking or cleaning fees for Airbnb/VRBO rentals. Applicable taxes will be reimbursed in whole if the daily rate is \$250 or less, or in part if the rate exceeds \$250 (taxes will be reimbursed proportionately in these cases).

Lodging costs will not be reimbursed if the family is eligible for reimbursement through other sources, such as the Federal Emergency Management Agency (FEMA).

Mileage and meal reimbursements are not available for disaster evacuations.

EXPERIMENTAL PROGRAMS OR EQUIPMENT

When a parent or legal guardian requests that NICA pay for participation in an experimental program or to obtain experimental equipment, the Executive Director may approve the request based on the following criteria:

1. Overall cost associated with the program or equipment must not be excessive and must be submitted for preapproval. It may include the duration of the program; expected medical benefits; and availability of the program elsewhere in Florida if it is located outside the participant's home area.
2. A report must be received from the participant's primary care physician recommending the experimental program or equipment by detailing its medical necessity.
3. Proof must be provided that the experimental program or equipment has shown objective, observable, or demonstrable medical benefit, as well as evidence the participant has benefited or will benefit from the experimental program or equipment.
4. The Executive Director may approve the expected frequency and duration of the requested experimental program or equipment.
5. Continuation of the program or equipment may be authorized if periodic evaluation by a physician shows an objective, observable, or demonstrable medical benefit to the participant.

If the evaluation indicates consideration of other criteria, then additional information will be requested and should be submitted for review.

In an effort to provide clarity and transparency, the following will not be approved for reimbursement as they are not considered to be the standard of care for the corresponding indication:

- Bioness L300 device for the management of neuromuscular weakness related to traumatic brain injury or cerebral palsy.
- Enbrel (intrathecal injection) for the treatment of spasticity related to hypoxic-ischemic encephalopathy and cerebral palsy.
- Human Growth Hormone therapy for the treatment of cerebral palsy.
- Hyperbaric oxygen therapy for the treatment of cerebral palsy.
- Stem cell therapy for cerebral palsy management.

BENEFITS NOT SPECIFICALLY ADDRESSED

The Board has authorized the Executive Director to approve the benefits described in this Benefits Handbook. The Board recognizes, however, that there may be types of equipment or other items that may be of value to a participant and their family but are not addressed in this Benefits Handbook. If there is an item or service you feel should be covered and is not mentioned please talk to your case manager.

AUTHORIZATION TO OBTAIN SERVICES OUTSIDE YOUR INSURANCE PLAN'S COVERED AREA OR OUT OF STATE

Parents or legal guardians must notify NICA before taking a participant outside their insurance plan's covered area or outside the State of Florida for evaluation, surgery, or other medically necessary treatment. NICA must pre-authorize out-of-state treatment. NICA can expedite payment for pre-authorized equipment and services and sometimes pre-pay for them. Without preauthorization, NICA will only pay for treatment outside the insurance plan's covered area or for out-of-state treatment and travel if an emergency existed at the time of treatment.

DISAGREEMENTS AND REIMBURSEMENTS DENIALS

If a disagreement arises on a claim for benefits, we invite you to discuss the issue with a Nurse Claim Supervisor. They will welcome the opportunity to work with you in hopes of resolving the disagreement. In some instances, NICA may ask for a more clearly written letter of medical necessity or additional documentation.

If a disagreement arises and the Nurse Claim Supervisor cannot resolve it, upon written request, the Executive Director may review the claim and attempt to resolve the disagreement with the parents or legal guardians.

If the Executive Director cannot resolve the disagreement and a benefit is denied, the parents or legal guardians have the right to file a petition with the Division of Administrative Hearings to dispute the amount of actual expenses reimbursed or the denial of benefits. See DOAH.fl.us for more details. Parents or legal guardians may contact the Insurance Consumer Advocate at the Florida Department of Financial Services for additional guidance on an informal basis.

The address to submit a letter or petition is:

Division of Administrative Hearings

1230 Apalachee Parkway
Tallahassee, FL 32399
Phone: (850) 488-9675
Fax: (850) 921-6847

The contact information for the Insurance Consumer Advocate is:

Office of the Insurance Consumer Advocate Florida Department of Financial Services

Office: (850) 413-5923
Fax: (850) 487-0453



SUPPORTIVE SERVICES FOR
FAMILIES & PHYSICIANS

**Florida Birth-Related Neurological Injury
Compensation Association**

P.O. Box 14567

Tallahassee, Florida 32317

Toll-Free 1-800-398-2129

Phone (850) 488-8191

Fax (850) 922-5369

Web NICA.com

BENEFIT HANDBOOK

December 12, 2024



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