NICA BENEFIT HANDBOOK ADDENDUMS

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Addendum to Add the Appeal Forms to the Disagreements & Reimbursement Denials Policy

The purpose of this addendum is to add the appeal forms for single or joint petitioners to the policy for ease of access for families.

DISAGREEMENTS & REIMBURSEMENT DENIALS

If a disagreement arises on a request for reimbursement, we invite you to discuss the issue with your Case Manager. 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 your Case Manager cannot resolve it, upon written request, the Executive Director may review the request and attempt to resolve the disagreement with the parents or legal guardians.

If the Executive Director cannot resolve the disagreement and a reimbursement request is denied, the parent(s) or legal guardian(s) have the right to file a petition with the Division of Administrative Hearings to dispute the amount of actual expenses or the reimbursement denial. When filing a petition, families should utilize either the Single Petitioner Form (when only one parent is filing the appeal) or the Joint Petitioner Form (when both parents are filing the appeal). Either parent can file a petition using the Single Petitioner Form, however, if both parents want to be on the petition they should use the Joint Petitioner Form.

The address to submit a letter or petition is:

Division of Administrative Hearings
2001 Drayton Dr.
Tallahassee, FL 32311
Phone: (850) 488-9675
Fax: (850) 921-6847

Parents or legal guardians may also contact the Insurance Consumer Advocate at the Florida Department of Financial Services for concerns related to benefits.

The contact information for the Insurance Consumer Advocate is:

Office of the Consumer Advocate
Florida Department of Financial Services
Office: 850.413.5923
Fax: 850.487.0453

Addendum – Local Travel

The purpose of this addendum is to add the GSA mileage rates effective 7/1/2026.

Benefit: Local Travel

Retroactive Benefits:

NICA will honor reimbursement requests submitted within four years (in accordance with Section 95.11(3)(f), Florida Statutes) of the date the expense was incurred if the request is accompanied by appropriate documentation. If the expense was incurred before the participant's acceptance into the NICA program, this time limit does not apply as long as requests for reimbursement are submitted within four years of acceptance into the program.

Description:

Local travel refers to travel that is less than 50 miles one-way and that does not require an overnight stay. See Overnight Travel policy.

NICA will reimburse travel expenses (described below) that are incurred when a NICA participant travels to and from medically necessary appointments such as physician visits and therapy.

Mileage, Parking Fees, and Tolls:

Mileage for medically necessary appointments is reimbursed as follows:

- When using a NICA vehicle:
  - Mileage for medical appointments or pre-approved travel will be reimbursed at twice the GSA rate for a government-furnished vehicle.
  - Mileage rates:
    - Beginning 7/1/2026: $0.47/mile
    - Beginning 1/1/2026: $0.41/mile
    - Beginning 1/1/2025: $0.42/mile
    - Beginning 1/1/2024: $0.42/mile
    - Beginning 1/1/2023: $0.44/mile
    - Beginning 7/1/2022: $0.44/mile
    - Beginning 4/1/2022: $0.36/mile
    - Before 4/1/2022: $0.23/mile
- 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.
  - Mileage rates:
    - Beginning 7/1/2026: $0.76/mile
    - Beginning 1/1/2026: $0.725/mile
    - Beginning 1/1/2025: $0.70/mile
    - Beginning 1/1/2024: $0.67/mile
    - Beginning 1/1/2023: $0.655/mile
    - Beginning 7/1/2022: $0.625/mile
    - Beginning 4/1/2022: $0.585/mile
    - Before 4/1/2022: $0.445/mile

Actual parking fees and tolls will also be reimbursed for medically necessary appointments.

In addition to medically necessary appointments, NICA will reimburse mileage only (no parking fees or tolls) for the following purposes

- Trips to the pharmacy for prescriptions related to the participant's birth injury (see the Prescription Drugs & Pharmacy Mileage section for documentation requirements),
- Non-routine supply/equipment-related travel. For example, if a piece of equipment is broken and needs to be repaired, mileage may be reimbursed for the travel to and from the repair location.
- Effective 4/1/2024, NICA will reimburse mileage to PPEC and to special needs school programs where the participant receives medically necessary services such as therapy (please reach out to your case manager to find out if your participant's school qualifies for mileage reimbursement). Attendance records are required for reimbursement.

Meals & Incidentals:

When a participant's one-way travel for a medically necessary appointment is either more than 30 miles or in excess of 45 minutes from home, NICA will provide a stipend for meals and incidentals at the GSA day-of-travel rate (75% of the GSA per diem) for up to two caregivers. NICA will also provide the same stipend for the NICA participant if the participant can consume food orally, does not have a digestive system dysfunction that impedes the ability to consume food, and is not receiving reimbursement for pre-packaged specialized nutritional products or the monthly Fresh Food Stipend.

Travel Reimbursement when a Participant is Hospitalized:

Effective 9/1/23, when a participant is hospitalized, NICA will reimburse the following:

- Mileage at the rates noted above for one round trip per day on days that a parent or guardian does not stay overnight at the hospital.
- Meals & Incidentals stipend for up to two caregivers as follows:
    - On days when a caregiver travels to and from the hospital, the stipend will be provided at the GSA day-of-travel rate (75% per diem)
    - On days when a caregiver does not leave the hospital, the stipend will be provided at the full GSA per diem rate.

Please contact your Nursing Case Manager if you have questions about reimbursement of other travel-related expenses.

Medical Necessity Documentation:

NICA must have documentation of the reimbursable appointment or hospitalization, such as appointment notes or hospital notes/discharge summary.

Prior Authorization Requirements:

Prior authorization is not required for local travel reimbursement.

Documentation Requirements for Reimbursement:

For Mileage and Meals & Incidentals:

- Documentation of medical necessity discussed above

For Parking and Tolls:

- Documentation of medical necessity discussed above
- Receipt or paid invoice.

- For tolls, a Sunpass (or similar) statement can be provided as proof of payment

Additional Information:

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 can reach out to their case manager to provide these details.

In some instances, a non-parent/non-guardian caregiver may be reimbursed for mileage for taking the participant to medically necessary appointments.

Exclusions or Limitations:

If a family has a NICA vehicle and chooses to use their personal vehicle to transport the participant, to medically necessary appointments, mileage will be reimbursed at the GSA rate for government-furnished vehicles (i.e. at the NICA vehicle rate, not at the personal vehicle rate).

Addendum Updating Previously Authorized Intensives Table

The purpose of this addendum is to add aqua therapy intensives to the table of examples of previously authorized intensives.

Benefit: Intensive Therapy

(Effective Date January 1, 2024)

Retroactive Benefits:

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

Description:

Intensive therapy typically involves 1 to 5 weeks of one or more therapies (e.g., physical, occupational, speech therapy), provided for several hours each day, five days a week, by a licensed therapist.
In some cases, summer camps that also include therapy provided by licensed therapists can be considered intensive therapy sessions.

NICA will authorize one intensive session per quarter for each category of therapy. A quarter is defined as the 13-week period beginning with the date of the first attended intensive therapy. For example, a participant may attend a physical therapy intensive and a feeding intensive within the same 13-week period. However, for intensives of the same category that are 4 or 5 weeks in length, there must also be a 9-week gap between the end date of one intensive and the start of the next. This is to ensure that appropriate adherence to maintenance therapy is achieved.

Here are some examples:

- A participant attends a 5-week physical therapy intensive from February 10, 2025, to March 14, 2025. The next time that participant would be eligible to attend another PT intensive would be May 16, 2025, which is 9 weeks from March 14th.
- A participant attends a 2-week physical therapy intensive from February 10, 2025, to February 21, 2025. The next time that participant would be eligible to attend another PT intensive would be at the beginning of the next 13-week period, which would be May 12, 2025, because more than 9 weeks had passed since the end of the initial intensive.
- In the above examples, a participant could also attend Brain Plasticity or Feeding Therapy or some other intensive that is not a physical therapy intensive during the same 13 -week period (February 10, 2025, through May 12, 2025).

Maintenance therapy must follow best practices for a given therapy modality and be in accordance with the intensive provider's recommendations. When NICA authorizes an intensive therapy session, they will request that the provider document those recommendations when they submit their billing and therapy notes after each intensive.

Insurance denials may be requested for some intensives.

Examples of intensives previously authorized:

Category	Specialty (if applicable)*	Providers Used (more may be added in the future)
Physical Therapy	Physical Therapy Intensive	Ability Plus Therapy, Believe Pediatric Physical Therapy, First Step Therapy, John Hopkins Medicine, Kenny Rogers Children's Center, Kids PT By the Sea / Sarasota Pediatric Physical Therapy, NAPA Center, Neurowerks, Pediatric Therapy Associates, Starlight Intensive, Therapies4Kids
Physical Therapy	Therasuit	Ability Plus Therapy, Believe Pediatric Physical Therapy, John Hopkins Medicine, Kenny Rogers Children's Center, Lampert's Home Therapy, Inc., NAPA Center, Neurowerks, Therapies4Kids
Physical Therapy	Dynamic Movement Intervention	Family First Therapy, Kids PT By the Sea / Sarasota Pediatric Physical Therapy, Starlight Intensive
Physical Therapy	Universal Exercise Unit (Cage)	Believe Pediatric Physical Therapy, John Hopkins Medicine
Physical Therapy	Constraint-Induced Movement Therapy	Intensive Therapeutics
Physical Therapy	Aqua Therapy	Jax Kids Aquatics
Occupational Therapy		Ability Plus Therapy, John Hopkins Medicine, Intensive Therapeutics, NAPA Center
Speech Therapy		Ability Plus Therapy, Brave Bunch Summer Camp, Kenny Rogers Children's Center, Logos Therapy Group, NAPA Center
Feeding Therapy		NAPA Center, NJ Pediatric Feeding Associates
Brain Plasticity		Brainvive, Neurotru PLLC, Plasticity Center of Orlando
Vision		The Children's Home of Pittsburgh
* Specialty Intensives are all considered Physical Therapy intensives so only one type of Specialty Intensive can be attended every 3 months		

Medically Necessary Documentation:

- **First Intensive Session:** A letter of medical necessity from the primary care physician, physiatrist, or neurologist is required.
    - For all physical therapy, occupational therapy, speech therapy, and feeding therapy, a letter of medical necessity is also required from the participant's therapist. In many cases, the therapist will prepare the initial letter of medical necessity, and the physician will indicate their concurrence with the recommendation.
    - Brain Plasticity intensives require a letter of medical necessity from a neurologist.
    - Separate letters of medical necessity are required for each category and specialty of therapy.
- **Subsequent Intensive Sessions:** No letter of medical necessity is required, but documentation must show consistent attendance of any recommended maintenance therapy since the last intensive. Maintenance therapy must conform to the current policy (e.g. be provided by a licensed therapist following a plan of care approved by a physician, etc.) except as follows:
    - For Brain Plasticity, if recommended maintenance therapy is for at-home exercises only (as opposed to therapy), the parent will be asked to confirm that the prescribed maintenance exercises were completed for this type of intensive.

Prior Authorization Requirement:

Prior authorization is required for all intensives. Note that if a parent elects to *schedule* an intensive prior to authorization, reimbursement cannot be guaranteed until the intensive is authorized.

Documentation Requirements for Reimbursement:

- Therapy notes
- Invoice
- In addition to above, if reimbursement is to be made to parent, proof of payment to provider (e.g., cancelled check, bank statement, credit card statement or sales slip, receipt from vendor, etc.)

Additional Information:

There is no additional information for this policy.

Exclusions or Limitations:

Conferences that are not exclusively providing direct care to the participant are excluded.

Addendum Clarifying Travel Coverage when Hospitalized Away from Home

The purpose of this addendum is to clarify that when a participant is hospitalized when traveling away from home (i.e. a family vacation) reimbursement for travel expenses will follow the Overnight Travel policy.

Benefit: Overnight Travel

Retroactive Benefits:

NICA will honor reimbursement requests submitted within four years (in accordance with Section 95.11(3)(f), Florida Statutes) of the date the expense was incurred if the request is accompanied by appropriate documentation. If the expense was incurred before the participant's acceptance into the NICA program, this time limit does not apply as long as requests for reimbursement are submitted within four years of acceptance into the program.

Description:

When the participant and up to two caregivers travel at least 50 miles from home* and must stay overnight for a medically necessary appointment or hospitalization, NICA will reimburse for the following:

- Mileage at the rates noted in the Local Travel policy if travel is by personal or NICA vehicle, or actual Airfare (see below for more details)
- Lodging (see below for more details)
- Parking and Tolls
- Rental Car (see below for more details)
- Meals & Incidentals (see below for more details)

*If a family is staying away from their primary residence (i.e. on vacation), for purposes of applying this policy, "home" is considered where the family is temporarily residing, such as a hotel, Airbnb, or a relative's home.

Airfare:

Beginning January 1, 2022, if the participant travels by commercial air, NICA will reimburse the actual cost of coach fares for the participant and up to two caregivers. Luggage fees are also reimbursable. Reimbursement is available after the medically necessary trip is completed. Prior to January 1, 2022, reimbursement was available for the participant and only 1 caregiver.

Lodging:

Actual expenses incurred for lodging are reimbursed at a rate of up to 1.3 times GSA lodging rate for the destination city. The GSA rate maximum reimburses for all travelers (i.e. the amount that is reimbursed remains the same regardless of the number of travelers).

When calculating maximum reimbursement, all fees that are not taxes are considered part of the lodging expense. If the actual expense exceeds 1.3 times the GSA rate, reimbursement will be the maximum GSA amount plus the proportional amount of taxes. When calculating the maximum reimbursement, the cost of the entire stay is totaled and compared to what the total reimbursement would be at the GSA rate for the same number of nights. In other words, if some nights exceed the GSA rate and some nights are less

than the GSA rate, but the total is still equal to or less than the GSA total, full reimbursement will be made.

Lodging will only be reimbursed up to one day before and one day after the medically necessary appointment except when driving will take multiple days. In those instances, lodging can be reimbursed for actual travel days assuming an average travel time of 8 hours per day.

NICA staff are available to assist with lodging reservations at the parent's request.

Parking and Tolls:
Actual costs of parking are reimbursed with a receipt. For parking at hotels, the cost of self-parking is reimbursed. Valet parking is reimbursed only if self-parking is not available.

Tolls are reimbursed with proof of payment. A Sunpass (or similar) statement can be provided as proof of payment.

Rental Car:
A rental car may be needed if the participant flies to an appointment or if the participant does not have a NICA vehicle and would prefer to travel by rental car. Rental car reservations should be made by NICA staff so that state rates can be accessed, and so that NICA can be directly billed. Tolls incurred when driving the rental car will be billed directly to NICA. Mileage at the reliable transportation rate (see Local Travel policy) will be reimbursed to cover fuel costs. However, the fueling option offered by the rental car company is not reimbursable.

Rental car reservations will only be made up to one day before and one day after the medically necessary appointment except when driving will take multiple days. In those instances, reservations can be made to include additional travel days, assuming average travel time of 8 hours per day.

Meals & Incidentals:
NICA will provide a stipend for meals and incidentals at the GSA rate (either day-of-travel rate of 75% or full travel day rate of 100% of the GSA per diem) for up to two caregivers. NICA will also provide the same stipend for the NICA participant if the 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.

Meals & Incidentals will only be reimbursed up to one day before and one day after the medically necessary appointment except when driving will take multiple days. In those instances, the per diem can be provided for actual travel days, assuming the average travel time of 8 hours per day.

Please contact your Nursing Case Manager if you have questions about reimbursement of other travel-related expenses.

Medical Necessity Documentation:
While requirements may differ based on the specific situation, in general, NICA must have documentation of the reimbursable appointment, such as a letter of medical necessity or appointment notes.

Prior Authorization Requirements:

Prior authorization is required for all medically necessary overnight travel requiring lodging, airfare, and/or a rental car. Note that if a parent elects to incur charges prior to authorization, reimbursement cannot be guaranteed.

Documentation Requirements for Reimbursement:
For Mileage and Meals & Incidentals:

- Documentation of medical necessity as discussed above.

For Airfare, Lodging, Parking and Tolls:

- Documentation of medical necessity as discussed above.
- Receipt or paid invoice
    - For tolls, a Sunpass (or similar) statement can be provided as proof of payment

Additional Information:
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 can reach out to their case manager to provide these details.

Exclusions or Limitations:
Costs associated with travel outside of the country are generally not reimbursable. Please reach out to your case manager if you have a question regarding travel outside of the country.

Costs related to travel outside of the participant's state of residence may be reimbursable in some instances but require pre-authorization. Please reach out to your case manager if you have questions on out-of-state travel.

Travel insurance is not reimbursable.

Costs for valet parking are not reimbursable unless there are no self-parking options.

Costs for room service are not reimbursable.

Cancellation fees for lodging are not reimbursable unless unavoidable due to the participant's illness.

Fueling options offered by the rental car company are not reimbursable.

Tolls incurred that are not related to the medically necessary travel will not be reimbursed. Any non-reimbursable tolls incurred while using the rental car will be deducted from the travel reimbursement.

Addendum Reformatting the Equipment Policy

The purpose of this addendum is to restructure the current Equipment policy to provide clearer guidance on medical necessity documentation, prior authorization requirements, reimbursement documentation, additional information, and applicable exclusions and limitations. This addendum also serves to update the Equipment List, which is now categorized by item type. The Firefly Upsee Harness and pool heater in lieu of a hot tub have also been added to the Equipment List. The effective date for the increase in limit for hot tubs and pool heaters was added. Clarification has been added that installation costs for hot tubs do apply towards the maximum limit that NICA will reimburse. It is also clarified in the text below that sales tax and the cost of obtaining a warranty are not applied towards the limit; however, if the item's base cost exceeds the limit, sales tax will be reimbursed on a proportional basis. Some items previously on the Equipment List were moved to the Supplies List - this includes AFOs, prescription glasses, Mega Rubber Rolls (therapy supplies), and urine collection systems. Permanent ramps were removed from the Equipment List because they are reimbursable under the Housing Assistance benefit. Several other items were removed for reimbursement from the Equipment List: infant changing tables (non-infant changing tables remain on the list), hitch for van (may be considered as part of Reliable Transportation benefit), and portable pool heaters (duplicative because pool heater remains on the list). All changes to the policy are effective 6/1/26.

Benefit: Equipment

Retroactive Benefits:

NICA will honor reimbursement requests submitted within four years (in accordance with Section 95.11(3)(f), Florida Statutes) of the date the expense was incurred if the request is accompanied by appropriate documentation. If the expense was incurred before the participant's acceptance into the NICA program, this time limit does not apply as long as requests for reimbursement are submitted within four years of acceptance into the program.

Description:

NICA will purchase or reimburse actual expenses for medically necessary equipment 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 the Equipment List. If an item for which you are seeking reimbursement is not listed, please contact your case manager to check if the item may be reimbursable.

Medical Necessity Documentation:

To order or reimburse equipment that is less than $3,000, NICA will require a written statement from the parent/guardian of the participant as to why the equipment is medically necessary (if not clearly related to the injury). In some instances, your case manager may require a letter of medical necessity for any requested equipment item.

To order or reimburse equipment that is more than $3,000, NICA will require a letter of medical necessity OR a prescription. Contact your case manager to determine which provider should issue the letter of medical necessity.

Letters of medical necessity for therapy equipment must include the following information:

- List of diagnoses related to the need for the item
- Rationale for the recommended item

- Evaluation by the rehab specialist

Prior Authorization Requirements:

Prior authorization is required for all equipment items over $3,000. If a parent/guardian chooses to purchase the equipment item prior to authorization, reimbursement cannot be guaranteed.

Documentation Requirements for Reimbursement:

- Documentation of medical necessity as discussed above
- 3 quotes (the item being purchased, and two comparative quotes)
    - Note that in many cases, NICA has purchased similar equipment for other participants and may already have information on costs. When this information is available, comparative quotes would not be needed. Reach out to your case manager for more information.
- Insurance denial for most items – ask your case manager whether one is required for the item you are requesting.
- Invoice from vendor
- Proof of purchase (i.e. receipt, paid invoice, etc.) if NICA is reimbursing the parent

Additional Information:

Beginning 1/1/23, for those pieces of equipment that NICA purchases or reimburses for the participant, the cost of repairs, extended warranties, and protective accessories can also be reimbursed. Where an extended warranty is available, it is expected that the extended warranty be purchased. If an item requires repair, and the cost to repair exceeds the cost of replacing the item, NICA will purchase or reimburse the item.

For equipment with a limit for reimbursement, sales tax and the cost of obtaining warranty do not apply towards this limit. If the item costs more than the indicated limit, the item will be reimbursed up to the limit and sales taxes will be reimbursed on a proportional basis.

For hot tubs/spas, the cost of installation is included towards the maximum limit that NICA will reimburse.

Exclusions or Limitations:

Please see the *Experimental Programs or Equipment* section for more information.

If needed, NICA will cover one wheelchair and one adaptive stroller or portable wheelchair (manual or electric) for travel to support participants' mobility needs. Except in cases of physical damage or changes in sizing, duplicate items will not be eligible for reimbursement.

Other items that are not reimbursable include, but are not limited to:

Equipment
Baby Wipe Warmer
Household Furniture (including mirrors for therapy)
Hydro-massage Bed
Mobi Floating Beach Chair

Therasuit Universal Exercise Unit
Wagons
Window AC Unit

Equipment List

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

Equipment items must meet NICA's definition of medical necessity for coverage.

When an item can no longer be used by the participant, please reach out regarding replacement.

Equipment < $3000			**Equipment >$3000**
Feeding			**Breathing**
Feeding Pump			Compression Vest
			Portable 02 Concentrator
Breathing			
Air Purifier (limit of $1000)			**Mobility**
Humidifier			Adaptive Bike***
Nebulizer			Adaptive Stroller or Portable Wheelchair (Manual or Electric)
O2 Concentrator			Ceiling Lift
Portable Suction Machine			Electric Wheelchair / Mobility
Pulse Ox			Gait Trainer
Stethoscope			Stander
Suction Machine			
			Therapeutics / Rehabilitative
Mobility			Stim Designs (Galileo System)
Firefly Upsee Harness			Hot tub/Pool Heater (Effective 8/24/23, the limit is $6000)
Hoyer Lift			
Manual Transportation Wheelchair			**Communication**
Portable Ramp/Thresholds			Tobii Dynavox or Other Communicaiton Device
Transfer Belt			
Walker			**Positioning**
			Bed (including Sleep Safe and Hospital Beds)
Therapeutics / Rehabilitative*			
Therapy Bench/Table			
Communication			
Electronic Devices** - Computers, Tablets, iPads for Communication Device Purposes			
Seizure Monitoring Device			
Positioning			
Adaptive Car Seat			
Air Loss Mattress			
Bath Chair			
Floor Sitter (i.e. Ppod Chair)			
Positioning Seat/Chair			
Miscellaneous			
Changing Table (for those over 50lb)			
Otoscope			
Portable Generator/Battery (For medically necessary equipment)			
Replacement Parts for Medically Necessary Equipment			

*NICA may reimburse equipment used during therapy sessions or for use at home to enhance the therapeutic benefits for participants. We meticulously evaluate safety, efficacy, and best practices before approving any recommended items. Consequently, while NICA considers all therapist recommendations, not every item will be approved.

**Please reach out to your case manager regarding current communication device limits.

***If an adaptive bike is not an item that can be utilized by your participant, please contact your case manager to ask about alternative options (such as a Josi stroller).

Addendum Reformatting the Supplies Policy

The purpose of this addendum is to restructure the current Supply policy to provide clearer guidance on medical necessity documentation, prior authorization requirements, reimbursement documentation, additional information, and applicable exclusions and limitations. The Supplies list was categorized into the following sub-groups: Ortho, Feeding, Breathing, Hygiene, Medical, and Miscellaneous. In an effort to condense the Supplies List, items were grouped together, such as Trach Supplies and G-Tube Accessories. Puree food, formula, and meal replacement powder were taken off the Supplies List as these items are covered under the Specialized Nutritional Products policy. Adaptive clothing is now limited to adult participants. Household cleaning products were removed (Clorox wipes and sanitizer) and are no longer reimbursable. Other items removed that are not reimbursable include hippotherapy helmet, suction tray, and emesis bags. LifeVacs have been added to the supply list. All changes to the policy are effective 6/1/26.

Benefit: Supplies

Retroactive Benefits:

NICA will honor reimbursement requests submitted within four years (in accordance with Section 95.11(3)(f), Florida Statutes) of the date the expense was incurred if the request is accompanied by appropriate documentation. If the expense was incurred before the participant's acceptance into the NICA program, this time limit does not apply as long as requests for reimbursement are submitted within four years of acceptance into the program.

Description:

NICA will purchase or reimburse actual expenses for medically necessary supplies 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 the Supplies List. If an item for which you are seeking reimbursement is not listed, please contact your case manager to check if the item may be reimbursable.

Medical Necessity Documentation:

To order or reimburse supplies that are less than a one-time expense of $3,000 or a recurring expense under $1,000 monthly, NICA will require a written statement from the parent or legal guardian of the participant as to why the supply is medically necessary (if not clearly related to the injury). If the statement is not clear, your case manager may require a letter of medical necessity for any requested supplies.

To order or reimburse for supplies that are more than a $3,000 one-time expense or more than $1,000 monthly recurring expense, NICA will require a letter of medical necessity OR a prescription.

Letters of medical necessity for therapy supplies must include the following information:

- List of diagnoses related to the need for the item
- Rationale for the recommended item
- Evaluation by the rehab specialist

Prior Authorization Requirements:

Prior authorization is required only for supply items of more than a $3,000 one-time expense or an over $1,000 monthly recurring expense. If a parent/guardian chooses to purchase the supply item prior to authorization, reimbursement cannot be guaranteed.

Documentation Requirements for Reimbursement:

- Documentation of medical necessity discussed above
- Invoice from vendor
- Proof of purchase (i.e. receipt, paid invoice, etc.) if NICA is reimbursing the parent
- Insurance denial for some items (see the Supplies List for further details)

Additional Information:

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. However, fees associated with the use of these delivery services (such as delivery fees, service fees, and tips) are non-reimbursable. Shipping protection add-on fees associated with online purchases are also non-reimbursable.

Exclusions or Limitations:

Please see the *Experimental Programs or Equipment* section for more information.

Items that are non-reimbursable include, but are not limited to:

Supplies
Adaptive Clothing (for participants under 18)
Audio Speakers
Bath Mat
Bottled Water for Non-Medically Necessary Purposes
Cushioned Rug Pad
Disaster preparedness supplies (not related to medically necessary equipment)
Gas/Gas cans
Homeopathic Teething Relief Product
Heating pad
Household supplies/cleaning products
ID tags for equipment and supplies
Inflatable Travel Tub
Laundry supplies
Portable Shower
Portable Sound Machine
Propane Refills for Generator
Sleepsack
Thermometer
Toothpaste
Travel Highchair

Supplies List

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

Supply items must meet NICA's definition of medical necessity for coverage.

When an item can no longer be used by the participant or has been used up, please reach out regarding replacement.

Ortho		**Hygiene**
AFOs*		Baby Powder (Talc-free)
Handgrips		Diaper Odor Bags (after age 3)
Positioning & Mobility Supplies*		Diaper Rash Cream (after age 3)
Shoes for AFOs (limit of 4 pairs per year)		Diapers/Swim Diapers & Wipes (after age 3)
Socks for AFOs		Disposable/Non-disposable Washcloths or Towels
		Mouth swabs/Toothettes
Feeding		Oral Suction Toothbrushes
Bibs (after 18 months)		Pull-ups (after age 3)
Feeding Bags - Pressure Relief System*		Underpads (with or without tape)
Feeding Pump Kit*		Urine Collection System & Supplies*
G-tube accessories*		
Pedialyte		**Medical**
Specialized Feeding Utensils & Drinking Cups/Straws (after age 3)		Backpack (for on-the-go emergency supplies)
Supplements		Gauze*
		Gloves/Masks
Breathing		Peroxide
Distilled Water for Equipment		Prep Pads
Nasal Cannula*		Prescription Glasses*
Oxygen*		Saline
Trach Supplies*		Oral Suction Catheter
Trachs*		Syringes*
Tubing*		Tape
		Miscellaneous
		Adaptive Clothing for Adult Participants**
		LifeVac
		Weighted Items
		Therapy Supplies***

*This item may require an insurance denial. Please reach out to your case manager regarding documentation requirements.

**Adaptive clothing is designed with modification for those who are unable to wear traditional clothing and apparel for a variety of reasons. This can include items such as clothing with open-back tops, incontinence clothing, etc. which allow for utilization of medically necessary supplies and equipment.

***NICA may reimburse supplies used during therapy sessions or for use at home to enhance the therapeutic benefits for participants. We meticulously evaluate safety, efficacy, and best practices before approving any recommended items. Consequently, while NICA considers all therapist recommendations, not every item will be approved.

Addendum Clarifying Policy Regarding Purchases Made with Points

This addendum serves to clarify that payment methods such as airline points, EBT cards, etc., are not reimbursable because no actual expense was incurred, and that any transactions in cash require additional documentation. The text below has been updated to reflect this clarification.

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

- Disaster lodging

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. Payment for goods or services is generally in the form of check, credit card, or other electronic means. Payment methods such as airline points, EBT cards, etc., are not reimbursable because no actual expense was incurred. Note that any transactions in cash require additional documentation. Your case manager can provide additional information on documentation requirements.

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.

Addendum Clarifying Excluded Providers

This addendum serves to clarify providers that are not reimbursable under the Mental Heath Services benefit in the Exclusions section. The text below has been updated to reflect this clarification.

Benefit: Mental Health Services

Effective Date: 6/21/21

Retroactive Benefits:

NICA will honor reimbursement requests submitted within four years (in accordance with Section 95.11(3)(f), Florida Statutes) of the date the expense was incurred if the request is accompanied by appropriate documentation. If the expense was incurred before the participant's acceptance into the NICA program, this time limit does not apply as long as requests for reimbursement are submitted within four years of acceptance into the program.

Description:

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 licensed under Chapter 490 & Chapter 491 include:

- Psychologists
- Marriage and Family Therapists
- Mental Health Counselors
- 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 associated with acquiring mental health services.

Medically Necessary Documentation:

There is no medical necessity documentation required for this benefit.

Prior Authorization Requirement:

There is no prior authorization required for this benefit, but families are encouraged to verify their provider meets the licensing qualifications mentioned above prior to incurring costs.

Documentation Requirements for Reimbursement:

- A copy of the qualifying provider licensure (your case manager will obtain this)
- Invoice documenting service received
- Proof of payment or receipt

Additional Information:

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.

Exclusions or Limitations:

Medication management services are not reimbursable under this benefit.

Services with interns are not reimbursable under this benefit.

Services with Physician Assistants are not reimbursable under this benefit.

If receiving services with an APRN, the APRN must hold a Psychiatric Nurse license and hold a valid, active license for at least 3 years.

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.

Addendum - Annual Special Benefit Policy

The purpose of this addendum is to correct the retroactive statement for this benefit.

Benefit: Annual Special Benefit

Retroactive Benefits:

There are no retroactive benefits related to this policy. Benefits are available only after the participant's entry into the program.

Description:

NICA will reimburse families up to $500 per calendar year for any items or experiences that are related to the participant's best interest.

Examples include:

- Adaptive toys
- Recreational pool equipment
- Games
- Non-therapeutic electronics
- Participant's portion of a theme park trip

Medical Necessity Documentation:
NICA does not require documentation of medical necessity for this benefit.

Prior Authorization Requirements:
Prior authorization is not required for this benefit. If unsure if an item would qualify for reimbursement under this benefit, the parents/guardians may choose to consult with their case manager.

Documentation Requirements for Reimbursement:

- A written explanation from the parent or guardian as to how the item or experience is in the best interest of the participant
- Invoice
- Proof of purchase (i.e. receipt, paid invoice, etc.) if reimbursing parent directly

Additional Information:
While this benefit is not retroactive, current Annual Special Benefit funds may be used to reimburse for purchases prior to entry into the program.

Beginning with the 2021 benefit, any unused amounts of annual special benefit can be rolled over indefinitely.

Exclusions or Limitations:
Annual special benefit funds are not able to be borrowed from the upcoming year to cover a current purchase.

Addendum - Specialized Nutritional Products

The purpose of this addendum is to clarify coverage of bottled water under the Specialized Nutritional Products policy.

Benefit: Specialized Nutritional Products

Retroactive Benefits:

NICA will honor reimbursement requests submitted within four years (in accordance with Section 95.11(3)(f), Florida Statutes) of the date the expense was incurred if the request is accompanied by appropriate documentation. If the expense was incurred before the participant's acceptance into the NICA program, this time limit does not apply as long as requests for reimbursement are submitted within four years of acceptance into the program.

Description:

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, NICA will reimburse the cost of pre-packaged specialized nutritional products (Puréed baby foods, enteral formulas, bottled water for formula, etc.). Effective 3/1/2024, this benefit is available beginning at age 1. Families may alternatively opt to receive the Fresh Food Stipend which is described in a separate policy.

Medical Necessity Documentation:

Families will need to provide a letter of medical necessity or pertinent physician notes documenting that the participant is unable to eat a typical diet and requires modified soft/puréed food due to a digestive system dysfunction related to the neurological injury. For bottled water coverage, a letter of medical necessity is required specifying that bottled water must be used.

Prior Authorization Requirements:

Prior authorization is not necessary for this benefit; however, this benefit is provided only upon request from the participant's family.

Documentation Requirements for Reimbursement:

- Documentation of medical necessity discussed above
- Proof of purchase (i.e. receipt, paid invoice, etc.) OR invoice from vendor if NICA is paying the vendor directly

Additional Information:

Blender

In addition to the benefits noted above, 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 documentation of medical necessity may be required.

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. This benefit is available for families regardless of whether they select the Fresh Food Stipend benefit.

Exclusions or Limitations:

If families opt for reimbursement for specialized nutritional products, they will not be eligible for the monthly Fresh Food Stipend. Families whose child is unable to eat a typical diet will not be able to receive any travel-related meals and incidentals stipend for the participant.

Items purchased using WIC or SNAP EBT cards (or other public assistance funds) are not eligible for reimbursement under this benefit.

Bottled water that is not documented to be medically necessary, will not be eligible for reimbursement.

Addendum – Nursing and Caregiving Policy

The purpose of this addendum is to make the policy easier to understand and to include the correct law section numbers.

Benefit: Nursing and Caregiving Policy

Purpose

This policy addresses care provided in the home by either a parent or legal guardian[1], the parent's designee, or a health care professional.

- For residential care, please see the separate policy.
- For families who are part of the class action settlement agreement (generally those participants born prior to June 7, 2002), please request information on nursing and caregiving from your case manager.

If you are a new participant

Documenting hours of care needed:

Beginning the process—physician report of care needs

The process for reimbursing care starts with your child's physician documenting the number of hours needed and the level of care for those hours (i.e. Certified Nursing Assistant (CNA) / Home Health Aide (HHA), Licensed Practical Nurse (LPN), or Registered Nurse (RN)). To do this, your child's primary care physician or pediatric neurologist will complete the NICA Nursing and Caregiving Form (see Appendix 1 for the form and instructions). Your case manager can send the document and instructions directly to your child's physician for completion, or you can take the form to your child's physician.

After NICA receives the form

Once you or the physician returns the completed form to NICA, your case manager will review it to make sure it has been completed correctly. If NICA has questions about the completed form, your case manager will communicate directly with the physician's office to obtain clarification and revision, if necessary.

If the physician lists on the form that any nursing hours (LPN or RN) are necessary, NICA will request an additional review from its contracted third-party provider, Acentra. If the physician lists on the form that only CNA or HHA hours are most appropriate, no Acentra review is required, but you could choose to have an Acentra review anyway, as discussed in the next section.

[1] Throughout the rest of this policy, only the term "parent" will be used, but it is intended to also refer to a legal guardian.

Acentra review: NICA has found that physicians' opinions on participants' needs for nursing care can vary from doctor to doctor. The Acentra review helps make sure that NICA's decisions on nursing hours are fair, consistent, and meet participants' needs. It's done over the phone, with documentation requested as needed.

The Acentra review can happen if:

- Your physician says on the NICA Nursing and Caregiving Form that your child needs LPN or RN level of care, and you would like for a caregiver having that licensure to be paid through NICA,
- You choose to have a review to get documentation of your child's current needs, or
- Your child has had a change in needs that may last a while and that requires starting or increasing nursing hours.

NICA encourages new families to have an Acentra review done even if your physician doesn't recommend any nursing hours on the NICA Nursing and Caregiving Form. For example, having an Acentra review can help you:

- Document your child's current needs so that services can be set up to meet their needs now,
- Speed the process of setting up temporary nursing care in the future if current caregivers are unexpectedly unavailable, such as due to an emergency, and
- Provide NICA with documentation to ensure that the cost of future needs are appropriately accounted for and to ensure that NICA has adequate funding and assets to meet those needs.

Please ask your case manager if you'd like to arrange an Acentra review. Here is what the process looks like:

- Your case manager will provide Acentra with needed medical records, but you may be asked to provide more recent information if necessary.
- Acentra will reach out via phone to schedule an appointment. This usually happens within a couple of days of Acentra receiving the records.
- At the scheduled time, the Acentra nurse will call to ask you questions about your child's medical needs and history.
- Within a few days of that interview, Acentra will provide a recommendation to NICA. Your case manager will quickly advise you of the hours that NICA has authorized.

Reporting and claiming care prior to program entry: The number of caregiving hours and level of care authorized for new participants is applied retroactively to care provided between date of NICU discharge and program entry. NICA will reimburse care by non-

licensed caregivers provided prior to program entry at the rates that were in effect at the time that care was provided. For example:

- If care by a non-licensed caregiver was provided or arranged for by the parent (for example, a family member assisted with care), those hours can be claimed on the timesheet submitted by the parent to NICA.
- If care was provided by a licensed healthcare professional (other than the parent) who was compensated by the parent for that care, the parent can request reimbursement for payments made by submitting invoices from the other healthcare professional along with proof of payment by the parent. Those hours would not be claimed on the parent's timesheet.
- If care was provided by another healthcare professional and was covered by insurance or other entity (such as Medicaid), those hours cannot be claimed by the parent. NICA will require documentation of the hours of care provided by other healthcare professionals.

Parents must submit the timesheets for care provided prior to program entry directly to their case manager, not through the NICA Parent App. The case manager will provide the timesheet templates to use. Time entry will be set up based on total hours authorized.

Timeframe for new families to report and claim care

Note that parents do not need to complete the timesheets for care before NICA entry all at once – parents can submit documentation for reimbursement as time permits, as long as they are completed within 4 years of your program entry date. Additionally, parents may submit timesheets for current care even if they have not yet submitted all timesheets for care before program entry.

For all participants

Who can provide care and reimbursement rates: Care can be provided by:

- The parent,
- Another family member aged 18 or older (e.g. grandparent, stepparent, sibling),
- A designee of the parent (e.g. family friend),
- A licensed healthcare professional hired by the parent (i.e. private duty), or
- A licensed healthcare professional provided by a staffing agency.

Care is reimbursed based on the level of care authorized and in accordance with the level of licensure held by the caregiver.

- Unlicensed caregivers are reimbursed at the CNA / HHA rate.
- For parents who are licensed nurses (LPN's or RN's), if a participant is authorized for nursing care, the licensed parent can be reimbursed at the rate corresponding

to the parent's license and level of care authorized. For example, if a participant is authorized for 12 hours of LPN care and 12 hours of RN care and the parent is a licensed RN providing 24 hour care, the parent would be paid for 12 hours at the RN rate and 12 hours at the LPN rate; if the parent is a licensed LPN providing 24 hour care, all 24 hours would be paid at the LPN rate.

The rates for all caregivers (except those provided through a staffing agency) are the same as the Medicaid fee-for-service rates. Those rates are published here: Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes | Florida Agency for Health Care Administration. CNA / HHA (referred to as home health service provider) rates are in the Personal Care Services Fee Schedule, and LPN / RN rates are in the Private Duty Nursing Fee Schedule.

How to establish a non-agency caregiver: Parents select their own caregivers. Once selected, the parent must submit information to NICA so that the caregiver can be established as a vendor in NICA's system. In order to establish the caregiver as a vendor, the parent must submit:

- A copy of the non-agency caregiver's driver's license, and
- A federal IRS W-9 form completed by the non-agency caregiver (your case manager can give you the blank form for your non-agency caregiver to complete).

Timesheets for care after program entry: Once care has been authorized based on the NICA Nursing and Caregiving Form, all caregivers (except for licensed health care professionals through a staffing agency) complete timesheets at least every 2 weeks starting on Sunday and ending on Saturday. Timesheets can be submitted for longer periods of time than 2 weeks but not for shorter periods of time. Your case manager can provide you with timesheets to complete or you can use the NICA Parent App to submit parent timesheets (your case manager can provide details on how to access the app).

All other caregivers' timesheets must be approved by the parent prior to submission to the case manager for reimbursement. These timesheets cannot be submitted through the parent app. Timesheets by these caregivers are completed on the same 2-week cycle that the parent caregiver uses.

Processing timesheets

Regardless of whether timesheets are completed in the NICA Parent App or using NICA timesheet templates provided by your case manager, NICA processes all submitted timesheets on Mondays. However, if a holiday where banks are closed falls on a Monday, NICA instead processes timesheets on the Friday before the holiday. Your case manager will let you know when a holiday is coming up so that you can submit your timesheet early.

Before NICA is able to process timesheets for a payment period, NICA must have:

- All caregiver timesheets for that payment period, and
- Documentation of all hours of care provided during that payment period by another entity (like a PPEC) or healthcare professional (like a staffing agency nurse), even if NICA is not paying for the care by that agency or healthcare professional.

Please see the discussion below under the section "How Many Hours of Care Can Be Claimed" for more details about claiming caregiving hours when another person or entity is also providing care.

Splitting nursing hours between caregivers

In cases where NICA has authorized both LPN and RN hours, NICA may be able also to approve use of a private duty RN for more than the currently authorized hours. For example, if NICA had authorized 12 LPN hours and 12 RN hours and a parent would like to use an RN-licensed caregiver for 14 hours per day, NICA may be able to authorize 14 RN hours. Ask your case manager if you would like to explore this option.

How to establish a staffing agency caregiver: If a parent would like to use a staffing agency to provide care to be reimbursed by NICA, NICA must agree to the staffing agency's rates before the staffing agency provides any services. If the parent has a staffing agency in mind, NICA will work with that agency to establish a rate. If the parent does not have an agency in mind, your case manager can provide you some names of staffing agencies. Once services are established, the staffing agency will invoice NICA directly.

How many hours of care can be claimed: Florida law allows parents who are not licensed healthcare providers to claim up to 10 hours of care. However, effective April 1, 2022, NICA's Board of Directors approved a policy allowing a parent to be considered a licensed CNA or HHA if the NICA Nursing and Caregiving Form completed by the physician certifies that the named parent is capable of providing the prescribed care. In that case, the parent could claim more than 10 hours – up to the number of hours authorized.

Claiming hours while care and supervision are provided by another person or entity

Florida law prohibits claiming of caregiving hours while care and supervision are being provided by another person or entity. Some examples of this are:

- While the participant is in school or at work,
- While the participant is attending Prescribed Pediatric Extended Care (PPEC),
- While the participant is in a facility such as a skilled nursing facility or group home (but excluding a hospital), or

- When another caregiver is providing compensated care and supervision, regardless of how that care is paid for (e.g. by Medicaid or private insurance).

However, hours can be claimed if a caregiver is:

- Required to be present during appointments, or
- With a hospitalized participant.

Claiming hours when the parent caregiver receives compensation from another source for work performed during the same time

Florida law also prohibits claiming of caregiving hours when the family member receives compensation from another source for work performed during the same time. Note this does not apply to:

- Episodic or intermittent remote work. For example, there may be times when a parent must temporarily work remotely while caring for his or her child due to unexpected circumstances such as when:
  - a caregiver calls out sick,
  - the participant is hospitalized,
  - the PPEC or school is closed due to tropical weather, or
  - the parent does not have leave available,
- Times when a parent is receiving compensation for sick, vacation, or holiday leave because the parent is not actively working at the same time they are providing care, or
- Incidental work, such as an occasional work e-mail or phone call.

For changes in authorized hours of care and / or level of care:

Longer-term changes

If a participant needs a change in the approved care, such as more care hours or a different level of care, and those changes are expected to be long-term, a physician must complete a new NICA Nursing and Caregiving Form on behalf of the participant. That process is described above in the section titled “If you are a new participant”, in the paragraph that starts with “Documenting hours of care needed.”

Urgent and/or temporary situations

However, if a participant needs a change in care hours, and it is an urgent and/or temporary situation, NICA may be able to increase the authorized hours and/or level of care for a limited period of time without the completion of the NICA Nursing and Caregiving Form. For example, a participant may need nursing care:

- For a limited amount of time after surgery, after which the previous hours and levels of care will be sufficient; or
- For a longer term based on a sudden and significant change in condition, but needs the higher level of care immediately and cannot wait for an Acentra review.

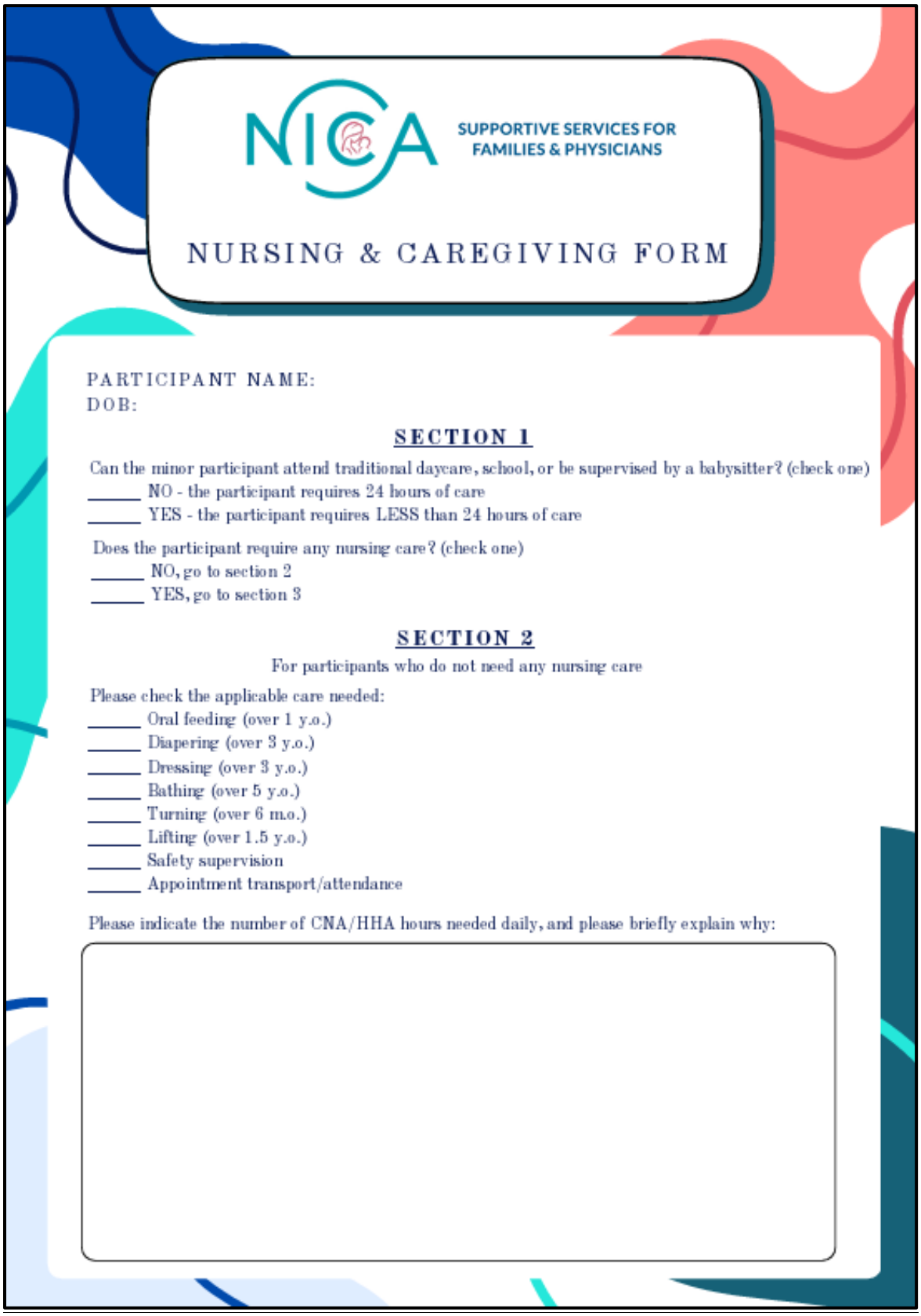
If you feel your child needs additional hours and/or a different level of care on an urgent and/or temporary basis, please contact your case manager.

Parent concerns on nursing and caregiving decisions

The Benefit Handbook describes the process for resolving parent concerns about NICA benefit decisions, including for nursing and caregiving services. This process would also apply to parent concerns about Acentra's recommendations. Please refer to the section on Disagreements and Reimbursements Denials in the Benefit Handbook to learn more.

Appendix 1: Nursing and Caregiving Forms and Instructions

Form for Minors



NICA SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS

NURSING & CAREGIVING FORM

PARTICIPANT NAME:
DOB:

SECTION 1

Can the minor participant attend traditional daycare, school, or be supervised by a babysitter? (check one)
_____ NO - the participant requires 24 hours of care
_____ YES - the participant requires LESS than 24 hours of care

Does the participant require any nursing care? (check one)
_____ NO, go to section 2
_____ YES, go to section 3

SECTION 2

For participants who do not need any nursing care

Please check the applicable care needed:
_____ Oral feeding (over 1 y.o.)
_____ Diapering (over 3 y.o.)
_____ Dressing (over 3 y.o.)
_____ Bathing (over 5 y.o.)
_____ Turning (over 6 m.o.)
_____ Lifting (over 1.5 y.o.)
_____ Safety supervision
_____ Appointment transport/attendance

Please indicate the number of CNA/HHA hours needed daily, and please briefly explain why:

NICA SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS

NURSING & CAREGIVING FORM

PARTICIPANT NAME:
DOB:

SECTION 3

For participants who need nursing care, or a combination of CNA/HHA and nursing care. Please note that PPEC hours are considered as nursing services and are not grouped with daycare, school, or babysitting.

Please check the applicable care needed:

_____ Medication adjustment/administration/side effect monitoring
_____ IV medication administration
_____ Administration of blood products
_____ Trach care
_____ Ventilator care
_____ CPAP/BiPAP
_____ Suctioning
_____ Respiratory treatments
_____ Oxygen assessment and titration
_____ Seizure monitoring/intervention
_____ Dystonia monitoring/intervention
_____ Autonomic dysfunction monitoring/intervention
_____ Chronic pain management
_____ G-tube feedings/care
_____ Aspiration risk
_____ Catheter care
_____ Wound, stoma care, and skin integrity monitoring
_____ Bowel management
_____ Orthopedic or musculoskeletal support/monitoring
_____ Other: _____

Please indicate the number of care hours needed daily by the level of care (CNA, LPN, RN) and please briefly explain why:

NICA SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS

NURSING & CAREGIVING FORM

PARTICIPANT NAME:
DOB:

Physician certifies that the parent(s)/guardian(s) listed below is capable of providing the professional care described above.

_____ Yes _____ No

Parent/guardian name: _____
Parent/guardian name: _____

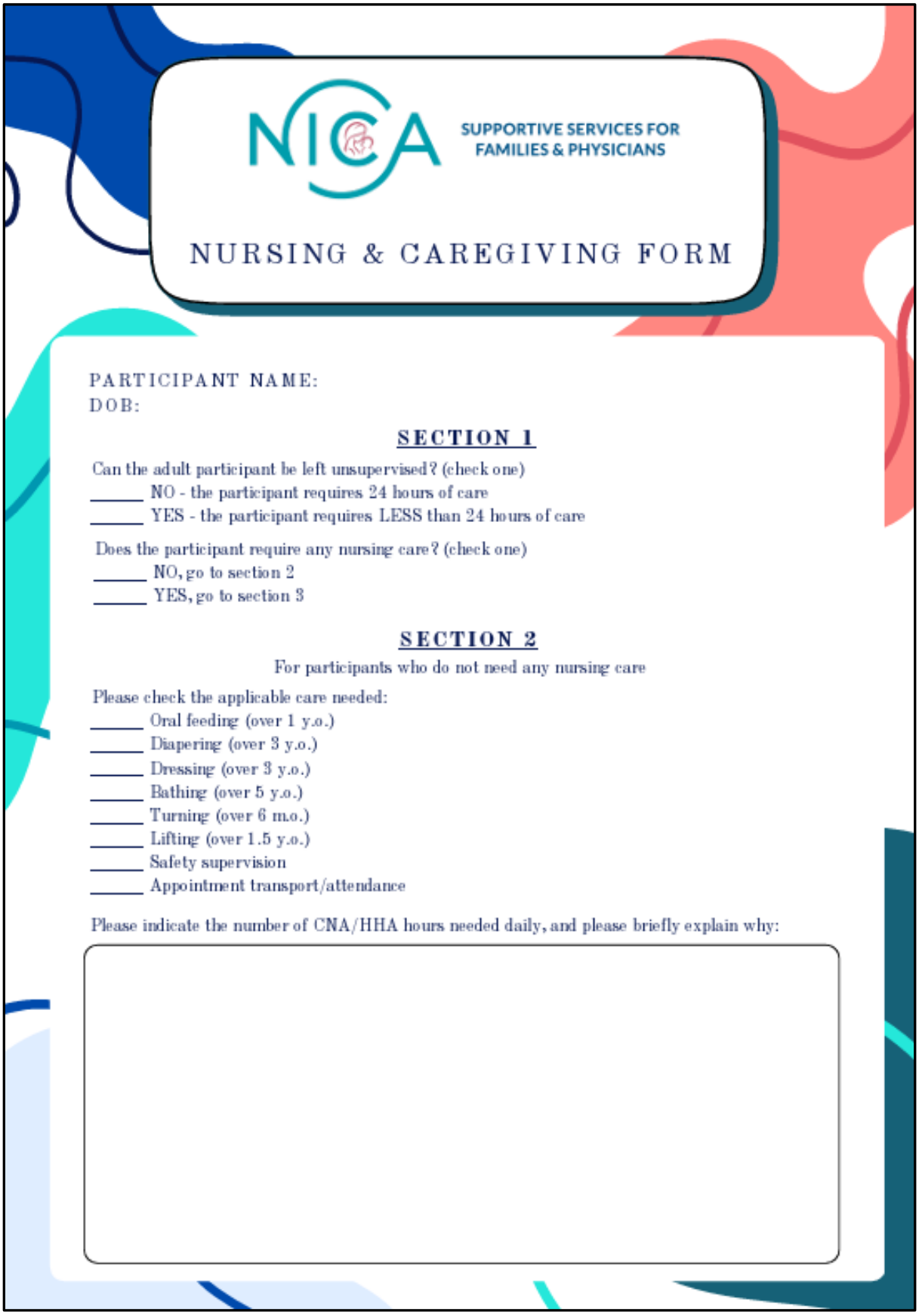
I affirm, under penalty of perjury, that this form does not contain any false, incomplete or misleading information, that I have not omitted or concealed any material information. I understand this information is being submitted to support payment for care paid by NICA under Statute 766.301-766.316, F. S., and I understand that NICA is materially and substantially relying upon this affirmation in processing requests for payment.

Physician Name: _____ License Number: _____

Signature: _____ Date: _____

Contact Number: _____ Fax Number: _____

Please return to:
NICA, P. O. Box 14567, Tallahassee, Florida 32317-4567
Telephone: (850) 488-8191 Fax: (850) 922-5369


NICA
SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS
NURSING & CAREGIVING FORM
PARTICIPANT NAME:
DOB:
SECTION 1
Can the adult participant be left unsupervised? (check one)
_____ NO - the participant requires 24 hours of care
_____ YES - the participant requires LESS than 24 hours of care
Does the participant require any nursing care? (check one)
_____ NO, go to section 2
_____ YES, go to section 3
SECTION 2
For participants who do not need any nursing care
Please check the applicable care needed:
_____ Oral feeding (over 1 y.o.)
_____ Diapering (over 3 y.o.)
_____ Dressing (over 3 y.o.)
_____ Bathing (over 5 y.o.)
_____ Turning (over 6 m.o.)
_____ Lifting (over 1.5 y.o.)
_____ Safety supervision
_____ Appointment transport/attendance
Please indicate the number of CNA/HHA hours needed daily, and please briefly explain why:

NICA SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS

NURSING & CAREGIVING FORM

PARTICIPANT NAME:
DOB:

SECTION 3

For participants who need nursing care, or a combination of CNA/HHA and nursing care. Please note that PPEC hours are considered as nursing services and are not grouped with daycare, school, or babysitting.

Please check the applicable care needed:

_____ Medication adjustment/administration/side effect monitoring
_____ IV medication administration
_____ Administration of blood products
_____ Trach care
_____ Ventilator care
_____ CPAP/BiPAP
_____ Suctioning
_____ Respiratory treatments
_____ Oxygen assessment and titration
_____ Seizure monitoring/intervention
_____ Dystonia monitoring/intervention
_____ Autonomic dysfunction monitoring/intervention
_____ Chronic pain management
_____ G-tube feedings/care
_____ Aspiration risk
_____ Catheter care
_____ Wound, stoma care, and skin integrity monitoring
_____ Bowel management
_____ Orthopedic or musculoskeletal support/monitoring
_____ Other: _____

Please indicate the number of care hours needed daily by the level of care (CNA, LPN, RN) and please briefly explain why:

NICA SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS

NURSING & CAREGIVING FORM

PARTICIPANT NAME:
DOB:

Physician certifies that the parent(s)/guardian(s) listed below is capable of providing the professional care described above.

_____ Yes _____ No

Parent/guardian name: _____
Parent/guardian name: _____

I affirm, under penalty of perjury, that this form does not contain any false, incomplete or misleading information, that I have not omitted or concealed any material information. I understand this information is being submitted to support payment for care paid by NICA under Statute 766.301-766.316, F. S., and I understand that NICA is materially and substantially relying upon this affirmation in processing requests for payment.

Physician Name: _____ License Number: _____

Signature: _____ Date: _____

Contact Number: _____ Fax Number: _____

Please return to:
NICA, P. O. Box 14567, Tallahassee, Florida 32317-4567
Telephone: (850) 488-8191 Fax: (850) 922-5369

SUPPORTIVE SERVICES FOR FAMILIES & PHYSICIANS

Date:

Re:

Dear Dr. _____,

The Florida Birth-Related Neurological Injury Compensation Association (NICA) is a Plan created by the Florida Legislature pursuant to Section 766.315, Florida Statutes. NICA is an instrumentality of the State that administers the Plan. The Plan was created by the Florida Legislature in 1988 to provide compensation for out-of-pocket expenses to a limited class of children who suffer catastrophic birth-related neurological injuries at birth. Once accepted for coverage and approved by the Administrative Law Judge, the benefits covered by NICA are available for the lifetime of the child.

A provision of the Statute allows for family members to be reimbursed for care provided to a participant that would normally be completed by a trained medical professional. This medically necessary care is authorized at the discretion of the participant's physician. A family member of **Participant Name** (DOB: _____) has requested to be compensated under this portion of the statue.

The NICA Nursing & Caregiving Form is used to determine the number of hours and level of care needed for the participant.

Section 1 is intended to document whether a participant needs 24 hours of care or less than 24 hours of care.

Sections 2 and 3 are intended to document the level of care needed – CNA / HHA, LPN, RN, or a combination – and the number of hours by level of care. For each section that you complete, check the relevant items and then, in the space provided, identify the hours needed by level of care and provide a brief explanation

- Please note that PPEC hours are considered as nursing services and are not grouped with daycare, school, or babysitting.

Once all sections have been completed, please indicate on the signature page if the participant's parent(s)/guardian are capable to provide the care you have indicated filling in their name(s) and checking 'Yes' or 'No.' Finally please sign and date the perjury statement, and fill your medical license number and contact information so we can get in contact with you if there are any questions.

We appreciate your cooperation and assistance in completing this form. If you have any questions, please contact me at 850-488-8191. Thank you for the care you provide for our participant.

Respectfully,

_____, RN

RN Case Manager

FLORIDA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION ASSOCIATION
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