

# BENEFIT HANDBOOK

Approved December 12, 2025



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
- 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.

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 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.

The time limit applies to all benefit categories unless noted otherwise (i.e. some benefits are not available until entry into the program).

## **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.

## PROCESSING TIME

NICA is committed to providing timely and efficient services in support of our participants and their needs. To ensure clarity and consistency, we have established the following policy for processing requests.

NICA's standard turnaround time for processing reimbursement requests is 10 business days once all necessary documentation has been received (except for timesheets discussed in the next section). If any further documentation is needed once the initial request has been made, your case manager will contact you as soon as possible. Larger reimbursement requests (e.g. requests that cover several months/years, equipment repairs, etc.) will require more time than the standard processing period. If your request is not clearly a covered benefit, it will require review by the Executive Director and may require consultation with NICA's Medical Advisor. This process may result in additional processing time.

Reimbursement requests are processed in the order they are received. You will receive confirmation that your request was received.

### Timesheets

Timesheets are processed every 2 weeks on Mondays for the period that ends on the previous Saturday (i.e. after care has been provided). Timesheets are processed throughout the day on Monday and submitted for payment as they are completed. Once payment is processed, your bank will reflect the funds as available to you based on their policy – some may reflect availability as early as Tuesday, some may not be reflected for several more days. In order for your timesheet to be processed on Monday, it must be received by noon on Monday. Timesheets received after this time may be processed on Tuesday.

If there is a nursing agency or PPEC involved in the care of a participant, NICA requires a copy of the nursing hours from the agency or attendance from PPEC to confirm hours before processing any timesheets. Your case manager can request this documentation directly from the provider, but processing time may be dependent on the responsiveness of the provider.

If there are multiple caregivers and providers, your case manager will need timesheet/nursing hours/attendance from all parties before they can begin processing timesheets for payment. This is to ensure that there are no instances of overlapping care.

If there is a holiday on a Monday, parents will be given the opportunity to turn in time sheets early so that we can process payments on the Friday before the holiday so that funds are still available the same day that they would have been if we had processed them on Monday. However, those with nursing agency hours or PPEC attendance cannot submit timesheets for early processing.

When a case manager has planned vacation, they may request that parents submit their timesheets early to ensure they are processed timely. If a parent is unable to submit their timesheet early but still submits by noon on Monday, it will still be processed timely.

Please note that, outside of those instances above where Monday is a holiday and payments are initiated on a Friday, payments for care are not processed prior to the care being provided.

## **Benefit: Initial Parental Award**

### **Retroactive Benefits:**

This benefit is only available after entry into the NICA program.

### **Description:**

Parents or legal guardians of a NICA participant are entitled to receive an award upon program entry. The award amounts are listed below and increase by 3% annually for new families joining the program.

#### Parental Award by year:

- 2021 and prior years: \$250,000.00
- 2022: \$257,500.00
- 2023: \$265,225.00
- 2024: \$273,181.75
- 2025: \$281,377.20

### **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.

### **Documentation Requirements for Reimbursement:**

- A request in writing from both parents (if applicable)

### **Additional Information:**

The parental award can be requested in full or in incremental amounts.

### **Exclusions or Limitations:**

There are no exclusions or limitations for this benefit.

## Benefit: Housing Assistance

### 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:

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):

- Accessibility renovations
- New home construction
- Mortgage or monthly rent payments
- Moving expenses to a more accessible dwelling
- Whole house generators
- Down payment on a new home

Please contact your case manager with any questions and for information on the documentation requirements as they vary significantly depending on the type of expense.

### Medically Necessary Documentation:

There are no requirements for documenting medical necessity in relation to this benefit. However, NICA may require a statement from the parent describing how the expense will benefit the participant if it is not clear from the initial request.

### Prior Authorization Requirement:

Prior authorization is not required, however, it is strongly recommended to ensure that the expense is reimbursable.

### Documentation Requirements for Reimbursement:

General documentation requirements are below, however, additional items may be necessary depending on the type of reimbursement requested. Please reach out to your case manager for additional information.

- Itemized invoices
- Proof of payment (if NICA is to reimburse the parent/guardian)
- As noted above, other documentation may be needed depending on the type of expense

If a wire is needed, the following documents are required:

- Title company contact information 16
- Wire instructions
- Written direction by parent(s)/guardian(s) on the amount to be used from Housing Assistance
- Date of closing

If a wire payment is needed, 72 hours advanced notice is required.

### Additional Information:

Prior to June 21, 2021, NICA reimbursed up to \$30,000 for housing expenses.

### **Exclusions or Limitations:**

Propane refills are not reimbursable under the Housing Assistance benefit.

Security deposits are not reimbursable under the Housing Assistance 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. NICA will honor stipend requests going back four years (in accordance Section 95.11(3)(f), Florida Statutes) but not prior to 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:**

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.

## 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.

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.

## **Benefit: Physician and Hospital Care**

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

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

Mental health services provided to the participant by licensed professionals are reimbursable under this benefit.

### **Medically Necessary Documentation:**

NICA must have documentation of the reimbursable appointment or hospitalization such as an Explanation of Benefits (EOB), appointment notes, and/or hospital notes/discharge summary.

### **Prior Authorization Requirement:**

Prior authorization is not required for medically necessary appointments or hospital services where insurance is being utilized.

For services outside of insurance coverage, please reach out to your case manager to discuss the need to utilize out-of-network providers. Note that if a parent elects to incur charges prior to authorization, reimbursement cannot be guaranteed.

### **Documentation Requirements for Reimbursement:**

- Documentation of medical necessity discussed above
- Itemized invoices
- Proof of payment (if NICA is to reimburse the parent/guardian)

### **Additional Information:**

In some cases, NICA can reimburse the cost of a second opinion. Please contact your case manager prior to determine coverage.

Mental health services for immediate family members (or legal guardians who reside with the participant) are reimbursable under the *Mental Health Services* policy, please see this section for more information.

### **Exclusions or Limitations:**

NICA does not reimburse for treatment that is not medically necessary or that is unrelated to the birth injury.

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

## Benefit: Dental Treatment

(Effective Date: 1/1/2022)

### 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 reimburse or pay for dental treatment services that are medically necessary and related to the birth injury, such as:

- Sedation and anesthesia
- Hospital charges (if applicable)
- Descaling
- Dental extractions
- Cleanings that are in excess of two-yearly routine cleanings

Example:

- A participant has their first routine cleaning of the year and requires sedation. The bill includes the cost of the cleaning, x-rays, and sedation. NICA can only reimburse the parent or pay the facility directly for the cost of sedation.

See the Exclusions and Limitations section for services that are not reimbursable under this benefit.

### Medically Necessary Documentation:

NICA must have documentation of the dental appointment. If there is uncertainty about how certain dental services relate to the birth injury, additional documentation may be necessary.

### Prior Authorization Requirement:

Prior authorization is required for medically necessary dental treatment services. If a parent elects to incur charges prior to authorization, reimbursement cannot be guaranteed.

### Documentation Requirements for Reimbursement:

- Documentation of medical necessity discussed above
- Itemized invoices
- Proof of payment (if NICA is to reimburse the parent/guardian)

### Additional Information:

For those appointments where dental treatment services are medically necessary and related to the birth injury, mileage reimbursement is available.

### Exclusions or Limitations:

NICA does not reimburse for the following dental treatment services:

- Twice yearly routine cleanings
- Twice yearly X-ray imaging

## 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
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		Brainlive, 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.

## Benefit: Prescription Drugs & Pharmacy Mileage

### 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 reimburse prescription drug costs. Pharmacy mileage for medications that are related to the birth injury will also be reimbursed.

### Medically Necessary Documentation:

A prescription will serve as medical necessity documentation; however, medical notes or a letter of medical necessity may be required if it is unclear how a medication is related to the birth injury.

Refer to the *Local Travel* section of the Benefit Handbook regarding reimbursement rates for mileage.

### Prior Authorization Requirement:

Prior authorization is not required for reimbursement.

### Documentation Requirements for Reimbursement:

#### For Prescription Medications

- A copy of the medication label or other documentation showing Rx number, name on prescription, and the name of the medication
- Documentation of medical necessity discussed above (if applicable)
- Insurance denial (if applicable)

#### For Medical Marijuana

- A copy of the participant and parent's medical marijuana card
- Receipt or paid invoice
- A copy of the 'Open Orders' page from the Florida Medical Marijuana Use Registry
- Documentation of medical necessity discussed above (if applicable)

#### For Pharmacy Mileage

- Receipt or other documentation showing date of pick-up

### Additional Information:

Effective 1/1/24, in lieu of the above documentation for prescription medications and pharmacy mileage, a copy of the participant's pharmacy history can be utilized as documentation for reimbursement. In this case, mileage will 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.

Here is an example:

- A parent submits pharmacy history for mileage reimbursement purposes because they did not retain their pharmacy receipts. The history reflects fill dates of 7/1/25, 7/2/25, 7/7/25, and 7/21/25. With these fill dates as documentation, only two round trips of mileage can be reimbursed to the parent (7/1/25 and 7/21/25).

### Exclusions or Limitations:

Regardless of distance, tolls and per diem meals and incidentals stipend are not provided for trips to the pharmacy.

## **Benefit: Insurance Policies & Premiums**

### **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. For families entering the program on or after January 1, 2022, 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 reimburses families for the cost of the participant's health insurance. In addition to coverage of healthcare insurance, beginning 7/1/25, NICA will reimburse families for the cost of the participant's dental insurance premium.

For participants who qualify for Florida Medicaid, NICA reimburses the Agency for Health Care Administration for the cost of those premiums.

If you need assistance in obtaining health insurance, please inquire about this benefit with your Nurse Case Manager. NICA can reimburse the insurance carrier directly at the parent's request.

### **Medical Necessity Documentation:**

Medical necessity documentation is not necessary for this benefit.

### **Prior Authorization Requirements:**

Prior authorization is not required for this benefit.

### **Documentation Requirements for Reimbursement:**

Copy of the coverage document and premium that identifies the participant's portion of the premium. If documentation does not specifically identify the participant's portion, the total premium will be divided by the number of individuals on the plan to determine the participant's portion.

- If NICA is paying the insurance carrier directly, no additional documentation is needed.

If the parent is requesting reimbursement, proof of payment must be provided.

If reimbursement is for an employer plan that is funded by payroll deduction, documentation of the deduction amount must be provided by the employer (usually in a letter from the company's payroll department) or by the parent via a paystub. This documentation is required when the benefit is established and then any time the amount changes. Families must inform NICA if there is a change in employment.

### **Additional Information:**

In some instances, NICA may reimburse the premiums for secondary insurance plans. Please contact your case manager for more information.

### **Exclusions or Limitations:**

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.

## **Benefit: Electricity Stipend**

(Effective Date: October 15, 2021)

### **Retroactive Benefits:**

There are no retroactive benefits related to this policy. Benefits are available only after the effective date and can be paid starting on the 1st of the month following the participant's entry into the program. NICA will honor stipend requests going back four years (in accordance Section 95.11(3)(f), Florida Statutes) but not prior to the effective date.

### **Description:**

Upon request, NICA will 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 was \$100, 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 the prior year's November rate. See Additional Information for a history of stipend amounts.

To qualify for the stipend, the participant will need to fall under one of the following 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.

### **Medically Necessary Documentation:**

A list of current necessary medical equipment being used in the home.

### **Prior Authorization Requirement:**

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

### **Documentation Requirements for Reimbursement:**

- Once medical necessity has been established by documentation noted above, no additional documentation is needed for monthly payments.

### **Additional Information:**

Historic stipend amounts are as follows:

- 2021 \$100
- 2022 \$100
- 2023 \$118
- 2024 \$120
- 2025 \$123

### **Exclusions or Limitations:**

Household equipment such as washing machines and dryers are not medically necessary equipment and will not be considered as qualification for this benefit.

## **Benefit: Fresh Food Stipend**

Established: October 1, 2022

### **Retroactive Benefits:**

There are no retroactive benefits related to this policy. Benefits are available only after the effective date and can be paid starting on the 1st of the month following the participant's entry into the program. NICA will honor stipend requests going back four years (in accordance Section 95.11(3)(f), Florida Statutes).

### **Description:**

Beginning October 1, 2022, 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 provide a monthly stipend for fresh foods to be prepared into purée at home as an alternative to reimbursement for actual costs for specialized nutritional products (described in a separate policy). 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 2024 USDA Thrifty Food Plan report](#). NICA will update the monthly stipend amount for families each January 1st based on the prior year's November report. Effective 3/1/2024, this benefit is available beginning at age 1.

### **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.

### **Prior Authorization Requirements:**

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

### **Documentation Requirements for Reimbursement:**

Once medical necessity has been established by documentation noted above, no additional documentation is needed for monthly payments.

### **Additional Information:**

There is no additional information for this benefit.

### **Exclusions or Limitations:**

If families opt for the monthly Fresh Food Stipend, there will be no reimbursement for specialized nutritional products (see the Specialized Nutritional Products policy for examples). Families receiving formula through insurance, WIC, or SNAP are not eligible to receive the Fresh Food Stipend. Additionally, families receiving the Fresh Food Stipend will not be able to receive any travel-related meals and incidentals stipend for the participant.

## **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 prepackaged specialized nutritional products (Puréed baby foods, enteral formulas, distilled 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 distilled water coverage, a letter of medical necessity is required specifying that distilled 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.

## Benefit: Experimental Programs or Equipment

### Description:

NICA reimburses services and equipment needed that are medically necessary and related to the birth injury. We meticulously evaluate safety, efficacy, and best practices before approving any recommended services or items. Consequently, while NICA considers all provider recommendations, not every service or item will be approved. NICA does not reimburse for experimental programs or reimburse the cost to obtain experimental equipment.

To ensure clarity and transparency, the following practices are not considered the standard of care for the corresponding indication and are therefore non-reimbursable, including but not limited to:

- Bioness L300 device for the management of neuromuscular weakness related to traumatic brain injury or cerebral palsy.
- Cryoneurolysis for the treatment of spasticity.
- 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.

## **Benefit: Reliable Transportation**

### **Retroactive Benefits:**

The Reliable Transportation Benefit was created in Florida Statute effective June 21, 2021. Prior to this date, NICA had a policy for accessible vans only. For families who do not have a NICA vehicle, NICA may be able to “convert” an existing vehicle to a NICA vehicle on or after June 21, 2021, but not for expenses incurred more than four years ago. Speak to your case manager if you have questions on this option.

### **Description:**

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.

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 (or whatever is appropriate under other state law).

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

- Vehicle purchase price and associated acquisition costs
- License tag/registration and renewals
- Maintenance costs
- Insurance coverage at the minimum limits described in the Vehicle Agreement. NICA must be listed as lienholder on the policy.

### **Rental Vehicles:**

NICA will coordinate a rental vehicle when the participant’s reliable transportation vehicle is being repaired.

### **Medical Necessity Documentation:**

There is no medical necessity documentation associated with this benefit.

### **Prior Authorization Requirements:**

#### **Maintenance:**

Prior authorization is required for any maintenance expenses over \$500.00. If a parent elects to pay for a vehicle related expense over \$500.00 prior to authorization, reimbursement cannot be guaranteed.

#### **Rental Vehicles:**

Prior authorization is required for obtaining a rental vehicle and should go through NICA’s Transportation Coordinator. If a parent elects to pay for a rental vehicle prior to authorization, reimbursement cannot be guaranteed.

### **Documentation Requirements for Reimbursement:**

To begin the process to obtain a reliable vehicle or accessible van, the following must be provided:

- Current proof of vehicle insurance and a valid driver’s license

Vehicle-related expenses (such as repairs and maintenance):

- Invoice
- Proof of payment (i.e. receipt, paid invoice, etc.) if NICA is reimbursing parent

### **Additional Information:**

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 of the last use.

Refer to the Travel section of the Benefit Handbook regarding reimbursement of other vehicle-related expenses (i.e. tolls, parking fees, and mileage reimbursement).

The Vehicle Agreement contains additional details about the terms of use of the NICA vehicle and other limitations of coverage.

### Exclusions or Limitations:

NICA will issue only one vehicle per participant.

NICA will only reimburse insurance coverage for the parent's operation of the vehicle. NICA will not reimburse for increases in automobile insurance premiums attributable to a poor driving record of the parent or for any additional driver. Failure to maintain insurance as required may result in loss of the vehicle or the vehicle not being replaced.

Tickets or fines incurred by the parent while using the NICA vehicle are the responsibility of the parent and will not be reimbursed by NICA.

### 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.

## 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 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 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).

## 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, 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)

#### 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.

# 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.

## Benefit: Guardianship

### 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 a participant turns 18, states typically require parents to become legal guardians to continue making medical decisions on behalf their children. NICA will cover the costs for families to obtain guardianship of the NICA participant. Families may select their own attorney, or at request from the parent, NICA can provide a list of attorneys who specialize in guardianship.

Covered expenses include:

- Legal and other fees related to:
  - Establishing the initial guardianship (plenary guardianship or guardian advocacy)
  - Annual guardianship renewals
- Guardianship classes
- Background checks
- Fingerprints
- Professional guardian fees

Please reach out to your case manager with any questions regarding coverage of guardianship.

### Medically Necessary Documentation:

There are no requirements for documenting medical necessity in relation to this benefit.

### Prior Authorization Requirement:

There are no prior authorization requirements for reimbursement. Based on previously reimbursed expenses, the range of legal fees related to obtaining guardianship is \$3,000 - \$7,500. If costs exceed this range, additional documentation / explanation will be required.

### Documentation Requirements for Reimbursement:

- Itemized invoices
- Proof of payment (if NICA is to reimburse the parent/guardian)
- Copy of the official order approving guardianship

### Additional Information:

The court will appoint an attorney for the participant separate from the attorney representing the parent/guardian. The cost of the participant's attorney should be covered by the court system. Prior to 8/25/2022, NICA reimbursement was limited to \$2,500 for guardianship expenses.

### Exclusions or Limitations:

Retainer costs paid by the family to the attorney are reimbursable only as they are exhausted by actual documented services provided by the attorney. NICA can pay the retainer directly to the attorney at the parent's request.

Travel costs associated with the process of obtaining guardianship are non-reimbursable.

## **Benefit: Bereavement Support Fund**

### **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.

### **Description:**

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. The parent(s)/guardian is entitled to these funds upon the death of the participant; no documentation of payment is needed. Upon request, NICA can utilize these funds to pay for services directly. A time of loss can be emotional and confusing, NICA desires to be a resource for healing for its families during these difficult times. Please see the *Mental Health Services* section for more information.

### **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.

### **Documentation Requirements for Reimbursement:**

- Itemized invoice (if NICA is paying the vendor directly)
- A copy of the death certificate (your case manager can work with the funeral home directly to acquire this documentation)

### **Additional Information:**

There is no additional information regarding this benefit.

### **Exclusions or Limitations:**

There are no exclusions or limitations related to this benefit.

## 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 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](http://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.

## 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.

## 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.

<b>Appendix A – Equipment</b>			
This list includes but is not limited to equipment that has been previously authorized.			
Equipment items must be medically necessary for the participant.			
<b><u>Equipment &lt; \$3000</u></b>		<b><u>Equipment &gt;\$3000</u></b>	
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			

## 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

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

Mouth swabs
Nasal Cannula
Oral Suction Toothbrushes
Nasal Cannula

Water (for equipment or formula)
Weighted blanket
Wipes (after age 3)

## **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.

## 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](http://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

2001 Drayton Dr.  
Tallahassee, FL 32311  
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



### 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

Approved December 12, 2025



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SUPPORTIVE SERVICES FOR  
FAMILIES & PHYSICIANS