*<*HeadOfHousehold>

<AddressLine1> <AddressLine2>

<RecipientCity> <RecipientState> <Zip>

* <*Letter Date>

**

Our records show that <Insert Name> has complex medical needs and currently lives in a skilled nursing facility. You are receiving this letter because we want to tell you about a new benefit that may help children living in a skilled nursing facility return home to live with their families.

Beginning February 1, 2025, our Medicaid managed care plans will begin offering a Nursing Facility Transition Assistance benefit. This new benefit can help with overcoming barriers that currently prevent the child from living at home with their family. This is a once in a lifetime limited benefit for the Medicaid member listed in this letter.

Before using the Nursing Facility Transition Assistance benefit, all appropriate Medicaid covered services and expanded benefits offered by the plan must first be used to meet the child’s needs. Also, the new benefit may not:

* Include any direct payments to the family. Payments will be made to an approved contractor or other authorized party agreed upon by the plan.
* Be used for purposes beyond what is needed to overcome the barrier to transition the child home.
* Be used as an ongoing source of rental assistance or other long-term housing payments.

Examples of how this new benefit may help include, but are not limited to:

* Home renovations (beyond what is available through a home modification covered service or expanded benefit) such as upgrading the electrical system to handle the power needs of any special medical equipment.
* Purchase of a generator to provide power to medical equipment during outages.
* A home addition to give the child a bedroom large enough to hold the necessary medical equipment or to provide space for a family member to move in to help with the child’s care.
* The addition of an accessible bathroom if the current bathrooms cannot be renovated to meet the child’s needs.
* Adaptations to or purchase of a vehicle equipped to meet the child’s transportation needs.
* Deposits to help with transition, like rental security deposits and move in fees.
* Other renovations to address the needs of other children in the home so that bringing the child home does not negatively impact the well-being of other family members.
* Repairs or services to a home to ensure a healthy environment, such as mold mitigation, carpet cleaning, HVAC system repairs, or pest control.
* Funding to help with moving the child to live with family out-of-state or to help a family living out-of-state move back to Florida to live with the child.

Listed below is the Lifetime Limit that could be approved by each plan. If you have specific questions about this new benefit, please contact the plan(s) at the phone number listed below.

| **Plan Name** | **Plan Contact information** | **Lifetime Limit** |
| --- | --- | --- |
| **Aetna Better Health of Florida** |  **Phone numbers:**  1-800-441-5501  **TDD**:711 | $75,000 |
| **Community Care Plan**  | **Phone numbers:** 1-866-899-4828**TDD:** 1-855-655-5303 | $50,000 |
| **Florida Community Care** | **Phone numbers:** 1-833-322-7526**TDD:** 711 | $75,000 |
| **Humana Medical Plan** | **Phone numbers:**  1-800-477-6931 **TDD:** 711 | $50,000 |
| **Molina Healthcare** | **Phone numbers:**  1-866-472-4585**TDD:** 711 | $75,000 |
| **Simply Healthcare Plans** | **Phone numbers:** 1-844-406-2396 **TDD:** 711 | $75,000 |
| **Sunshine State Health Plans** | **Phone numbers:** 1-866-796-0530**TDD**: 1-800-955-8770 | $65,000 |
| **UnitedHealthcare** | **Phone numbers:**  1-888-716-8787 **TDD:** 711 | $75,000 |

**If you want to remain in the plan you were assigned to, you do not need to do anything. Your plan enrollment will automatically start on 02/01/2025.**

**If you want to choose a different plan or disenroll (if applicable), follow these steps:**

|  |  |  |
| --- | --- | --- |
| **Step 1: Review**  | **Step 2: Choose**  | **Step 3: Enroll**  |
| Review the information in this packet.  | Choose the plan(s) that best meet the needs of each person listed.  | * Enroll online at: [www.flsmmc.com](http://www.flsmmc.com)
* Enroll by phone at: 1-877-711-3662
 |
| **To enroll each person, you will need his or her birth year and Medicaid ID or Gold Card number. To gain quicker access to your case, please use the following security PIN to enroll:** <PIN#>  |

**YOUR RIGHTS TO CHANGE PLANS**

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Once you are enrolled in your plan, you will have 120 days to change plans. After this time period, if you want to change your plan, you can do so once a year during a special time called Open Enrollment. Before your Open Enrollment period begins, you will receive a reminder letter and information about your plan choices.

If you want to change plans at a time other than during Open Enrollment, you may need a state-approved For Cause reason. For more information or to find out if you need a For Cause reason, call 1-877-711-3662 or visit www.flsmmc.com[.](http://www.flmedicaidmanagedcare.com/)