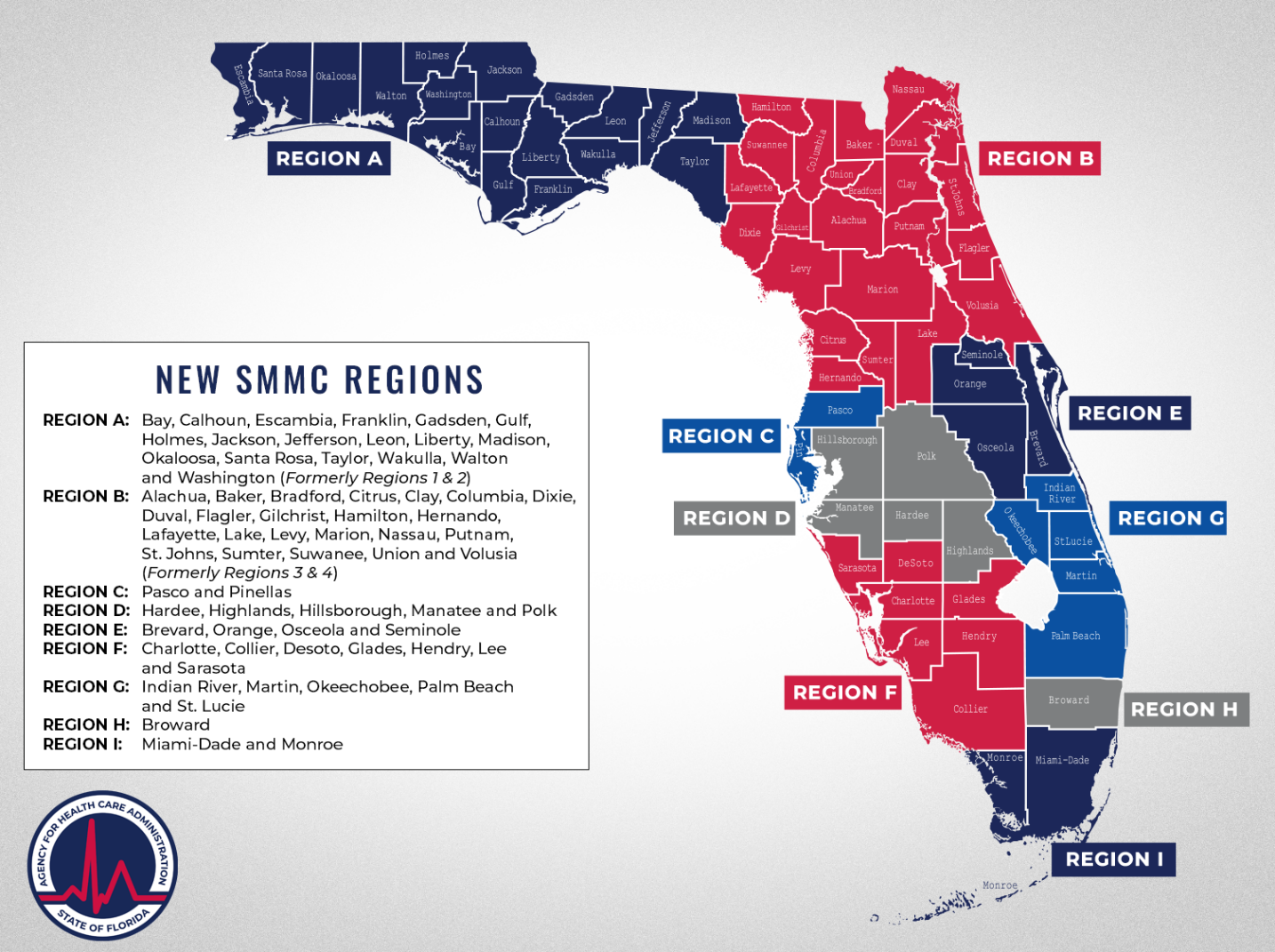
<HEALTH PLAN NAME’S> Hope Florida Benefit Manual

<Table of Contents>

****

**<** INSERT HEALTH PLAN NAME AND COVERAGE REGIONS HERE >

**Section 1: Important Contact Information**

|  |  |  |
| --- | --- | --- |
| **Member Helpline Information** | | |
| Member Helpline | <toll free telephone number> | Available 24 hours |
| Member Help Line TTY | <toll free telephone number> | Available 24 hours |
| Website | <url> | |
| Address | <full street address>  <city, state, zip> | |

|  |  |  |
| --- | --- | --- |
| **Member Services Information** | | |
| Member Services | <toll free telephone number> | Monday to Friday, <time> a.m. to <time> p.m., |
| Member Help Line TTY | <toll free telephone number> | Monday to Friday, <time> a.m. to <time> p.m., |
| Member Services after Hours | <toll free telephone number> | Available 24 hours |
| Website | <url> | |

|  |  |
| --- | --- |
| **Key Plan Contacts** | |
| <Contact Name>  <Position title> | <Primary phone number>  <Alternate phone number>  <Email Address> |
| <Service Department> | <Contact information> |

|  |  |
| --- | --- |
| **General Plan Information** | |
| <Transportation> |  |
| <Dental> | Contact the Plan Member Services department directly or through Member Services 1-XXX-XXX-XXXX for help with arranging these services. |
| To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults | 1-800-96-ABUSE (1-800-962-2873)  TTY: 711 or 1-800-955-8771  <http://www.myflfamilies.com/service-programs/abuse-hotline> |
| For Medicaid Eligibility | 1-866-762-2237  TTY: 711 or 1-800-955-8771  <http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid> |
| To report Medicaid Fraud and/or Abuse | 1-888-419-3456  <https://apps.ahca.myflorida.com/mpi-complaintform/> |
| To file a complaint about a health care facility | 1-888-419-3450  <http://ahca.myflorida.com/MCHQ/Field_Ops/CAU.shtml> |
| To request a Medicaid Fair Hearing | 1-877-254-1055  1-239-338-2642 (fax)  [MedicaidHearingUnit@ahca.myflorida.com](mailto:MedicaidHearingUnit@ahca.myflorida.com) |
| To file a complaint about Medicaid services | 1-877-254-1055  TDD: 1-866-467-4970  <http://ahca.myflorida.com/Medicaid/complaints/> |
| To find information for elders | 1-800-96-ELDER (1-800-963-5337)  <http://elderaffairs.state.fl.us/doea/arc.php> |
| To find out information about domestic violence | 1-800-799-7233  TTY: 1-800-787-3224  <http://www.thehotline.org/> |
| To find information about health facilities in Florida | <http://www.floridahealthfinder.gov/index.html> |
| To find information about urgent care | <Plan insert free text> |
| For an emergency | 9-1-1  Or go to the nearest emergency room |

**Hope Florida Contact Information**

|  |  |
| --- | --- |
| **Activate Hope Contact Information** | |
| <HEALTH PLAN NAME’S> Activate Hope Primary Point of Contact | <Contact Name>  <Position title>  <Primary phone number>  <Alternate phone number>  <Email Address> |
| <HEALTH PLAN NAME’S> Activate Hope Back-Up Point of Contact | <Contact Name>  <Position title>  <Primary phone number>  <Alternate phone number>  <Email Address> |

|  |  |
| --- | --- |
| **Hope Florida Plan Contacts** | |
| <Contact Name>  <Position title/Service> | <Primary phone number>  <Alternate phone number>  <Email Address> |
| <Contact Name>  <Position title/Service> | <Primary phone number>  <Alternate phone number>  <Email Address> |
| <Contact Name>  <Position title/Service> | <Primary phone number>  <Alternate phone number>  <Email Address> |

**List of Community Based Organizations (CBO’s)**

|  |  |  |
| --- | --- | --- |
| **Hope Florida CBO Contacts** | | |
| <Insert name of CBO> | <Insert Description of Organization> | <Contact Name>  <Position title/Service>  <Primary phone number>  <Alternate phone number>  <Email Address> |
| <Insert name of CBO> | <Insert Description of Organization> | <Contact Name>  <Position title/Service>  <Primary phone number>  <Alternate phone number>  <Email Address> |
| <Insert name of CBO> | <Insert Description of Organization> | <Contact Name>  <Position title/Service>  <Primary phone number>  <Alternate phone number>  <Email Address> |
| <Insert name of CBO> | <Insert Description of Organization> | <Contact Name>  <Position title/Service>  <Primary phone number>  <Alternate phone number>  <Email Address> |

**Section 2: Medicaid Eligibility**

***General Information***

For recipients to go to health care appointments and for <Plan Name> to pay for services, recipients must be covered by Medicaid and enrolled in our plan. This is called having **Medicaid eligibility**. DCF decides if someone qualifies for Medicaid.

Sometimes things in a recipient’s life might change, and these changes can affect their Medicaid eligibility. It is very important to make sure Medicaid eligibility is ongoing before any appointments are attended. Possession of a Plan ID card does not mean that they still have Medicaid. If a Medicaid recipient believes their Medicaid has changed or if they have any questions about their Medicaid, call Member Services and we can help them check on it.

**If a recipient loses their Medicaid Eligibility**

If Medicaid eligibility is lost and reinstated within 180 days, the member will be enrolled back into our plan.

**If a recipient has Medicare**

If a recipient also has Medicare, they should continue to use their Medicare ID card when medical services are needed (like going to the doctor or the hospital), in addition they should also give the provider their Medicaid Plan ID card.

**If a recipient is pregnant**

A baby born to a Medicaid eligible recipient will be covered by us beginning on their birth date. The parent should call Member Services to let us know that their baby has arrived, and we will help make sure their baby is covered and has Medicaid right away.

It is helpful if they advise us of their pregnancy **before** their baby is born to ensure the baby has Medicaid. This can be accomplished by calling DCF toll free at 1-866-762-2237 while they are pregnant. If assistance is needed speaking with DCF, call us. DCF will make sure their baby has Medicaid from the day he or she is born. DCF will give them a Medicaid number for their baby. They should let us know the baby’s Medicaid number when they get it.

**Section 3: Services – General Information**

**Services for Children[[1]](#footnote-1)**

Plans must provide all medically necessary services for our members who are ages 0 – 20 years old. This is the law. This is true even if we do not cover a service or the service has a limit. If a child’s services are medically necessary, services have:

* No dollar limits; or
* No time limits, like hourly or daily limits

Their provider may need to ask us for approval before giving the child the service. Member Services can assist with questions regarding f these services.

**Section 4: Covered Services**

The table below lists the medical services that are covered by the managed care plan.

| **Service** | **Description** | **Coverage/Limitations**  **<Plan Insert Free Text in Column>** | **Prior Authorization**  <**Plan Insert Free Text in Column**> |
| --- | --- | --- | --- |
| Addictions Receiving Facility Services | Services used to help people who are struggling with drug or alcohol addiction | As medically necessary and recommended by us |  |
| Allergy Services | Services to treat conditions such as sneezing or rashes that are not caused by an illness | We cover medically necessary blood or skin allergy testing and up to 156 doses per year of allergy shots |  |
| Ambulance Transportation Services | Ambulance services are for when you need emergency care while being transported to the hospital or special support when being transported between facilities | Covered as medically necessary. |  |
| Ambulatory Detoxification Services | Services provided to people who are withdrawing from drugs or alcohol | As medically necessary and recommended by us |  |
| Ambulatory Surgical Center Services | Surgery and other procedures that are performed in a facility that is not the hospital (outpatient) | Covered as medically necessary. |  |
| Anesthesia Services | Services to keep you from feeling pain during surgery or other medical procedures | Covered as medically necessary. |  |
| Assistive Care Services | Services provided to adults (ages 18 and older) help with activities of daily living and taking medication | We cover 365/366 days of services per year, as medically necessary. |  |
| Behavior Analysis (BA) | Structured interventions, strategies, and approaches provided to people ages 0 to 20 to decrease maladaptive behaviors and increase or reinforce appropriate behaviors. | Covered as medically necessary. |  |
| Behavioral Health Assessment Services | Services used to detect or diagnose mental illnesses and behavioral health disorders | We cover, as medically necessary:   * One initial assessment per year * One reassessment per year * Up to 150 minutes of brief behavioral health status assessments (no more than 30 minutes in a single day) |  |
| Behavioral Health Overlay Services | Behavioral health services provided to children (ages 0 – 18) enrolled in a DCF program | We cover 365/366 days of medically necessary services per year, including therapy, support services and aftercare planning |  |
| Behavioral Health Services – Child Welfare | A special mental health program for children enrolled in a DCF program | As medically necessary and recommended by us |  |
| Cardiovascular Services | Services that treat the heart and circulatory (blood vessels) system | We cover the following as prescribed by your doctor, when medically necessary:   * Cardiac testing * Cardiac surgical procedures * Cardiac devices |  |
| Child Health Services Targeted Case Management | Services provided to children (ages 0 - 3) to help them get health care and other services  OR  Services provided to children (ages 0 – 20) who use medical foster care services | Your child must be enrolled in the DOH Early Steps program  OR  Your child must be receiving medical foster care services |  |
| Chiropractic Services | Diagnosis and manipulative treatment of misalignments of the joints, especially the spinal column, which may cause other disorders by affecting the nerves, muscles, and organs | We cover, as medically necessary:   * 24 patient visits per year, per member * X-rays |  |
| Clinic Services | Health care services provided in a county health department, federally qualified health center, or a rural health clinic | Covered as medically necessary |  |
| Community-Based Wrap-Around Services | Services provided by a mental health team to children who are at risk of going into a mental health treatment facility | As medically necessary and recommended by us |  |
| Crisis Stabilization Unit Services | Emergency mental health services that are performed in a facility that is not a regular hospital | As medically necessary and recommended by us | No |
| Dialysis Services | Medical care, tests, and other treatments for the kidneys. This service also includes dialysis supplies, and other supplies that help treat the kidneys | We cover the following as prescribed by your treating doctor, when medically necessary:   * Hemodialysis treatments * Peritoneal dialysis treatments |  |
| Drop-In Center Services | Services provided in a center that helps homeless people get treatment or housing | As medically necessary and recommended by us |  |
| Durable Medical Equipment and Medical Supplies Services | Medical equipment is used to manage and treat a condition, illness, or injury. Durable medical equipment is used over and over again, and includes things like wheelchairs, braces, crutches, and other items. Medical supplies are items meant for one-time use and then thrown away | As medically necessary, some service and age limits apply. Call <Plan Insert Free Text> for more information. |  |
| Early Intervention Services | Services to children ages 0 - 3 who have developmental delays and other conditions | We cover medically necessary:   * One initial evaluation per lifetime, completed by a team * Up to 3 screenings per year * Up to 3 follow-up evaluations per year * Up to 2 training or support sessions per week |  |
| Emergency Transportation Services | Transportation provided by ambulances or air ambulances (helicopter or airplane) to get you to a hospital because of an emergency | Covered as medically necessary. |  |
| Evaluation and Management Services | Services for doctor’s visits to stay healthy and prevent or treat illness | We cover medically necessary:   * One adult health screening (check-up) per year * Well child visits are provided based on age and developmental needs * One visit per month for people living in nursing facilities * Up to two office visits per month for adults to treat illnesses or conditions |  |
| Family Therapy Services | Services for families to have therapy sessions with a mental health professional | We cover medically necessary:   * Up to 26 hours per year |  |
| Family Training and Counseling for Child Development | Services to support a family during their child’s mental health treatment | As medically necessary and recommended by us |  |
| Gastrointestinal Services | Services to treat conditions, illnesses, or diseases of the stomach or digestion system | We cover:   * Covered as medically necessary |  |
| Genitourinary Services | Services to treat conditions, illnesses, or diseases of the genitals or urinary system | Covered as medically necessary |  |
| Group Therapy Services | Services for a group of people to have therapy sessions with a mental health professional | We cover medically necessary:   * Up to 39 hours per year |  |
| Hearing Services | Hearing tests, treatments and supplies that help diagnose or treat problems with your hearing. This includes hearing aids and repairs | We cover hearing tests and the following as prescribed by your doctor, when medically necessary:   * Cochlear implants * One new hearing aid per ear, once every 3 years * Repairs |  |
| Home Health Services | Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness or injury | We cover, when medically necessary:   * Up to 4 visits per day for pregnant recipients and recipients ages 0-20 * Up to 3 visits per day for all other recipients |  |
| Hospice Services | Medical care, treatment, and emotional support services for people with terminal illnesses or who are at the end of their lives to help keep them comfortable and pain free. Support services are also available for family members or caregivers | Covered as medically necessary |  |
| Individual Therapy Services | Services for people to have one-to-one therapy sessions with a mental health professional | We cover medically necessary:   * Up to 26 hours per year |  |
| Infant Mental Health Pre and Post Testing Services | Testing services by a mental health professional with special training in infants and young children | As medically necessary and recommended by us |  |
| Inpatient Hospital Services | Medical care that you get while you are in the hospital. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you | We cover the following inpatient hospital services based on age and situation, when medically necessary:   * Up to 365/366 days for recipients ages 0-20 * Up to 45 days for all other recipients (extra days are covered for emergencies) |  |
| Integumentary Services | Services to diagnose or treat skin conditions, illnesses or diseases | Covered as medically necessary |  |
| Laboratory Services | Services that test blood, urine, saliva or other items from the body for conditions, illnesses or diseases | Covered as medically necessary |  |
| Medical Foster Care Services | Services that help children with health problems who live in foster care homes | Must be in the custody of the Department of Children and Families |  |
| Medication Assisted Treatment Services | Services used to help people who are struggling with drug addiction | Covered as medically necessary |  |
| Medication Management Services | Services to help people understand and make the best choices for taking medication | Covered as medically necessary |  |
| Mental Health Partial Hospitalization Program Services | Treatment provided for more than 3 hours per day, several days per week, for people who are recovering from mental illness | As medically necessary and recommended by us |  |
| Mental Health Targeted Case Management | Services to help get medical and behavioral health care for people with mental illnesses | Covered as medically necessary |  |
| Mobile Crisis Assessment and Intervention Services | A team of health care professionals who provide emergency mental health services, usually in people’s homes | As medically necessary and recommended by us |  |
| MultiSystemic Therapy Services | An intensive service focused on the family for children at risk of residential mental health treatment | As medically necessary and recommended by us |  |
| Neurology Services | Services to diagnose or treat conditions, illnesses or diseases of the brain, spinal cord or nervous system | Covered as medically necessary |  |
| Non-Emergency Transportation Services | Transportation to and from all of your medical appointments. This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles | We cover the following services for recipients who have no transportation:   * Out-of-state travel * Transfers between hospitals or facilities * Escorts when medically necessary |  |
| Nursing Facility Services | Medical care or nursing care that you get while living full-time in a nursing facility. This can be a short-term rehabilitation stay or long-term | * We cover 365/366 days of services in nursing facilities as medically necessary |  |
| Occupational Therapy Services | Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself, and using items around the house | We cover for children ages 0-20 and for adults under the $1,500 outpatient services cap, as medically necessary:   * One initial evaluation per year * Up to 210 minutes of treatment per week * One initial wheelchair evaluation per 5 years   We cover for people of all ages, as medically necessary:   * Follow-up wheelchair evaluations, one at delivery and one 6-months later |  |
| Oral Surgery Services | Services that provide teeth extractions (removals) and to treat other conditions, illnesses or diseases of the mouth and oral cavity | Covered as medically necessary |  |
| Orthopedic Services | Services to diagnose or treat conditions, illnesses or diseases of the bones or joints | Covered as medically necessary |  |
| Outpatient Hospital Services | Medical care that you get while you are in the hospital but are not staying overnight. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you | * Emergency services are covered as medically necessary * Non-emergency services cannot cost more than $1,500 per year for recipients ages 21 and over |  |
| Pain Management Services | Treatments for long-lasting pain that does not get better after other services have been provided | Covered as medically necessary. Some service limits may apply |  |
| Partial Hospitalization Services | Services for people leaving a hospital for mental health treatment | As medically necessary and recommended by us |  |
| Physical Therapy Services | Physical therapy includes exercises , stretching and other treatments to help your body get stronger and feel better after an injury, illness or because of a medical condition | We cover for children ages 0-20 and for adults under the $1,500 outpatient services cap, as medically necessary:   * One initial evaluation per year * Up to 210 minutes of treatment per week * One initial wheelchair evaluation per 5 years   We cover for people of all ages, as medically necessary:   * Follow-up wheelchair evaluations, one at delivery and one 6-months later |  |
| Podiatry Services | Medical care and other treatments for the feet | We cover, as medically necessary:   * Up to 24 office visits per year * Foot and nail care * X-rays and other imaging for the foot, ankle and lower leg * Surgery on the foot, ankle or lower leg |  |
| Prescribed Drug Services | This service is for drugs that are prescribed to you by a doctor or other health care provider | We cover, as medically necessary:   * Up to a 34-day supply of drugs, per prescription * Refills, as prescribed |  |
| Private Duty Nursing Services | Nursing services provided in the home to people ages 0 to 20 who need constant care | We cover, as medically necessary:   * Up to 24 hours per day |  |
| Psychiatric Specialty Hospital Services | Emergency mental health services that are performed in a facility that is not a regular hospital | As medically necessary and recommended by us | No |
| Psychological Testing Services | Tests used to detect or diagnose problems with memory, IQ or other areas | We cover, as medically necessary:   * 10 hours of psychological testing per year |  |
| Psychosocial Rehabilitation Services | Services to assist people re-enter everyday life. They include help with basic activities such as cooking, managing money and performing household chores | We cover, as medically necessary:   * Up to 480 hours per year |  |
| Radiology and Nuclear Medicine Services | Services that include imaging such as x-rays, MRIs or CAT scans. They also include portable x-rays | * Covered as medically necessary |  |
| Regional Perinatal Intensive Care Center Services | Services provided to pregnant women and newborns in hospitals that have special care centers to handle serious conditions | Covered as medically necessary |  |
| Reproductive Services | Services for women who are pregnant or want to become pregnant. They also include family planning services that provide birth control drugs and supplies to help you plan the size of your family | We cover medically necessary family planning services. You can get these services and supplies from any Medicaid provider; they do not have to be a part of our Plan. You do not need prior approval for these services. These services are free. These services are voluntary and confidential, even if you are under 18 years old. |  |
| Respiratory Services | Services that treat conditions, illnesses or diseases of the lungs or respiratory system | We cover medically necessary:   * Respiratory testing * Respiratory surgical procedures * Respiratory device management |  |
| Respiratory Therapy Services | Services for recipients ages 0-20 to help you breathe better while being treated for a respiratory condition, illness or disease | We cover medically necessary:   * One initial evaluation per year * One therapy re-evaluation per 6 months * Up to 210 minutes of therapy treatments per week (maximum of 60 minutes per day) |  |
| Self-Help/Peer Services | Services to help people who are in recovery from an addiction or mental illness | As medically necessary and recommended by us |  |
| Specialized Therapeutic Services | Services provided to children ages 0-20 with mental illnesses or substance use disorders | We cover the following medically necessary:   * Assessments * Foster care services * Group home services |  |
| Speech-Language Pathology Services | Services that include tests and treatments help you talk or swallow better | We cover the following medically necessary services for children ages 0-20:   * Communication devices and services * Up to 210 minutes of treatment per week * One initial evaluation per year   We cover the following medically necessary services for adults:   * One communication evaluation per 5 years |  |
| Statewide Inpatient Psychiatric Program Services | Services for children with severe mental illnesses that need treatment in the hospital | Covered as medically necessary for children ages 0-20 |  |
| Substance Abuse Intensive Outpatient Program Services | Treatment provided for more than 3 hours per day, several days per week, for people who are recovering from substance use disorders | As medically necessary and recommended by us |  |
| Substance Abuse Short-term Residential Treatment Services | Treatment for people who are recovering from substance use disorders | As medically necessary and recommended by us |  |
| Therapeutic Behavioral On-Site Services | Services provided by a team to prevent children ages 0-20 with mental illnesses or behavioral health issues from being placed in a hospital or other facility | We cover medically necessary services:   * Up to 9 hours per month |  |
| Transplant Services | Services that include all surgery and pre and post-surgical care | Covered as medically necessary |  |
| Visual Aid Services | Visual Aids are items such as glasses, contact lenses and prosthetic (fake) eyes | We cover the following medically necessary services when prescribed by your doctor:   * Two pairs of eyeglasses for children ages 0-20 * One frame every two years and two lenses every 365 days for adults ages 21 and older * Contact lenses * Prosthetic eyes |  |
| Visual Care Services | Services that test and treat conditions, illnesses and diseases of the eyes | * Covered as medically necessary |  |

**Section 5: Healthy Behavior Programs**

We offer programs to help keep recipients healthy and to help them live a healthier life (like losing weight or quitting smoking). We call these **healthy behavior programs**. Recipients can earn rewards while participating in these programs. Our plan offers the following healthy behavior programs:

< INSERT PLAN HEALTHY BEHAVIOR INFO>

|  |  |  |
| --- | --- | --- |
| **Healthy Behavior Program Name** | **Program Description** | **Coverage/Limitations** |
| **<Plan Insert Free Text in Column>** | **<Plan Insert Free Text in Column>** | **<Plan Insert Free Text in Column>** |

**Section 6: Chronic Disease Management Programs**

We have special programs available that will help if the recipient has one of these conditions:

Cancer and Cancer Prevention

<Plan insert information regarding this Disease Management Program>

Diabetes and Diabetes Prevention

<Plan insert information regarding this Disease Management Program>

Depression and Depression Prevention

<Plan insert information regarding this Disease Management Program>

Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and HIV prevention

<Plan insert information regarding this Disease Management Program>

<Insert Title and information regarding which of the following applies to this plan>

* + Chronic Kidney Disease
  + Dementia
  + End State Renal Disease (ESRD)
  + Hypertension
  + Osteoporosis
  + Parkinson’s Disease
  + For the Managed Care Plan not offering Enhanced Case Management or a Specialty enhancement, one or more of the following:
    - Anxiety disorders
    - Attention deficit hyperactivity disorder (ADHD)
    - Bipolar disorder
    - Substance use disorders

**Section 7: Expanded Benefits**

|  |  |  |  |
| --- | --- | --- | --- |
| Expanded benefits are extra goods or services we provide to you, free of charge. Members may call Member Services to ask about getting expanded benefits.<INSERT PLAN EXPANDED BENEFITS INFO>**Expanded Benefit Name** | **Expanded Benefit Coverage** | **Eligible Age Range and Population** | **Prior Authorization** |
| <Plan Insert Free Text> | <Plan Insert Free Text> | <Insert Age range>  <Insert Eligible Populations> | <Insert PA Required> |

**Section 8: Long-Term Care Services**

The table below lists the Long-Term care services covered by our Plan. Remember, services must be medically necessary for us to pay for them[[2]](#footnote-2).

If there are changes in covered services or other changes that will affect a recipient, we will notify the recipient in writing at least 30 days before the effective date of the change.

<INSERT PLAN LONG TERM CARE SERVICE INFO>

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Description** | **Coverage/Limitations** | **Prior Authorization** |
| <Plan Insert Free Text> | <Plan Insert Free Text> | <Insert Coverage/ Limitations> | <Insert PA Required> |

**Long-Term Care Participant Direction Option**

Recipients may be offered the Participant Direction Option (PDO). They can use PDO if they use any of these services and live in their home:

* Attendant care services
* Homemaker services
* Personal Care services
* Adult companion care services
* Intermittent and skilled nursing care services

PDO lets recipients **self-direct** their services. This means they get to choose their service provider and how and when they get their service. Recipients have to hire, train, and supervise the people who work for them (their direct service workers).

They can hire family members, neighbors, or friends. Recipients will work with a case manager who can help them with PDO.

**Section 9: Intellectual and Developmental Disabilities (IDD) Services**

The table below lists the services provided to recipients with Intellectual and Developmental Disabilities covered by our Plan.

<INSERT IDD SERVICE INFO>

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Description** | **Coverage/Limitations** | **Prior Authorization** |
| <Plan Insert Free Text> | <Plan Insert Free Text> | <Insert Coverage/ Limitations> | <Insert PA Required> |

**Section 10: Additional Programs and Services**

<INSERT ANY PROGRAMS OR SERVICES PERTAINING TO HOPE FLORIDA THAT HAVE NOT YET BEEN LISTED (I.E.SPECILTY PRODUCTS, SPECIFIC PLAN COMMITMENTS, ILOS) >

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Description** | **Coverage/Limitations** | **Prior Authorization** |
| <Plan Insert Free Text> | <Plan Insert Free Text> | <Insert Coverage/ Limitations> | <Insert PA Required> |

**Section 11: Additional Resources**

**Floridahealthfinder.gov**

The Agency is committed to its mission of providing “Better Health Care for All Floridians”. The Agency has created a website [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) where recipients can view information about Florida home health agencies, nursing facilities, assisted living facilities, ambulatory surgery centers and hospitals. They can find the following types of information on the website:

* Up-to-date licensure information
* Inspection reports
* Legal actions
* Health outcomes
* Pricing
* Performance measures
* Consumer education brochures
* Living wills
* Quality performance ratings, including member satisfaction survey results

The Agency collects information from all Plans on different performance measures about the quality of care provided by the Plans. The measures allow the public to understand how well Plans meet the needs of their members. To see the Plan report cards, please visit <http://www.floridahealthfinder.gov/HealthPlans/search.aspx>. They may choose to view the information by each Plan or all Plans at once.

**Elder Housing Unit**

The Elder Housing Unit provides information and technical assistance to elders and community leaders about affordable housing and assisted living choices. The Florida Department of Elder Affairs maintains a website for information about assisted living facilities, adult family care homes, adult day care centers and nursing facilities at <http://elderaffairs.state.fl.us/doea/housing.php> as well as links to additional Federal and State resources.

**MediKids Information**

For information on MediKids coverage please visit: <http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/MediKids.shtml>

**Aging and Disability Resource Center**

They can also find additional information and assistance on State and federal benefits, local programs and services, legal and crime prevention services, income planning or educational opportunities by contacting the Aging and Disability Resource Center.

**Independent Consumer Support Program**

The Florida Department of Elder Affairs also offers an Independent Consumer Support Program (ICSP). The ISCP works with the Statewide Long-Term Care Ombudsman Program, the ADRC and the Agency to ensure that LTC members have many ways to get information and help when needed. For more information, please call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337) or visit <http://elderaffairs.state.fl.us/doea/smmcltc.php>.

1. Also known as “Early and Periodic Screening, Diagnosis, and Treatment” or “EPSDT” requirements. [↑](#footnote-ref-1)
2. You can find a copy of the Statewide Medicaid Managed Care Long-Term Care Program Coverage Policy at http://ahca.myflorida.com/medicaid/review/Specific/59G-4.192\_LTC\_Program\_Policy.pdf [↑](#footnote-ref-2)