



## **Florida Assertive Community Treatment Program**

Florida Medicaid has a new program called the Managed Medical Assistance program. Under the Managed Medical Assistance program, most Medicaid recipients will receive their medical services through a managed care plan. Managed care plans are companies that help people get their health care services. Managed care plans pay for doctor visits and other health care services, like inpatient care or dental services. Sometimes managed care plans require health care services to be authorized ahead of time, unless it is an emergency.

The Department of Children and Families manages the Florida Assertive Community Treatment (FACT) program. The FACT team helps to ensure that people diagnosed with a serious mental illness gets the services and supports needed. Many of the people who receive services through the FACT program also qualify for Medicaid. In the past, some Medicaid recipients did not have to enroll in a managed care plan, like people in the FACT program. Now, most people with Medicaid will have to receive their services through a managed care plan.

### **What does that mean for individuals in the FACT program?**

- The services provided by the FACT program will not change.
- FACT Medicaid recipients will have to enroll in a managed care plan.
- FACT services will not be paid for by the managed care plans. The Department of Children and Families will continue to pay for the services provided by the FACT teams.
- The managed care plans will cover the medical, dental and behavioral health services (not provided by FACT) covered under the Medicaid program.

Medicaid recipients will get a letter in the mail that will give them more information about the Managed Medical Assistance. The letter will tell them about the plans that are available to pick from and how to choose a plan. The Agency will pick a plan for recipients who do not pick a plan within the required time frame. Recipients should try to pick a plan that works with the doctors or providers they like to see. Choice counselors can help recipients find the plan that has the providers they want.

Recipients who do not like their MMA plan will have 90 days to change to another plan for any reason. After that 90 day period, recipients will have to stay in the plan until the next open enrollment period, in about a year. Recipients can change their doctor at any time.

### **To learn more about Statewide Medicaid Managed Care (SMMC):**

The Agency has a special Web site that has a lot of information on the program. The Web site is at <http://ahca.myflorida.com/SMMC>.