# Children's Medical Services (CMS) Plan operated by Molina Healthcare Member Handbook

CMS – KidCare
Title 21

Children's
Medical Services Plan
BY MOLINA HEALTHCARE

Questions? Call Member Services at (800) 262-0750 or TTY at 711

**If you do not speak English**, call us at (800) 262-0750 (TTY: 711). We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can talk with you in your language.

**Si usted no habla inglés,** llámenos al (800) 262-0750 (TTY: 711). Ofrecemos servicios de interpretación y podemos ayudarle a re- sponder preguntas en su idioma.También podemos ayudarle a encontrarun proveedor de salud que pueda comunicarse con usted en su idioma.

**Si vous ne parlez pas anglais**, appelez-nous au (800) 262-0750 (TTY: 711). Nous avons accès à des services d'interprétariat pour vous aider à répondre aux questions dans votre langue. Nous pouvons également vous aider à trouver un prestataire de soins de santé qui peut communiqueravec vous dans votre langue.

**Si ou pa pale lang Anglè,** rele nou nan (800) 262-0750 (TTY: 711). Nou ka jwenn sèvis entèprèt pou ou,epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yonpwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a.

**Se non parli inglese** chiamaci al (800) 262-0750 (TTY: 711). Disponiamo di servizi di interpretariato esiamo in grado di rispondere alle tue domande nella tua lingua. Possiamo anche aiutarti atrovare un fornitore di servizi sanitari che parli la tua lingua.

Если вы не разговариваете по-английски, позвоните нам по номеру (800) 262-0750 (TTY: 711). У нас есть возможность воспользоваться услугами переводчика, и мы поможем вам получить ответы на вопросы на вашем родном языке. Кроме того, мы можем оказать вам помощь в поиске поставщика медицинских услуг, который может общаться с вами на вашем родном языке

**Nếu bạn không nói được tiếng Anh**, hãy gọi cho chúng tôi theo số (800) 262-0750 (TTY: 711). Chúng tôi có quyền truy cập vào các dịch vụ thông dịch viên và có thể giúp trả lời các câu hỏi của bạn bằng ngôn ngữ của bạn. Chúng tôi cũng có thể giúp bạn tìm một nhà cung cấp dịch vụ chăm sóc sức khỏe có thể nói chuyện với bạn bằng ngôn ngữ của bạn

# Important Contact Information

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|---|---|---|
| Member Services Help Line | (888) 275-8750 Nurse Advice Line<br><br>(800) 262-0750 Member Services | Available 24 hours<br><br>Monday to Friday<br>8:00 a.m.–7:00 p.m.<br>local time |
| Member Services Help Line TTY | (866) 735-2922 Nurse Advice Line<br><br>711 Member Services | Available 24 hours<br><br>Monday to Friday<br>8:00 a.m.–7:00 p.m.<br>local time |
| Website | **www.MolinaHealthcare.com/cms** | |
| Address | The Children's Medical Services (CMS) Plan<br>by Molina Healthcare<br>Westside Plaza I, Ste 120A, 8400 NW 33rd St<br>Doral, FL. 33122 | |

| Service | Contact Information |
|---|---|
| Transportation Services: Non-Emergency | MTM Health (844) 399-9469 (TTY: 711)<br>Available 24 hours |
| Dental | Liberty Dental (888) 902-0344 (TTY: (800) 955-8770)<br><br>Contact your Care Manager directly or at (800) 262-0750 (TTY: 711) for help arranging these services |
| Vision | iCare<br>(800) 262-0750 |
| Laboratory | Quest Diagnostics<br>To find locations near you, call (866) 697-8378 |
| Over-the-Counter | OTC Health Solutions<br>(888) 628-2770 (TTY: (877) 276-2688 |

| Service | Contact Information |
|---|---|
| To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults | (800) 96-ABUSE (800-962-2873)<br>TTY: 711 or (800) 955-8771<br>**https://www.yflfamilies.com/services/abuse/abuse-hotline/how-report-abuse** |
| For KidCare Eligibility | (888) 540-KIDS (5437)<br>TTY: (800) 955-8771<br>**https://www.floridakidcare.org** |
| To report Medicaid Fraud and/or Abuse | (888) 419-3456<br>**https://apps.ahca.myflorida.com/mpi-complaintform/** |
| To file a complaint about a health care facility | (888) 419-3456<br>**http://ahca.myflorida.com/MCHQ/Field_Ops/CAU.shtml** |
| To request an External Review | (800) 262-0750 (TTY: 711) |
| To file a complaint about CMS Plan services | (800) 262-0750 (TTY: 711) |
| To find out information about domestic violence | (800) 799 SAFE ((800) 799-7233)<br>TTY: (800) 787-3224<br>**http://thehotline.org/** |
| To find information about health facilities in Florida | **https://quality.healthfinder.fl.gov/** |
| To find information about urgent care | Nurse Advice Line (888) 275-8750 Available 24 hours or locate your nearest Urgent Care Center at<br>**https://molina.sapphirethreesixtyfive.com/?ci=fl-medicaid&locale=en_us** |
| For an emergency | 9-1-1<br>Or go to the nearest emergency room |
| For a Behavioral Health emergency | 988 |

# Table of Contents

# Children's Medical Services (CMS) Plan operated by Molina Healthcare

Molina Healthcare operates and provides managed care services to Children's Medical Services (CMS) Plan for KidCare. You (your child) are enrolled in our plan, the CMS Plan. This means we will offer you (or your child) health and dental services. We work with a group of healthcare providers to help meet your needs.

There are many types of services you (your child) can receive, like doctor visits, labs, and emergency care.

This handbook will be your guide for all health care services available to you. You can ask us any questions, or get help making appointments. If you need to speak with us, just call us at (800) 262-0750 (TTY: 711), Monday to Friday, 8:00 a.m. – 7:00 p.m. local time.

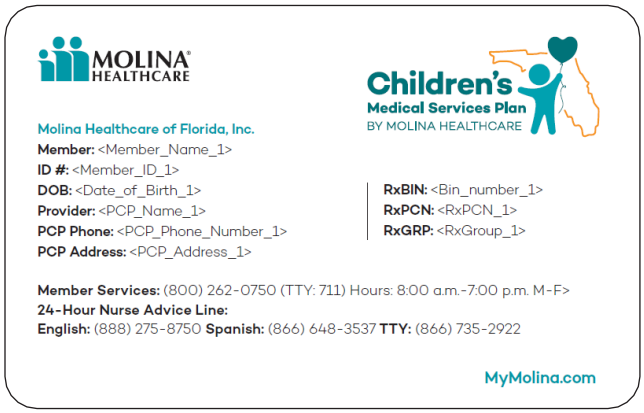
# Section 1 : Your Plan Identification Card (ID Card)

You should have received a CMS Plan ID card in the mail. Call us if you have not received the card or if the information on the card is wrong. Each member of your family in our plan should have their own ID card.

Always carry the ID card and show it each time you go to a health care appointment or the hospital. Never give the ID card to anyone else to use. If the card is lost or stolen, call us so we can give you a new card.

Your ID card will look like this:

**FRONT**




**BACK**


# Section 2: Your Privacy

Your privacy is important to us. You have rights when I comes to protecting your (or your child's) health information, such as your name, Plan identification number, race, ethnicity, and other things that identify you (or your child). We will not share any health information about you that is not allowed by law.

If you have any questions, call member Services. Our privacy policies and protections are:

### Your Protected Health information

PHI means protected health information. PHI is health information that includes your name, member number or other identifiers, and is used or shared by CMS Plan.

### Why does CMS Plan use or share our Members' PHI?

- To provide for your (or your child's) treatment
- To pay for health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes as required or permitted by law.

### When does CMS plan need your written authorization (approval) to use or share your PHI?

The CMS Plan needs your written approval to use or share your PHI for purposes not listed above.

### What are your privacy rights?

- To look at your (or your child's) PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

### How does the CMS Plan protect your PHI?

The CMS Plan uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or in a computer. Below are some ways the CMS Plan protects PHI:

- The CMS Plan has policies and rules to protect PHI.
- The CMS Plan limits who may see PHI. Only the CMS Plan staff with a need-to-know PHI may use it.
- The CMS Plan staff is trained on how to protect and secure PHI.
- The CMS Plan staff must agree in writing to follow the rules and policies that protect and secure PHI.
- The CMS Plan secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

### What must the CMS Plan do by law?

- Keep your PHI private.
- Give you written information, such as this on our duties and privacy practices about your PHI.
- Follow the terms of our Notice of Privacy Practices.

Call or write the CMS Plan and complain.

- Complain to the Department of Health and Human Services.

We will not hold anything against you. Your action would not change your care in any way. The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our Members' PHI. It is on our web site at: **MolinaHealthcare.com/members/CMS**. You may also get a copy of our Notice of Privacy Practices by calling our Member Services Department at (800) 262-0750 (TTY: 711), Monday – Friday, 8:00 a.m. – 7:00 p.m. local time.

### Release of Information on Sensitive Conditions

Release of information about protected and sensitive conditions and services, including psychotherapeutic services, requires your permission before we can share it with other providers. By filling out the CMS Plan Authorization to Use and Disclose Protected Health Information (AUD) form you can give us your permission. This form can be found at **MolinaHealthcare.com/members/CMS** or you can receive a copy by calling the CMS Plan Member Services Department at (800) 262-0750 (TTY: 711), Monday – Friday, 8:00 a.m. – 7:00 p.m. local time.

# Section 3: Getting Help from Member Services

Our Member Services Department can answer all your questions. We can help you choose or change your (your child's) Primary Care Provider (PCP for short), find out if a service is covered, get referrals, find a provider, replace a lost ID card, report the birth of a new baby, and explain any changes that might affect you or your family's benefits.

### Contacting Member Services

You may call us at (800) 262-0757 or TTY: 711, Monday to Friday, 8:00 a.m. – 7:00 p.m. local time, but not on State approved holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your identification card (ID card) with you so we can help you. (If you lose your ID card, or if it is stolen, call the CMS Plan Member Services.)

### Contacting Member Services after Hours

If you call when we are closed, you may call our 24-Hour Nurse Advice Line at: (888) 275-8750 for English, (866) 648-3537 for assistance in other languages and TTY (866) 735-2922. Our nurses are available to help you 24 hours a day, 7 days a week.

# Section 4: Do You Need Help Communicating?

**If you do not speak English,** call us at (800) 262-0750. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can talk with you in your language.

**For people with disabilities:** If you (or your child) use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider's office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call 711 and give them our Member Services phone number. It is (800) 262-0750. They will connect you to us.
- Information and materials in large print, audio (sound); and braille
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your disability

All of these services are provided free to you.

# Section 5: When Your Information Changes

If any of your (or your child's) personal information changes, let us know as soon as possible. You can do so by calling Member Services. We need to be able to reach you about your health care needs. Florida KidCare needs to know when your name, address, county, or telephone number changes as well. Call KidCare toll free at (888) 540-KIDS (5437) (TTY (800) 955-8771) Monday through Friday from 7:30 a.m. to 7:30 p.m. Eastern. You can also go online and make the changes in your KidCare account at **www.floridakidcare.org**.

## Section 6: Changes to your Health Plan

If your health plan experiences a significant change that affects you (or your child) as an enrollee, it is the plan's responsibility to inform you (the enrollee) at least 30 days before the intended effective date of change.

## Section 7: Eligibility

You (or your child) must be covered by KidCare and enrolled in our plan for MCS Plan to pay for your health care services and health care appointments.

It is very important to make sure that you have health plan coverage before you to go any appointments. Just because you have a Plan ID card does not mean that you still have coverage. Do not worry! If you think your KidCare coverage has changed or if you have any questions about your child's coverage, call Member Services at (800) 262-0750 (TTY: 711). We can help you check on coverage.

## Section 8: Enrollment in Our Plan

You can pick one of the health insurance companies available where you live. You can find out which insurance companies are available in your area by using the interactive map at **https://www.healthykids.org/benefits/providers/map.php.**

Call Florida KidCare at (888) 540-KIDS (5437) to change companies if you no longer live in the plan's service area.

## Section 9: Leaving our Plan

Leaving a plan is called disenrolling. You can leave our plan at  any time. Call KidCare if you want to change plans.

## Section 10: Managing Your Care

We will assign you a Case Manager. Your Case Manager is your go-to person. He or She is responsible for **coordinating your care**. This means they are the person who will help you figure out what services you need and how to get them. The Case Manager will work with your providers to manage your health care.

If you have a problem with your care, or something in your life changes, let your Case Manager know and they will help you decide if your services need to change to better support you.

### Care Coordination Support from CMS Plan Trained Staff

Our Case Managers are trained to understand the unique challenges that our Specialty members face. They offer the highest quality of care. Members also get support through our team of specialists including Family Support Specialists, Education Liaisons, Early Step Specialists, Transition Coaches, Care Coordinators, and Health Educators.

### Changing Case Managers

If you want to choose a different Case Manager, call Member Services. There may be times when we will have to change your Case Manager. If we need to do this, we will send a letter and let you know and we may give you a call.

### Important Things to Tell Your Case Manager

If something changes in your life or you don't like a service or provider, let your care manager know. You should tell your care manager if:

- You don't like a service
- You have concerns about a service provider
- Your services aren't right
- You get new health insurance
- You go to the hospital or emergency room
- Your caregiver can't help you anymore
- Your living situation changes

### Request to put your Services on Hold

If something changes in your life and you need to stop your service(s) for a while, let your Case Manager know. Your Case Manager will ask you to fill out and sign a Consent for Voluntary Suspension Form to put your service(s) on hold.

## Section 11: Accessing Services

Before you (or your child) get service or go to a health care appointment, we have to make sure you need the service and that it is medically right for you. This is called **prior authorization**. To do this, we look at your medical history and information from your doctor or other health care providers. Then we will decide if that service can help you. We use rules from the Agency to make these decisions.

### Providers in Our Plan

For the most part, you must use doctors, hospitals, and other health care providers that are in our **provider network**. Our provider network is the group of doctors, therapists, hospitals, facilities, and other health care providers that we work with. You can choose from any provider in our provider network. This is called your **freedom of choice**. If you use a health care provider that is not in our network, you may have to pay for that appointment or service.

You will find a list of providers that are in our network in our provider directory. If you want a

copy of the provider directory, call (800) 262-0750 (TTY: 711) to get a copy or visit our website at **MolinaProviderDirectory.com/FL**. We can tell you more about your providers' schooling, residency and qualifications.

Your Case Manager can help you choose a service provider who is in our network for each of your services. Once you choose a service provider, they can contact them to begin your services. Your Case Manager will work with you, your family, your caregivers, your doctors and other providers to make sure that your (or your child's) CMS Plan services work with your medical care and other parts of your life.

### Providers Not in Our Plan

There are some services that you may be able to get from providers who are not in our provider network. These services are:

- Family planning services and supplies
- Women's preventative health services, such as breast exams, screenings for cervical cancer, and prenatal care
- Treatment of sexually transmitted diseases
- Emergency Care

If we cannot find a provider in our provider network for these services, we will help you find another provider that is not in our network. Remember to check with us first before you use a provider that is not in our provider network. If you have questions, call Member Services.

### When We Pay for Your Dental Services

CMS Plan will cover your dental services. Contact Member Services at (800) 262-0750 (TTY: 711) for help in arranging these services.

### What Do I Have To Pay For?

You may have to pay for appointments or services that are not covered. A **covered service** is a service we must provide in the Medicaid program. All the services listed in this handbook are covered services. Remember, just because a service is covered, does not mean you (or your child) will need it. You may have to pay for services if we did not approve it first.

If you get a bill from a provider, call Member Services. Do not pay the bill until you have spoken to us. We will help you.

### Services for Children[1]

We 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. As long as your child's services are medically necessary, services have:

- No dollar limits; or
- No Time limits, like hourly or daily limits

Your provider may need to ask us for approval before giving your child the service. Call Member Services if you want to know how to ask for these services.

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[1]Also known as "Early and Periodic Screening, Diagnosis, and Treatment" or "EPSDT" requirements.

### Moral or Religious Objections

If we do not cover a service because of a religious or moral reason, we will tell you that the service is not covered. In these cases, you must call the State's Enrollment Broker at (877) 711-3662 (TDD (866) 467-4970). The State's Enrollment Broker will help you find a provider for these services.

## Section 12: Helpful Information About Your Benefits

### Choosing a Primary Care Provider (PCP)

If you (or your child) have Medicare, please contact the number on your Medicare ID card for information about your PCP.

One of the first things you will need to do when you (or your child) enroll in our plan is choose a PCP. This can be a doctor, nurse practitioner, or a physician assistant. You will contact your PCP to make an appointment for services such as regular check-ups, shots (immunizations), or when you (or your child) are sick. Your PCP will also help you get care from other providers or specialists. This is called a **referral**. You can choose your PCP by calling Member Services.

It is important that you select a PCP for your child to make sure they get their well child visits each year. Well child visits are for children 0 – 20 years old. These visits are regular check-ups that help you and your child's PCP know what is going on with your child and how they are growing. Your child may also receive shots (immunizations) at these visits. These visits can help find problems and keep your child healthy.

You can take your child to a pediatrician, family practice provider, or other health care provider.

You do not need a referral for well child visits with in-network providers. Also, there is not charge for well child visits.

You can choose a different PCP for each family member, or you can choose one PCP for the entire family. If you do not choose a PCP, we will assign a PCP for you and your family.

You can change your PCP at any time. To change your PCP, call Member Services.

### Access to Integrated Care through Patient-Centered Medical Homes / Behavioral Health Homes

If you (or your child) have multiple health issues like asthma, diabetes, cardiovascular disease, cerebral palsy, or sickle cell disease, you may benefit from having a provider that offers comprehensive care. We can help find a provider who is part of a Medical or Behavioral Health Home or Patient-Centered Medical Home or a health home clinic offered by a children's hospital. Talk with your CMS Plan Case Manager to learn more.

### Specialist Care and Referrals

Sometimes, you may need to see a provider other than your (your child's) PCP for medical problems like special conditions, injuries, or illnesses. Talk to your PCP first. Your PCP will refer you to a **specialist.** A specialist is a provider who works in one health care area.

Make sure you tell your Case Manager about your **referrals**. The Case Manager will work with the specialist to get you care.

### Second Opinions

You have the right to get a **second opinion** about your (your child's) care. This means talking to a different provider to see what they have to say about your care. The second provider will give you their point of view. This may help you decide if certain services or treatments are best for you. There is no cost to you to get a second opinion.

Your (or your child's) PCP, Case Manager or Member Services can help find a provider to give you a second opinion. You can pick any of our providers. If you are unable to find a provider with us, we will help you find a provider that is not in our provider network. If you need to see a provider that is not in our provider network for the second opinion, we must approve it before you see them.

### Urgent Care

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. Your (your child's) health or life are not usually in danger, but you cannot wait to see your PCP or it is after your PCP's office has closed.

If you (or your child) need Urgent Care after office hours and you cannot reach your PCP, call our 24-hour Nurse Advice Line at (888) 275-8750 for English, (866) 648-3537 for assistance in other languages and (866) 735-2922 for TTY. Our nurses are available to help you 24 hours a day, seven days a week.

You may also find the closest Urgent Care center to you by contacting Member Services or visiting our website: **MolinaProviderDirectory.com/FL**.

### Hospital Care

If you (or your child) need to go to the hospital for an appointment, surgery or overnight stay, your PCP will set it up. We must approve services in the hospital before you go, except for emergencies. We will not pay for hospital services unless we approve them ahead of time or it is an emergency.

Your Case Manager will work with you and your provider to put services in place when you (or your child) go home from the hospital.

### Emergency Care

You have an **emergency** medical condition when you (or your child) are so sick or hurt that your life or health is in danger if you do not get medical help right away. Some examples are:

- Broken bones
- Bleeding that will not stop
- You are pregnant, in labor and/or bleeding
- Trouble breathing
- Suddenly unable to see, move, or talk

Emergency services are those services that you get when you are very ill or injured. These services try to keep you alive or to keep you from getting worse. They are usually delivered in an emergency room.

**If your condition is severe, call 911 or go to the closest emergency facility right away. You can go to any hospital or emergency facility.** If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do.

The hospital or facility does not need to be part of our provider network or in our service area. You also do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call your Case manager or Member Services when you are able and let us know.

### Filling Prescriptions

We cover a full range of prescription medications. We have a list of drugs that we cover. This list is called our **Preferred Drug List**. You can find this list on our website at **https://ahca.myflorida.com/medicaid/prescribed-drugs/medicaid-pharmaceutical-therapeutics-committee/florida-medicaid-preferred-drug-list-pdl** or by calling Member Services.

We cover **brand name** and **generic drugs**. Generic drugs have the same ingredients as brand name drugs, but they are often cheaper than brand name drugs. They work the same. Sometimes, we may need to approve using a brand name drug before your prescription is filled.

We have pharmacies in our provider network. You can fill your prescription at any pharmacy that is in our provider network. Make sure to bring your Plan ID card with you to the pharmacy.

The list of covered drugs may change from time to time, but we will let you know if anything changes.

### Specialty Pharmacy Information

Specialty drugs are used to treat complex conditions like cancer, rheumatoid arthritis and multiple sclerosis. Specialty drugs often need special care. Certain drugs may not be available at every pharmacy. They are only available through a specialty pharmacy. CMS Plan's contracted specialty pharmacies are CVS Caremark Specialty and Publix Specialty Pharmacy. If you do not want to use the assigned specialty pharmacy or if you have any questions, please call Member Services at (800) 262-0750 (TTY: 711), Monday – Friday, 8:00 a.m. – 7:00 p.m. local time.

### Behavioral Health Services

There are times when you (your child) may need to speak to a therapist or counselor, for example, if you are having any of the following feelings or problems:

- Always feeling sad
- Not wanting to do the things that you (or your child) used to enjoy
- Feeling worthless
- Having trouble sleeping
- Not feeling like eating
- Alcohol or drug abuse
- Trouble in your marriage
- Parenting concerns

We cover many different types of behavioral health services that can help with issues you (or

your child) may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Talking with your CMS Plan Case Manager
- Calling Member Services
- Looking at our provider directory
- Going to our website: **MolinaProviderDirectory.com/FL**

Somone is there to help you 24 hours a day, 7 days a week.

You do not need a referral from your (or your child's) PCP for behavioral health services.

**If you (or your child) are thinking about hurting yourself or someone else, call 9-8-8 or 9-1-1** You can also go to the nearest emergency room or crisis stabilization center, even if it is out of our service area. Once you are in a safe place, call your (or your child's) PCP if you can. Follow up with your (or your child's) provider within 24-48 hours. If you get emergency care outside of the service area, we will make plans to transfer you (or your child's) to a hospital or provider that is in our plan's network once you (or your child's) are stable.

### Behavior Health Network

The Behavioral Health Network (BNet) is available to children enrolled in CMS Plan, ages 5 – 18 who have mental health or substance use concerns. The BNet program treats the entire spectrum of behavioral health disorders.

Mental health and substance use services are provided by BNet through a network of local psychiatrists, licensed mental health and substance use professionals, and other providers who have special experience and training to work with children and their families with mental health or substance use concerns.

The BNet program offers the following services:

- Professional consultation
- In-home and outpatient individual and family counseling
- Targeted case management
- Psychiatry services
- Pharmaceuticals for behavior health or substance use conditions
- Up to 30 days of residential care and 10 days of inpatient care
- Individualized wrap-around services
- Parent assistance
- Respite
- Advocacy
- Other discretionary activities

Enrollment in BNet program is voluntary. Talk to your CMS Plan Case Manager to learn more.

### Member Reward Programs

We offer programs to help keep you healthy and to help you live a healthier life (like losing

weight or quitting smoking). We call these **healthy behavior programs**. You can earn rewards while participating in these programs. Our plan offers the following programs:

| CMS Plan Healthy Behavior Program | Incentive/Reward |
|---|---|
| Child Well Visit | • **$20 gift card** for completion of a well care child/adolescent visit by December 31. *(once per calendar year)* |
| Depression and Suicide Prevention Program | • **$25 gift card** for completion of initial 12-week program; and another **$25 gift card** for completion of a follow-up appointment with a behavioral health provider within 30 days of a positive PHQ-A depression screen. |
| Healthy Beginnings Maternity Program Incentive | • **$20 gift card** after attending a prenatal visit in 1st trimester or within 42 days of enrollment; and completing another prenatal visit during the 2nd trimester.<br>• **$20 gift card** for attending a postpartum visit 7-84 days after delivery.<br>• **$10 gift card** after attending a prenatal dental cleaning visit. |
| Healthy Weight Program | • **$25 gift card** for completion of initial 12-week program; and another **$25 gift card** if enrollee achieves a clinically meaningful weight goal during the 12-week program. |
| Substance Abuse Program | • **$25 gift card** for completion of initial 12-week milestone; and another **$25 gift card** for completion of a 24-week milestone. |
| Tobacco Prevention and Cessation Program | • **$25 gift card** for completion of initial 12-week program; and another **$25 gift card** after 6 months of confirmed tobacco/vaping abstinence. |

Please remember that rewards cannot be transferred. If you (or your child) leave our Plan for more than 180 days, you may not receive your reward. If you have questions or want to join any of these programs, please talk to your CMS Plan Care Manager or call us at (800) 262-0750 (TTY: 711).

## Chronic Disease Management Programs

We have special programs that will help you (or your child). These programs support healthy growth and development through specialized education and care coordination. We offer programs for the following:

- Asthma
- Behavioral Health (including depression, mental illness, and substance use)
- Cancer
- Cardiovascular Disease
- Celiac Disease
- Diabetes
- End of life issues including palliative care
- Gene Therapy
- Hemophilia
- HIV
- Irritable Bowel Disease
- Kidney Disease
- Obesity
- Sickle Cell Disease
- Transplants

Please talk with your CMS Plan Care Manager or call (800) 2625-0750 for more information.

## Quality Enhancement Programs

We want you to get quality health care. We offer additional programs that help make the care you receive better. The programs are:

- Behavior Health Programs
- Children's Program
- Domestic Violence Program
- Pregnancy Prevention Program
- Prenatal/Postpartum Program
- Smoking Cessation Program (including vaping and chewing tobacco)
- Substance Abuse Program

You also have a right to tell us about changes you think we should make.

To get more information about our quality enhancement program or to give us your ideas, talk to your CMS Plan Case Manager or call Member Services.

# Section 13: Your Plan Benefits

The table below lists the medical services that are covered by our Plan. Remember, you may need a referral from your PCP or approval from us before you go to an appointment or use a service. Services must be medically necessary for us to pay for them.

If you need a ride to any of these services, we can help you. You can call MTM Health at (844) 399-9469 (TTY: 711) to schedule a ride.

If there are changes in covered services or other changes that will affect you, we will notify you in writing at least 30 days before the date the change takes place.

If you have questions about any of the covered medical services, please call Member Services.

**Covered Medical Services**

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Addictions Receiving Facility Services | Services used to help people who are struggling with drug or alcohol addiction | As medically necessary and recommended by us | Yes |
| 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 | Yes |
| 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 | Yes, for transport between facilities |
| Ambulatory Detoxification Services | Services provided to people who are withdrawing from drugs or alcohol < Ambulatory setting substance abuse treatment or detoxification services> | • As medically necessary and recommended by us<br>• 3 hours per day for up to 30 days | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Ambulatory Surgical Center Services | Surgery and other procedures that are performed in a facility that is not the hospital (outpatient) | Covered as medically necessary | Yes |
| Anesthesia Services | Services to keep you from feeling pain during surgery or other medical procedures | Covered as medically necessary | No |
| Behavior Analysis (BA) | Structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors. | We cover recipients under the age of 21 years requiring medically necessary services | Yes |
| Behavioral Health Assessment Services | Services used to detect or diagnose mental illness and behavioral health disorders | We cover as medically necessary:<br>• One initial assessment per year<br>• One reassessment per year<br>• Up to 150 minutes of brief behavioral health status assessments (no more than 30 minutes in a single day) | No |
| Behavioral Health Therapy Services | Individual and group therapy for persons with a mental health condition by a mental health professional | Up to 104 units of individual therapy per year and 156 units of group therapy | No |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Brief Strategic Family Therapy | Target is families with children under 18 years of age who display or are at risk for developing problem behaviors including: drug use and dependency, antisocial peer associations, bullying, or truancy. | 12-16 weekly sessions | No |
| Cardiovascular Services | Services that treat the heart and circulatory (blood vessels) system | We cover the following as prescribed by your doctor when medically necessary:<br>• Cardiac testing<br>• Cardiac surgical procedures<br>• Cardiac devices | No, in office setting |
| Child Health Services Targeted Case Management | Services provided to children (ages 0-3) to help them get health care and other services | Your child must be enrolled in the DOH Early Steps program | No |
| Child-Parent Psychotherapy | Designed to strengthen the relationship between a young child (0-5 years of age) and their parent or primary caregiver while addressing emotional, behavioral, and developmental difficulties related to trauma, attachment disruptions, or other adverse experiences | 52 sessions | No |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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:<br>• Up to 24 visits per year, per member<br>• X-rays | No |
| Clinic Services | Health care services provided in a county health department, federally qualified heath center, or a rural health clinic | Medically necessary services must be provided in a county health department, federally qualified health center or a rural health clinic | No |
| 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 | Covered as medically necessary and recommended by us | Yes |
| 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, unless a continued stay then Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Dental Services | Services include oral exams, cleanings, crowns X-rays, endodontic care (soft tissue and nerves within the teeth), fillings, fluoride treatments, full and partial dentures, oral surgery, orthodontic treatment with prior authorization, periodontal care, preventive care, restorations and sealants | We cover:<br>• One oral exam every six months<br>• Two cleanings per year<br>• One full mouth<br>• X-ray (includes parts of teeth and mouth) every three years<br>• Bitewing, every 6 months<br><br>Not covered:<br>Bridge work | Prior Authorization needed for orthodontic care |
| 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:<br>• Hemodialysis treatment<br>• Peritoneal dialysis treatments | No |
| Drop-In Center Services | Services provided in a center that helps homeless people get treatment or housing | As medically necessary and recommended by us | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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 Member Services for more information | Yes |
| Early Intervention Services | Services to children ages 0-3 who have developmental delays and other conditions | We cover as medically necessary:<br>• One initial evaluation per lifetime, completed by a team<br>• Up to 3 screenings per year<br>• Up to 3 follow-up evaluations per year<br>• Up to 2 training or support sessions per week | No |
| 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 | No |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Evaluation and Management Services | Services for doctor's visits to stay healthy and prevent or treat illness | We cover as medically necessary:<br>• One adult health screening (check-up) per year<br>• Well child visits are provided based on age and developmental needs<br>• One visit per month for people living in nursing facility<br>• Up to two office visits per month for adults to treat illnesses or conditions | No |
| Family Therapy Services | Services for families to have therapy sessions with a mental health professional | We cover as medically necessary:<br>• Up to 26 hours per year | No |
| 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 | Yes |
| First Episode Psychosis | First Episode Psychosis (FEP) early intervention services are coordinated recovery-oriented behavioral health services designed to identify, assess, and treat adolescents and young adults experiencing a first episode of psychosis | 8-10 hours per week for 2 to 4 months | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Functional Family Therapy | Family intervention program for at-risk youth and their families. Target is children 11-18 years with behavioral or emotional challenges. | Sessions last approximately 3 to 6 months | Yes |
| Gastrointestinal Services | Services to treat conditions, illnesses or diseases of the stomach or digestion system | We cover as medically necessary | No |
| Genitourinary Services | Services to treat conditions, illnesses or diseases of the genitals or urinary system | We cover as medically necessary | No |
| Group Therapy Services | Services for a group of people to have therapy sessions with a mental health professional | We cover as medically necessary:<br>• Up to 39 hours per year | No |
| Healthy Families | Promotes healthy parent-child interaction and attachment, increasing knowledge of child development, improving access to and use of services, and reducing social isolation. Target is parents of children under 5 years of age | Approximately 2 to 3 years of services | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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:<br>• Cochlear implants<br>• One new hearing aids per ear, once every three years<br>• Repairs | Yes |
| HomeBuilders | This program is a home and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities; Target is families with children under 18 years of age | Approximately 40 hours | Yes |
| 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:<br>• Up to 4 visits per day for pregnant recipients and recipients ages 0-20<br>• Up to 3 visits per day for all other recipients | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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 | No |
| Housing Assistance | | 1 unit = 15 minutes; H0043 limited to 30 days over 180-day period; H2015 344 units per month or 48 units per day | Yes |
| Individual Therapy Services | Services for people to have one-to-one therapy sessions with a mental health professional | We cover as medically necessary:<br>• Up to 26 hours per year | No |
| 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 | Yes |
| Inpatient Detoxification Hospital Care | Room and board – semi-private two beds | 365 days for under 21 and 45 days for over 21, not inclusive of emergency days or days under the Marchman Act | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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:<br>• Up to 365/366 days for recipients ages 0-20 | Yes |
| Integumentary Services | Services to diagnose or treat skin conditions, illnesses or disease | Covered as medically necessary | No |
| Laboratory Services | Services that test blood, urine, saliva or other items from the body for conditions, illnesses or diseases | Covered as medically necessary | No |
| Medication Assisted Treatment Services | Services to help people who are struggling with drug addiction | Covered as medically necessary | Yes |
| Medication Management Services | Services to help people understand and make the best choices for taking medication | Covered as medically necessary | No |
| Mental Health Intensive Outpatient Program (IOP) | Intensive outpatient treatment, 3 hours per day, 3 times days per week | We cover as medically necessary and recommended by us | Yes |
| Mental Health Partial Hospitalization Program Services | Treatment provided in a hospital 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 | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Mental Health Targeting Case Management | Services to get medical and behavioral health care for people with mental illnesses | Covered as medically necessary | Yes |
| Mobile Crisis Assessment and Intervention Services | A team of health care professionals who provide emergency mental health services, usually in people's homes | Covered as medically necessary and recommended by us | Yes |
| 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 | Yes |
| Neurology Services | Services to diagnose or treat conditions, illnesses or diseases of the brain, spinal cord or nervous system | Covered as medically necessary | No |
| Non-Emergency Transportation Services | Transportation to and from all 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:<br>• Out-of-state travel<br>• Transfers between hospitals or facilities<br>• Escorts when medically necessary | Yes, with exceptions; contact MTM Health for more info |
| Nurse Family Partnership | Promotes women's health, pregnancy outcomes, early childhood development, and parenting capacity; Target is first-time mothers who are pregnant or have a child under 2 years of age | Weekly services | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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. | Yes |
| 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 the adults under the $1,500 outpatient services cap as medically necessary:<br>• One initial evaluation per year<br>• Up to 210 minutes of treatment per week<br>• One initial wheelchair evaluation per five years<br>We cover for people of all ages as medically necessary:<br>• Follow-up wheelchair evaluations; one at delivery and one 6-months later | Yes |
| 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 | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Orthopedic Services | Services to diagnose or treat conditions, illnesses or diseases of the bones or joints | Covered as medically necessary | No, in office setting |
| 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 | Yes |
| Pain Management Services | Treatments for long-lasting pain that does not get better after other services have been provided | Covered as medically necessary | No |
| Parents as Teachers | Teaches parents skills intended to promote positive child development and prevent child maltreatment. Target is expectant parents and parents with children up to 5 years of age that are in high-risk environments such as teen parents | 1 to 2 monthly sessions | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Parent-Child Interaction Therapy | Focuses on decreasing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation and improving the parent-child attachment relationship. T eaches parents traditional play-therapy skills to use as social reinforcement of positive child behavior and traditional behavior management skills to decrease negative child behavior. Target is families with children ages 2-7 years of age | Up to 52 weekly sessions | No |
| Partial Hospitalization Services | Services for people leaving a hospital for mental health treatment | As medically necessary and recommended by us | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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:<br>• One initial evaluation per year<br>• Up to 210 minutes of treatment per week<br>• One initial wheelchair evaluation per 5 years<br><br>We cover for people of all ages as medically necessary:<br>• Follow-up wheelchair evaluation; one at delivery and one 6-months later | Yes |
| Podiatry Services | Medical Care and other treatments for the feet | We cover as medically necessary:<br>• Up to 24 office visits per year<br>• Foot and nail care<br>• X-rays and other imaging of the foot, ankle and lower leg<br>• Surgery on the foot, ankle or lower leg | No |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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:<br>• Up to 34-day supply of drugs per prescription<br>• Refills as prescribed | Yes |
| Prescribed Pediatric Extended Care | This service provides skilled nursing supervision and therapeutic interventions in a non-residential setting to medically dependent or technologically dependent recipients | A maximum of 12 hours a day while receiving nursing services, personal care, developmental therapies, and caregiver training | Yes |
| Private Duty Nurse Services | Nursing services provided in the home to people ages 0-20 who need constant care | We cover as medically necessary:<br>• Up to 24 hours per day | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Partners in Care: Together for Kids (PIC:TFK) program | Pediatric palliative care support services for a set number of children who have been diagnosed with potentially life-limiting conditions and have been referred for PIC:TFK services by their primary care provider or specialty physician.<br><br>Participation in PIC:TFK is voluntary. Children receiving PIC:TFK services can choose to enroll in another MMA plan; however, if they do so, they will relinquish their PIC:TFK services<br><br>Please talk with your Case Manager to see if services are available in your county. | PIC:TFK services include:<br>• Support Counseling<br>• Expressive Therapies<br>• Respite Support<br>• Hospice Nursing Services<br>• Personal Care<br>• Pain and Symptom Management<br>• Bereavement Services<br>• Volunteer Services<br><br>To participate in PIC:TFK, you (or your child) must receive at least two (2) different PIC:TFK services during each three (3) month period. | Must be referred for PIC:TFK services by the child's primary care physician or specialty physician as specified in s. 409.912(11), F.S.<br><br>Enrollees receiving PIC:TFK must be reauthorized annually as medically eligible for the PIC:TFK program |
| 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 | Test used to detect or diagnose problems with memory, IQ or other areas | We cover as medically necessary:<br>• 10 hours of psychological testing per year | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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:<br>• Up to 480 hours per year | Yes |
| Qualified Residential Treatment Program Services | Services for children to provide community-based, residential, and behavioral health treatment | We cover as medically necessary for members under the age of 18 | Yes |
| 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 | Yes |
| Regional Perinatal Intensive Care Center Services | Services provided to pregnant women and newborns in hospital that have special care centers to handle serious conditions | Covered as medically necessary | No |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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 as 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. | No |
| Respiratory Services | Services that treat conditions, illnesses or diseases of the lungs or respiratory system | We cover as medically necessary:<br>• Respiratory testing<br>• Respiratory surgical procedures<br>• Respiratory device management | No |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| 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 as medically necessary:<br>• One initial evaluation per year<br>• One Therapy re-evaluation per six months<br>• Up to 210 minutes of therapy treatment per week (maximum of 60 minutes per day) | Yes |
| 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 | No |
| Specialized Therapeutic Services | Services provided to children ages 0-20 with mental illnesses or substance abuse disorders | We cover as medically necessary:<br>• Assessments<br>• Foster care services<br>• Group home services | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Speech-Language Pathology Services | Services that include tests and treatments to help you talk or swallow better | We cover the following services as medically necessary for children ages 0-20:<br>• Communication devices and services<br>• Up to 210 minutes of treatment per week<br>• One initial evaluation per year<br>We cover the following services as medically necessary for adults:<br>• One communication evaluation per 5 years | Yes |
| 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 | Yes |
| 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 abuse | As medically necessary and as recommended by us | Yes |
| Substance Abuse Partial Hospitalization Program Services | Treatment provided for more than 3 hours per day, several days per week, for people who are recovering from substance abuse | Covered as medically necessary and recommended by us | Yes |

## Covered Medical Services

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Substance Abuse Short-Term Residential Treatment Services | Treatment for people who are recovering from substance abuse disorders | As medically necessary and as recommended by us | Yes |
| 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 as medically necessary<br>• Up to 9 hours per month | Yes |
| Transplant Services | Services that include all surgery and pre- and post-surgical | Covered as medically necessary | Yes |
| Trauma-Focused Cognitive Behavioral Therapy | Behavioral health treatment designed to address trauma-related emotional and behavioral difficulties in children and adolescents 3 to 18 years of age | 12 to 18 weeks | No |
| Visual Aid Services | Visual Aids are items such as glasses, contact lenses and prosthetic (fake) eyes | We cover the following services when prescribed by your doctor:<br>• Two pairs of eyeglasses for children ages 0-20<br>• Contact lenses<br>• Prosthetic eyes | No |
| Visual Care Services | Services that test and treat conditions, illnesses and disease of the eyes | Covered as medically necessary | Yes |

**Your Plan Benefits: Expanded Benefits**

Expanded benefits are extra goods or services we provide to you, free of charge. Call Member Services to ask about getting expanded benefits.

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Adaptive/ Safety Devices | Items to help members move around the home | As medically necessarily for services in excess of coverage | Yes |
| Bed Hold Days | Bed hold days refer to the duration for a member's nursing facility bed is held during their absence due to hospitalization | For residential setting: Maximum of fourteen (14) days per hospitalization; enrollee must return to the facility/setting; enrollee must reside in the facility for a minimum of thirty (30) days between episodes. | Yes |
| Biometric Equipment | Devices to monitor blood pressure or weight | We cover:<br>• One digital blood pressure cuff every three years<br>OR<br>One weight scale every three years | Yes |
| Clothing/ Equipment Allowance | Clothing, equipment, and/or tools to facilitate employment or further education (interview, required uniform/footwear, required tools or equipment), or participation in organized sporting activities (uniform, equipment, footwear). | Up to $50 per member (lifetime maximum).<br><br>Services must not be subsidized or reimbursable through another source. | Yes |

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Collaborative Care | Covers your PCP providing active collaborative care management with your behavioral health providers | Unlimited | No |
| Diapers for New Moms | After live-delivery, diapers for new moms. Must sign up for this benefit through Case Management within 30 days of becoming pregnant, or becoming a Molina member, whichever is later. | One case per month for up to six months following baby's birth | Yes |
| Doula Services | Prenatal, postpartum and assessments and/or education in your home along with labor support visit | We cover:<br>• Up to eight classes/education sessions per pregnancy<br>• One labor support during delivery per pregnancy | Yes |
| Durable Medical Equipment and Supplies – sensory toys, items, or calming aids | Choice of sensory toys, items, or calming aids | Up to $250 per member (lifetime maximum) towards choice of sensory toys, items, or calming aids for members on the iBudget Waiver or Waitlist, or diagnosed with Autism Spectrum Disorder | Yes |

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Durable Medical Equipment and Supplies – Wigs, medical makeup, and adaptive clothing | For members who have hair loss due to a medical condition or treatment, have visible scarring which limits their engagement or participation in activities, or require adaptive clothing due to mobility restrictions or aids to improve independence or quality of life | Limited to one package per year, per member based on qualifying condition | Yes |
| Fitness Benefit | Access to fitness facilities | Up to $60 per month, per household. Services must not be subsidized or reimbursable through another source. | Yes |
| Home Care - Carpet Cleaning | Carpet cleaning service | Up to 2 carpet cleanings per household, per household for members diagnosed with asthma or those receiving private duty nursing services | Yes |
| Home Care – High Efficiency Particulate Air (HEPA) Air Filter | HEPA air filter to remove pollutants from member's bedroom | One HEPA air filter every five years and one replacement filter every three months for members who are diagnosed with asthma or those receiving private duty nursing services | Yes |

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Home Care – HEPA Filter Vacuum Cleaner | Vacuum cleaner with a HEPA filter to remove pollutants | One vacuum cleaner for primary residence every five years for members diagnosed with asthma or those receiving private duty nursing services | Yes |
| Home Care Hypo-allergenic Bedding | Hypoallergenic sheets and pillowcases | Up to two sets for members diagnosed with asthma or those receiving private duty nursing services | Yes |
| Home Care – Pest Control | Pest control services | Up to $500 per household per year for members who are diagnosed with asthma or those receiving private duty nursing services | Yes |
| Home Delivered Meals – Disaster Preparedness / Relief | Shelf-stable meals delivered to member's home during state of emergency | One delivery annually of two meals per day for 14 days (28 meals total) | Yes |
| Home Delivered Meals – Change in Condition | Home-delivered meals when there is a change in member's condition or housing or caregiver disruption | Up to three meals per day for 8 weeks | Yes |
| Home Delivered meals – Post-Facility Discharge | Home-delivered meals when leaving the hospital or nursing facility | Up to three meals per day for 30 days | Yes |

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Hospital-grade Breast Pumps | Rented hospital- grade breast pump | One per pregnancy | Yes |
| Meals – Non-emergency Transportation Day-Trips | Meal allowance for long-distance medical-related trips | • Up to twenty dollars ($20) per meal. Up to 3 meals per day<br>• Up to two hundred dollars ($200.00) per day<br>• Up to one thousand dollars ($1,000.00) per year for trips greater than one hundred (100) miles. | Yes |
| Medically Tailored and Culturally appropriate meals | Home-delivered meals for members who are pregnant | We cover:<br>• Up to three meal s per day for up to eight weeks per calendar yea r and pregnancy for members with high-risk pregnancy<br>• Up to three meals per day for up to four weeks per calendar yea r and pregnancy for members not at high risk | Yes |

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Medication Safety Kit | Provides controlled access to critical medications | One kit per member when member is prescribed ongoing medication that may present a hazard to minors in the home if the medication were accessible | Yes |
| Mother and Baby Items - Baby Essentials | Provides non-medical infant essentials that support newborn care and safe sleep, including baby bottles, bassinet covers and sheets, diaper bags, baby carrier, basic baby clothing, baby toiletries and other individualized needs upon review. | Up to $500 per member, per baby born while enrolled with the Plan | Yes |
| Newborn Circumcision | Circumcision Neonate | • One per lifetime (maximum age is 31 days) | No |

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Over-the-counter (OTC) benefit | Pharmacy over-the- counter medicines and health-related products | We cover:<br>• Up to $65 per household, per month for non-pregnant members<br>• Up to $70 per household, per month for pregnant members<br>• Up to $65 per member, per month for members who receive private duty nursing<br><br>Limited to approved list of products from a Plan-approved vendor | No |
| Respite Care Services | This service lets your caregivers take a short break/ you can use this service in your home, on assisted living facility or in a nursing facility | We cover:<br>• 200 hours of in-home respite<br>• 10 days of out-of-home respite<br><br>Must not receive respite services through a Florida Medicaid covered service/waiver | Yes |

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Service/ Therapy Animal Benefit | Financial help for services animals | Up to $5,000 total per member aged 6-20 yrs old (lifetime maximum) which may be paid over multiple years to active members.<br><br>Limited to members diagnosed with a clinical condition that limits safe mobility or independence (e.g., blindness, seizure disorders) for training or maintenance of an animal that performs specific tasks and is trained and certified through a service animal training organization.<br><br>Excludes emotional support animals. | Yes |
| Swimming Lessons (Drowning Prevention) | Basic swimming or water safety lessons specifically for drowning prevention | Up to eight lessons | Yes |

## Medical and Behavioral Health Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Vision Flex Card and Visual Aid | Provides assistance with frames and lenses | $50 per member who receives eyeglasses as a covered service<br><br>Coverage limited to the purchase of non-covered frames or accessories when eyeglasses are being dispensed as a covered service.<br><br>Limit two polycarbonate lenses per year | Yes |

## Dental Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Acclimation Visits | Dental office visit to get comfortable with the office and the dentist before dental work is done. | Four visits per year for members diagnosed with Autism Spectrum Disorder or Developmental Disability | No |
| Hydroxyapatite (Calcium) Application | Remineralization of tooth structure | 1 per tooth per 3 years | No |
| Surgical Placement and Maintenance of Implant Body, Abutment and Crown | A dental service to replace a missing tooth and keep the replacement tooth healthy | One tooth per year. One per tooth per lifetime. Only where a maxillary incisor tooth is missing (teeth # 7, 8, 9, 10). Only if EPSDT does not cover. | Yes |

## Caregiver Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Caregiver Education | Provides educational resources for member's caregivers | Online access for one caregiver or family access for multiple caregivers | Yes |
| Caregiver Support | Provides access to programs to address behavioral health needs of member's caregivers | Access to Molina support applications for social isolation, BH support, peer support such as Pyx for each family member who serves as a caregiver | Yes |
| Legal Guardianship | Legal guardianship can help protect individuals who are unable to make decisions for themselves that are in the best interest of their health and well-being | Up to $500 per member (lifetime maximum) must be between 17 and 20 years old | Yes |
| Non-Medical Transportation for a Caregiver | Transportation for Plan-defined covered trip reasons, such as job interviews, volunteering, or attending support groups | Up to ten one-way trips for non-medical purposes, per month, per enrollee, for Plan-defined covered trip reasons<br><br>Benefit is not available if family has access to a vehicle | Yes |
| Therapy Sessions for Caregivers | Individual therapy sessions for member's primary caregiver | As needed | Yes |

## Special Programs

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Fuel Subsidy for Family Home Health Aides | Funding assistance to encourage family members who do not live in the same household as a member receiving private duty nursing services to perform Home Health Aide services. | One-time $250 gas subsidy | Yes |

| | | | |
|---|---|---|---|
| PDN – Community Support Toolkit | Incentives to promote and facilitate member's timely discharge from a nursing facility and maintain the member in the community with medically necessary private duty nursing services | We cover:<br>• Up to $75,000 to help a member transition from a nursing facility to home. Examples include home adaptations, transportation needs, homewares, housing stability, and non-covered items to facilitate transition and maintain the member in the home environment.<br>• Up to $25,000 to help a member stay in the home setting. Examples include home adaptations, transportation needs, homewares, housing stability, family stability, and non-covered items to maintain the member in the home environment.<br>• Up to $500 per year to support times of | Yes |

## Special Programs

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| | | transition or intense needs to help maintain the member in the home for convenience and entertainment services. Examples include meal delivery, cleaning service, streaming services, snacks/treats for minor children, books or games for minor children.<br>• One full house cleaning service per month.<br>• Up to five hours per month to help with household chores and interim cleaning when the member's needs exceed family abilities<br><br>This benefit may not duplicate any other assistance benefit received | |

| | | | |
|---|---|---|---|
| SIPP Community Support Toolkit | Incentives to promote and facilitate member's timely discharge from a SIPP facility and maintain the member in the community | We cover:<br>• Up to $500 per year to support the family during times of transition or intense needs to help maintain th e member in the home for convenience and entertainment services. Examples include meal delivery, cleaning service, streaming services, snacks/treats for minor children, books o r games for minor children.<br>• Up to $5,000 per member (lifetime maximum) to help a member transition home from a SIPP. Examples include home adaptations, transportation needs, homewares, housing stability, family stability, and non-covered items required to transition the member to the home environment. | Yes |

**Your Plan Benefits: Pathways to Prosperity**

CMS Plan assesses members and their families who may be experiencing barriers to employment, economic self-sufficiency, and independence gain access to care coordination services and health-related social needs, such as housing assistance, food sustainability, vocational training, and educational support services.

## Pathway to Prosperity Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Criminal Expungement Support | Criminal expungement support | Up to $75 per member (lifetime maximum) for criminal expungement fee(s) | Yes |
| Disaster Relief Benefits – Housing Assistance Post-disaster | Financial assistance post-disaster event to cover things such as meals or groceries, cleaning supplies, storage or moving supplies, emergency clothing, emergency fuel, emergency hotel or boarding | Up to $500 when member is or may be displaced from the primary residence post disaster. Funding amount will be determined based on need when alternate relief options are not available. | Yes |
| Emergency Preparedness Kit | Emergency supplies | We cover:<br>• One emergency kit per household<br>• One damage resistant/proof storage receptacle for household per lifetime | Yes |

## Pathway to Prosperity Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Family Support Services – Child Care Assistance | Assistance with childcare for members who have given birth so them may attend job interviews, education/training opportunities, or activities that will help the member obtain or maintain independence/ prosperity to benefit their household. | Up to $2,000 per member (lifetime maximum) who has given birth and is the custodial parent for the child when they do not have access to childcare. | Yes |
| Food Assistance | Funding to purchase healthy food at the grocery store when the member does not have adequate access to food supplies to maintain a healthy lifestyle | We cover:<br>• Up to $250 per household (lifetime maximum) for emergency food support | Yes |
| GED Preparation | GED preparation course reimbursement | Up to $140 for online prep classes per member (lifetime maximum) | Yes |
| Life Skills Development | For children or adolescents with a diagnosed development disability to provide life skills development that help the child or adolescent keep, learn or improve skills and functioning for daily living | • Up to 160 hours per calendar year. These services will be provided in the home or outpatient setting. | Yes |

## Pathway to Prosperity Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Non-Medical Transportation | Transportation for Plan-defined covered trip reasons, such as grocery shopping, family leisure activity, child sports/ activities | We cover:<br>• Up to ten round trips per month, per household<br>• Up to 20 round trips per month, per household when member is receiving private duty nursing services and personal transportation is not available<br><br>Transportation provided by rideshare unless member is present and requires special transportation | Yes |
| School Supply Assistance – Scholl Supply Stipend | Choice of up to four school supply items per school year | Limit one kit per member per school year | Yes |

## Pathway to Prosperity Expanded Benefits

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Tutoring Educational Supports, Vocational Training and/or Job Readiness – Education Prep Tools | Access to study guides to support educational goals | We cover:<br>• One self-paced study guide for Reading, English, Science, and Math for grades 1-12<br>• One SAT study guide<br><br>Limited to one age-appropriate tool kit per member. May not duplicate materials received through tutoring benefit. | Yes |
| Tutoring Educational Supports, Vocational Training and/or Job Readiness – Tutoring Services | Tutoring assistance to help members obtain educational goals | We cover:<br>• One online self-paced tutoring course for members who require assistance to obtain or maintain their educational goals OR<br>• Up to 16 personal tutoring session (online) when the member cannot participate in self-paced tutoring | Yes |

**Pathway to Prosperity Expanded Benefits**

| Service | Description | Coverage / Limitations | Prior Authorization |
|---|---|---|---|
| Tutoring Educational Supports, Vocational Training and/or Job Readiness – Tutoring for Higher Education | Tutoring assistance to help members obtain higher educational goals | We cover:<br>• Tutoring assistances to prepare for advanced or vocational education<br>• One self-paced online tutoring/standardized test preparation course to prepare for college or vocational school acceptance | No |
| Tutoring Educational Supports, Vocational Training and/or Job Readiness | Funds to pay non-subsidized costs associated with post-secondary education and training such as books, computer, parking or other expenses | p to $500 per member (lifetime maximum for members enrolled in a degree or qualification conferring higher education course where no other forms of subsidy are available for the requested expense | Yes |

## Section 14: Cost Sharing for Services

Cost sharing means the portion of costs for certain covered services that is your responsibility to pay. Cost sharing can include coinsurance, copayments, and deductibles. If you have questions about your cost sharing requirements, please contact Member Services.

# Section 15: CMS Plan Helpful Information

### Starting Services

It is important that we learn about you (your child) so we can make sure you get the care that you need. Your CMS Plan Case Manager will set up a time to come to your home or nursing facility to meet you (your child).

At this first visit, your CMS Plan Case Manager will tell you about CMS Plan. She or He will also ask you questions about:

- Your (your child's) health
- How you take care of yourself (your child)
- Who helps you take care of yourself (your child)
- Other things

These questions make up your initial assessment. The initial assessment helps us learn about what you need. It also helps us decide what services will help you (your child) the most.

### Developing a Plan of Care

To help you (your child) get services under CMS Plan,  you have a person and family-centered plan of care (plan of care). Your Case Manager makes your (or your child's) plan of care with you. Your (your child's) plan of care is the document that tells you all about the services you (or your child) can get from CMS Plan. Your (your child's) Case Manager will talk to you and any family members or caregivers you want to include to decide what services will help. They will use the initial assessment and other information to make a plan that is just for you (your child). Your plan of care will tell you:

- What services you (your child) are getting
- Who is provider services (your services providers)
- When a service starts and when it ends (if it has an end date)
- What your services are trying to help you do. For example, if you (your child) need help with school, your plan of care will tell you that our School Liaison and tutoring benefits can help meet education goals.
- Hou your CMS Plan services work with other services you (your child) get from outside our Plan, such as Medicare, your church or other programs.

### Your Personal Goals

We don't just want to make sure that you (or your child) are living safely. We also want to make sure that you (or your child) are happy and feel connected to your community and other

people. When your Case Manager is making your plan of care, they will ask about personal goals you (your child) have, changes in your (your child's) life, or other things. Your Case Manager or a health plan representative is available to you when you need them.

# Section 16: Member Satisfaction

### Complaints, Grievances, and Plan Appeals

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our providers. This includes if you do not agree with a decision we have made.

| | What You Can Do: | What We Will Do: |
|---|---|---|
| If you are not happy with us or our providers, you can file a **Complaint** | You can:<br>• Call us at any time.<br><br>(800) 262-0750 (TTY: 711) | We will:<br>• Try to solve your issue within 1 business day. |
| | **What You Can Do:** | **What We Will Do:** |
| If you are not happy with us or our providers, you can file a **Grievance** | You can:<br>• Write us or call us at any time.<br>• Call us to ask for more time to solve your grievance if you think more time will help.<br><br>Children's Medical Services (CMS) Plan Appeal and Grievance Unit PO Box 36030<br>Louisville, KY 40233-6030<br>(800) 262-0750 (TTY: 711)<br>(877) 508-5748 (Fax) or<br>**MFLGrievanceandAppeals Department@molinahealthcare.com**<br>(Email) | We will:<br>• Review your grievance and send you a letter with our decision within 30 days.<br>If we need more time to solve your grievance, we will:<br>• Send you a letter with our reason and tell you about your rights if you disagree. |

| | What You Can Do: | What We Will Do: |
|---|---|---|
| If you do not agree with a decision we made about your services, you can ask for an **Appeal** | You can:<br>• Write us, or call us and follow up in writing, within 60 days of our decision about your services.<br>• Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.<br><br>Children's Medical Services (CMS) Plan<br>Appeal and Grievance Unit<br>PO Box 36030<br>Louisville, KY 40233-6030<br>(800) 262-0750 (TTY: 711)<br>(877) 508-5748 (Fax) or<br>**MFLGrievanceandAppeals Department@molinahealthcare.com** (Email) | We will:<br>• Send you a letter within 5 business days to tell you we received your appeal.<br>• Help you complete any forms.<br>• Review your appeal and send you a letter within 30 days to answer you. |
| | **What You Can Do:** | **What We Will Do:** |
| If you think waiting for 30 days will put your health in danger, you can ask for an **Expedited or "Fast" Appeal** | You can:<br>• Write us or call us within 60 days of our decision about your services.<br><br>Children's Medical Services (CMS) Plan<br>Appeal and Grievance Unit PO<br>Box 36030<br>Louisville, KY 40233-6030<br>(800) 262-0750 (TTY: 711)<br>(877) 508-5748 (Fax) or<br>**MFLGrievanceandAppeals Department@molinahealthcare.com**<br>(Email) | We will:<br>• Give you an answer within 48 hours after we receive your request.<br>• Call you the same day if we do not agree that you need a fast appeal and send you a letter within 2 days. |
| If you do not agree with our appeal decision, you can ask for an **External Review** | You can:<br>• Submit the Notice of Plan Appeal Resolution to us within 120 calenda<br><br>***You must finish the appeal process before you can have an External Review.* | We will:<br>• Restart your services if the Independent Review Organization agrees with you. |

**You can ask for a copy of your appeal file any time, free of charge.

### Fast Plan Appeal

If we deny your request for a fast appeal, we will transfer your appeal into the regular appeal time frame of 30 days. If you disagree with our decision not to give you a fast appeal, you can call us to file a grievance.

### External Review

You may ask for an External Review at any time up to 120 days after you get a Notice of Plan Appeal Resolution by writing to:

Children's Medical Services (CMS) Plan operated by Molina Healthcare
Appeal and Grievance Unit
PO Box 36030
Louisville, KY 40233-6030
(800) 262-0750 (TTY: 711)
(877) 508-5748 (Fax) or
**MFLGrievanceandAppealsDepartment@molinahealthcare.com** (Email)

If you request an External Review in writing, please include the following information:

- Your (your child's) name
- Your (your child's) member number
- Your (your child's) Medicaid ID number
- A phone number where you or your representative can be reached

You may also include the following information if you have it:

- Why you think the decision should be changed
- The service(s) you think you (your child's) need
- Any medical information to support the request
- Who you would like to help with your fair hearing

After getting your External Review request, the External Review Organization will tell you in writing they got your request.

### Continuation of Benefits for Members

If you (your child) are now getting a service that is going to be reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made for your plan appeal or external review. If your services are continued, there will be no change in your services until a final decision is made.

If your services are continued and our decision is not in your favor, we may ask you to pay for the cost of those services. We will not take away your benefits. WE cannot ask your family or legal representative to pay for the services.

To help your services continue during your appeal or external review, you must file your appeal and ask to continue services within this time frame, whichever is later:

- 10 days after you receive a Notice of Adverse Benefit Determination (NABD), or
- On or before the first day your services will be reduced, suspended or terminated.

# Section 17: Your Member Rights

As a member in a Plan, you also have certain rights. You have the right to:

- Be treated with courtesy and respect
- Always have your dignity and privacy considered and respected
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your care
- Know what member services are available, including whether an interpreter is available if you do not speak English
- Know what rules and laws apply to your conduct
- Be given easy to follow information about your diagnosis, and openly discuss the treatment you need, choices of treatments and alternatives, risks, and how these treatments will help you
- Participate in making choices with your provider about your health care, including the right to say no to any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for your health care
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
- Receive treatment for any health emergency that will get worse if you do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
- Make a complaint when your rights are not respected
- Ask for another doctor when you do not agree with your doctor (second medical opinion)
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed
- Have your medical records kept private and shared only when required by law or with your approval
- Decide how you want medical decisions made if you can't make them yourself (advanced directive)
- To file a grievance about any matter other than a Plan's decision about your services.
- To appeal a Plan's decision about your services
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan
- Speak freely about your health care and concerns without any bad results
- Freely exercise your rights without the Plan or its network providers treating you badly
- Get care without fear of any form of restraint or seclusion being used as a means of coercion, discipline, convenience or retaliation
- Request and receive a copy of your medical records and ask that they be amended or corrected
- Obtain available and accessible services covered under the Plan (includes In Lieu of Services (ILOS))

# Section 18: Your Member Responsibilities

As a member in a Plan, you also have certain responsibilities. You have the responsibility to:

- Give accurate information about your health to your Plan and providers
- Tell your provider about unexpected changes in your health condition
- Talk to your provider to make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions for care, and ask questions
- Keep your appointments and notify your provider if you will not be able to keep an appointment
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions
- Make sure payment is made for non-covered services you receive
- Follow health care facility conduct rules and regulations
- Treat health care staff and case manager with respect
- Tell us if you have problems with any health care staff
- Use the emergency room only for real emergencies
- Notify your care manager if you have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your safety
- Report fraud, abuse and overpayment
- Agree to and participate in face-to-face assessments, face-to-face visits and routine telephone contact with your Case Manager

# Section 19: Other Important Information

**Indian Health Care Provider (IHCP) Protection**

Indians are exempt from all cost sharing for services furnished or received by an IHCP or referral under contract health services.

**Emergency Disaster Plan**

Disasters can happen at any time. To protect yourself and your family, it is important to be prepared. There are three steps to preparing for a disaster: 1) Be informed; 2) Make a Plan; and 3) Get a Kit. For help with your emergency disaster plan, call Member Services or your case manager. The Florida Division of Emergency Management can also help you with your plan. You can call them at (850) 413- 9969 or visit their website at **https://www.floridadisaster.org/**

**Tips on How to Prevent Medicaid Fraud and Abuse:**

- DO NOT share personal information, including your Medicaid number, with anyone other than your trusted providers.
- Be cautious of anyone offering you money, free or low-cost medical services, or gifts

in exchange for your Medicaid information.
- Be careful with door-to-door visits or calls you did not ask for.
- Be careful with links included in texts or emails you did not ask for, or on social media platforms.

## Fraud/Abuse/Overpayment

To report suspected fraud and/or abuse in Florida, call the Consumer Complaint Hotline toll-free at (888) 419-3456 or complete a Fraud and Abuse Complaint Form, which is available online at: **https://apps.ahca.myflorida.com/mpi-complaintform**.

You can also report fraud and abuse to us directly by contacting our 24-hour fraud Alertline, which can be reached tollfree at (866) 609-3889 or you may use the services' website to make a report at any time at **http://www.molinahealthcare.com.**

You can also report cases of fraud, waste or abuse to us by contacting CMS  Plan's Compliance Department. You have the right to have your concerns reported anonymously without fear of retaliation.

Children's Medical Services (CMS) Plan by Molina Healthcare
ATTN: Compliance Department
Westside Plaza I, Ste 120A
8400 NW 33rd Street
Doral, FL 33122

Remember to include the following information when reporting:

- Nature of complaint
- The names of individuals and/or entity involved in suspected fraud, and/or abuse including address, phone number, KidCare ID number and any other identifying information

## Abuse/Neglect/Exploitation of People

You should never be treated badly. It is never okay for someone to hit you or make you feel afraid. You can talk to your PCP or case manager about your feelings.

If you feel that you are being mistreated or neglected, you can call the Abuse Hotline at (800) 96-ABUSE (800-962-2873) or for TTY/TDD at (800) 955-8771 if you are

Domestic Violence is also abuse. Here are some safety tips:

- If you are hurt, call your PCP
- If you need emergency care, call 911 or go to the nearest hospital. For more information, see the section called EMERGENCY CARE
- Have a plan to get to a safe place (a friend's or relative's home)
- Pack a small bag, give it to a friend to keep for you

If you have questions or need help, please call the National Domestic Violence Hotline tollfree at (800) 799-7233 (TTY: (800) 787-3224).

## Advance Directives

An **advance directive** is a written or spoken statement about how you want medical decisions made if you can't make them yourself. Some people make advance directives when they get very sick or are at the end of their lives. Other people make advance directives when they are healthy. You can change your mind and these documents at any time. We can help you get and understand these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can't speak for yourself.

- A Living Will
- Health Care Surrogate Designation
- An Anatomical (organ or tissue) Donation

You can download an advanced directive form from this website:
**https://quality.healthfinder.fl.gov/report-guides/advance-directives**

Make sure that someone, like your PCP, lawyer, family member, or case manager knows that you have an advance directive and where it is located.

If there are any changes in the law about advance directives, we will let you know within 90 days. You don't have to have an advance directive if you do not want one.

If your provider is not following your advance directive, you can file a complaint with Member Services at (800) 262-0750 (TTY: 711), or the Agency by calling (888) 419-3456.

## Getting More Information

You have a right to ask for information. Call CMS Plan Member Services or talk to your Case Manager about what kinds of information you can receive for free. Some examples are:

- Your member record
- A description of how we operate
- A free copy of the rules we used to make our decision
- Information about provider incentives

## Mobile App

Plan members can download the free Molina Healthcare mobile app. It includes many helpful and educational resources including:

- Our online provider directory and "Find a Provider" tool for locating in-network doctors, hospitals, facilities, and more
- Reminders from the plan about making appointments for checkups and other medical services that will help your child stay healthy
- Your child's online Member ID card so you always have it handy for medical appointments
- Access to our 24-hour Nurse Advice Line is one touch away on our mobile app
- About Us/Contact information

You can use our mobile app anytime and anywhere. It is available for Apple and Android

smartphone and tablets. Talk with you (or your child's) Case Manager for help with downloading and using it.

### Evaluation of New Technology

We study new technology each year. Plus, we look at the ways we use the technology we have now. We do this for a few reasons. They are to:

- Make sure we're aware of changes in the industry
- See how new improvements can be used with the services we provide to our members
- Make sure that our members have fair access to safe and effective care

We do this review in the following areas:

- Behavioral health procedures
- Medical devices
- Medical procedures
- Pharmaceuticals

### Connecting You (Your Child's) Healthcare: Access Your Child's Digital Health Records

The federal Interoperability and Patient Access Rule (CMS 9115 F) makes it easier for members to get their health records. You now have full access to your (your child's) health records on your mobile device. That helps you manage your (your child's) health and get services.

Imagine:

- You (or your child) goes to a new doctor because they don't feel well. The new doctor can pull up your child's health history from the past five years.
- You (your child) use a current provider list to find a doctor or specialist.
- That doctor or specialist can use your child's health history to find out what is wrong.
- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you take your (your child's) health history with you as you switch health plans.

The rule applies to information for dates of service on or after Jan. 1, 2016. It makes it easy to find information on your child's claims, pharmacy drug coverage, health information and providers. For more info, visit your child's Secure Member Portal account at **member.molinahealthcare.com**.

## Section 20: Additional Resources

**http://floridahealthfinder.gov/**

The Agency is committed to its mission of providing "Better Health Care for All Floridians". The Agency has created a website **http://floridahealthfinder.gov/** where you can view information about Florida home health agencies, nursing facilities, assisted living facilities, ambulatory surgery centers and hospitals. You 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 **https://quality.healthfinder.fl.gov/Facility-Provider/Medicaid-ReportCard?&type=-13**.

**Aging and Disability Resource Center**

You 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.

## Services Beyond Healthcare

Through Community Connections, you can connect to a wide range of services that help you live a healthier life.

Pathways Program is Here for You
Everyone deserves to live their best life possible. Yet a lot of things can affect your ability to do that. A phone call to our Pathways Program can match you with services. It is available for both CMS Plan members and their families.

Through the Pathways Program, you can connect to a wide range of services that help you (your child) live a healthier life. Program services vary depending on where you are in your life and what your needs are, but can include:

- Financial assistance (utilities, rent)
- Medication assistance
- Housing services
- Transportation
- Food assistance
- Affordable childcare
- Job/education assistance
- Family Supplies – diapers, formula, cribs, and more

CMS Plan members who disenroll due to aging out of the plan and who do not enroll in an SMMC Medicaid Plan are eligible to receive an additional year of access to Pathways Program for additional supports and linkage to community-based organizations to resolve health-related social needs.

Call for the help you need at (800) 262-0750 (TTY: 711).

# Section 21: Forms

1. Authorization for the Use and Disclosure of Protected Health Information
2. Appointment of Representative (AOR) Form

# Authorization for the Use and Disclosure of Protected Health Information

Name of Member:_____ Member ID#: _____

Member Address:_____ Date of Birth: _____

City/State/Zip: _____ Telephone #: _____

**I hereby authorize the use or disclosure of my protected health information (PHI) as described below.**

1. Persons or organizations authorized to use or disclose the protected health information:

_____

_____

_____

2. Name(s) and address(es) of persons or organizations authorized to receive or use the protected health information: (please print)

_____

_____

_____

3. Specific description of the protected health information that may be used or disclosed:

_____

_____

_____

4. **Release Requiring Specific Approval:** I know my records may contain PHI about testing, diagnosis or treatment for HIV/AIDS, for any other Sexually Transmitted Diseases (STDs), for Alcohol and Drug Abuse, for Chemical Dependency, and/or for Mental Health. I will allow Molina Healthcare to disclose and/or re- disclose any and all such information, except for the information I initial below.

I don't want my health care information about testing, diagnosis or treatment for the following shared:

___ HIV/AIDS;_____Other STDs;_____Alcohol & Drug Abuse/Chemical Dependency;_____Mental Health

5. The protected health information will be used or disclosed for:

_____

_____

_____

6. I understand the following:
    a. I may revoke this authorization at any time. I can do this by telling Molina Healthcare in writing or verbally. This right does not apply to actions already taken by Molina Healthcare because of this authorization.

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b. I know this authorization is voluntary and I may refuse to sign. If I refuse to sign this, it will not affect my Treatment Payment or Enrollment or eligibility for my benefits

c. I know the PHI I authorize a person or entity to receive may be re-disclosed. I know that state and federal law may no longer protect this PHI. Please see "Notice of Recipients of Alcohol and Drug Abuse Information" below.

d. I have a right to receive a copy of this authorization.

7. This authorization expires 90 days from the date of your signature unless otherwise specified below.

This authorization expires [on/upon] _____

_____ _____

Signature of Member or Member's Personal Representative | Date

_____ _____

**Personal Representative's Name, if applicable (please print):** _____

Relationship to Member: ☐ Parent ☐ Legal Guardian* ☐ Holder of Power of Attorney *

☐ Other Please Describe: _____

Description of Personal Representative's authority to act for the member (please print):

* Please attach legal documentation if you are the legal guardian or Holder of Power of Attorney for Healthcare Decisions.

**A copy of this signed form will be provided to the Member if the authorization was sought by Molina Healthcare.**

**NOTICE TO RECIPIENTS OF ALCOHOL OR DRUG ABUSE INFORMATION**

This information has been disclosed to you from records protected by the Federal confidentiality rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

# Member Grievance/Appeal Request Form

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BY MOLINA HEALTHCARE

## Instructions for filing a grievance/appeal:

Fill out this form completely. Describe the issue(s) in as much detail as possible.

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach to this form, copies of any records you wish to submit. (Do Not Send Originals).
3. You may present your information in person. To do this, call us at (800) 262-0750 (TTY: 711).
4. We can help you write your request, and we can help you in the language you speak.
5. If you are over the age of 18 and have someone else acting on your behalf, a signed Appointment of Representative (AOR) form is needed. Please use the AOR Form that is enclosed.
6. You, and/or someone you have chosen to act on your behalf, can review your appeal file before or during the appeal process. Your appeal file includes all of your medical records and any other documents related to your case.
7. Return this completed form to
   Molina Healthcare of Florida
   Appeal and Grievance Unit
   PO Box 36030
   Louisville, KY 40233-6030
   Fax: (877) 508-5748
8. We will send a written verification of receipt of your request.

**Thank you for using the Molina Healthcare Member Grievance Process.**

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# Appointment of Representative (AOR) Form

Children's Medical Services Plan BY MOLINA HEALTHCARE

Member Name

Molina Member ID Number

## Appointment of Representative

I agree to name _____

(Name and address) to be my representative with a grievance or an appeal for

_____(specific issue).

I approve this person to make or give any request or notice; present or evidence; to obtain information, including, without limitation, the release of past, present or future: HIV test results, alcohol and drug abuse treatment, psychological/psychiatric testing and evaluation information, and any other information regarding medical diagnosis, treatments and/or conditions; and to receive any notice in relation with my pending grievance/appeal.

Signature (member)

Address

Telephone Number (with Area Code)

Date

## Acceptance of Appointment

I, _____ , hereby agree to the above appointment.
I certify that I have not been suspected or prohibited from practice before the Social Security Administration; that I am not as a current or former officer or employee of the United States, disqualified as acting as the claimant's representative; that I will not charge or receive any fee for the representation unless it has been authorized in accordance with the laws and regulations.

**I am a/an**

(Attorney, union representative, relative, etc.)

Signature (member)

Address

Telephone Number (with Area Code)

Date

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## Nondiscrimination of Healthcare Service Delivery

CMS Plan complies with the guidance set forth in the final rule for Section 1557 of the Affordable Care Act, which includes notification of nondiscrimination and instructions for accessing language services in all significant Member materials, physical locations that serve our Members, and all CMS Plan website home pages. All Providers who join the CMS Plan Provider network must also comply with the provisions and guidance set forth by the Department of Health and Human Services (HHS) and the Office for Civil Rights (OCR). CMS Plan requires Providers to deliver services to CMS Plan Members without regard to race, color, national origin, age, disability or sex. This includes gender identity, sexual orientation, pregnancy and sex stereotyping. Providers must post a non- discrimination notification in a conspicuous location of their office along with translated non- English taglines in the top fifteen (15) languages spoken in the state to ensure CMS Plan Members understand their rights, how to access language services, and the process to file a complaint if they believe discrimination has occurred.

Additionally, Participating Providers or contracted medical groups/IPAs may not limit their practices because of a Member's medical (physical or mental) condition or the expectation for the need of frequent or high cost-care. Providers must not discriminate against members based on their payment status and cannot refuse to serve Members because they receive assistance from a State Medicaid Program.

## Section 1557 Investigations

Contact us at (800) 606-3889 (TTY: 711) if you need any of these services.
All CMS Plan Providers shall disclose all investigations conducted pursuant to Section 1557 of your Protection and Affordable Care Act to CMS Plan's Civil Rights Coordinator at:

Children's Medical Services (CMS) Plan operated by Molina Healthcare
Civil Rights Coordinator
200 Oceangate, Suite 100
Long Beach, CA 90802
Toll Free: (866) 606-3889
TTY/TDD: 711
Online: https://molinahealthcare.AlertLine.com
Email: civil.rights@molinahealthcare.com

**Please note:** If you have a disability and need more help, we can help you. If you need someone that speaks your language, we can also help. You may call our Member Services Department at (800) 262-0750 for more help from 8:00 am to 7:00 pm local time. If you are blind or have trouble hearing or communicating, please call 711 for TTY/TTD services. We can help you get the information you need in large print, audio (sound), and braille. We provide you with these services for free.

**Tenga en cuenta lo siguiente:** si tiene una discapacidad y necesita más ayuda, podemos ayudarlo. También podemos ayudarlo si necesita a alguien que hable en su idioma. Para obtener más ayuda, puede llamar a nuestro Departamento de Servicios para Miembros al (800) 262-0750, de 8:00 a. m. a 7:00 p. m. Si es ciego o tiene problemas de audición o comunicación, llame al 711 para acceder a servicios de TTY/TDD. Podemos ayudarlo a obtener la información que necesita en letra de molde grande, audio (sonido) y en sistema Braille. Estos servicios son gratuitos.

**Remake:** Si ou gen yon andikap epi ou bezwen plis èd, nou kapab ede w. Si ou bezwen yon moun ki pale lang ou an, nou kapab ede w tou. Ou gendwa rele Depatman Sèvis Manm nou an nan (800) 262-0750 pou jwenn plis èd soti 8è:00 a.m. rive 7è:00 p.m. Si ou avèg oswa ou gen difikilte pou tande oswa pou kominike, tanpri rele 711 pou sèvis TTY/TTD yo. Nou kapab ede w jwenn enfòmasyon oubezwen an gwo karaktè, odyo (son) ak an Bray. N ap ba w sèvis sa yo pou gratis.

Xin lưu ý: Nếu quý vị là người khuyết tật và cần thêm trợ giúp, chúng tôi có thể giúp quý vị. Nếu quý vị cần người có thể nói ngôn ngữ của quý vị, chúng tôi cũng có thể giúp. Quý vị có thể gọi cho Bộ phận Dịch vụ thành viên của chúng tôi theo số (800) 262-0750 để được trợ giúp thêm từ 8:00 am đến 7:00 pm. Nếu quý vị bị mù hoặc có vấn đề về thính giác hoặc giao tiếp, vui lòng gọi 711 cho dịch vụ TTY/TTD. Chúng tôi có thể giúp quý vị nhận thông tin quý vị cần bằng bảng chữ in lớn, âm thanh và chữ nổi Braille. Chúng tôi cung cấp miễn phí các dịch vụ này cho quý vị.

# Non-Discrimination Notification

## Children's Medical Services (CMS) Plan operated by Molina Healthcare

Discrimination is against the law. The Children's Medical Services (CMS) Plan operated by Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

CMS Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact CMS Plan Member Services at (800) 262-0750 (TTY: 711).

If you believe that Molina has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
200 Oceangate, Ste 100
Long Beach, CA 90802
Phone: (800) 262-0750 (TTY: 711)
Fax: (877) 508-5738
Email: **civil.rights@molinahealthcare.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Molina Member Services is available to help you. You may obtain our grievance procedure by visiting our website at: **https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: (800) 368-1019 (TDD: (800) 537-7697)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

# Non-Discrimination Tag Line – Section 1557

## Children's Medical Services (CMS) Plan operated by Molina Healthcare


| | |
|---|---|
| English | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (800) 262-0750 (TTY: 711). |
| Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 262-0750 (TTY: 711). |
| French Creole (Haitian Creole) | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (800) 262-0750 (TTY: 711). |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 262-0750 (TTY: 711). |
| Portuguese | ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (800) 262-0750 (TTY: 711). |
| Chinese | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (866) 472-4585（TTY：711）。 |
| French | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 262-0750 (TTY : 711). |
| Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 262-0750 (TTY: 711). |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 262-0750 (телетайп: 711). |
| Arabic | ةظوملحا: اذإ تكن ركذا ثدحتت غةللا، نإف تامدخ ةدعاسملا ةيوغللا رفاوتت نماجملاب لكل. لتصا مقرب (866) 472-4585 (مقر فتاه مصلا مكبلاو: 711). |
| Italian | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (800) 262-0750 (TTY: 711). |
| German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (800) 262-0750 (TTY: 711). |
| Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 262-0750 (TTY: 711) 번으로 전화해 주십시오. |
| Polish | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (800) 262-0750 (TTY: 711). |
| Gujarati | **ધ્યાન: જો તમે ગુજરાતી બોલતા હો, તો મફત ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો** (800) 262-0750 (TTY: 711). |
| Thai | เรียน: ถาคุณพูดภาษาไทยคุณสามารถใชบริการชวยเหลือทางภาษาไดฟร โทร (800) 262-0750 (TTY: 711). |

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