



sunshine health™

Sunshine Health's Florida Medicaid Member Handbook

CHILD WELFARE SPECIALTY PLAN



1-855-463-4100

TDD/TYY 1-800-955-8770

October 2019

SunshineHealth.com

"If you do not speak English, call us at 1-855-463-4100. 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."

Spanish: **Si usted no habla inglés**, llámenos al 1-855-463-4100. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

French: **Si vous ne parlez pas anglais**, appelez-nous au 1-855-463-4100. 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 communiquer avec vous dans votre langue.

Haitian Creole: **Si ou pa pale lang Anglè**, rele nou nan 1-855-463-4100. 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 yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a."

Italian: **"Se non parli inglese** chiamaci al 1-855-463-4100. Disponiamo di servizi di interpretariato e siamo in grado di rispondere alle tue domande nella tua lingua. Possiamo anche aiutarti a trovare un fornitore di servizi sanitari che parli la tua lingua."

Russian: **«Если вы не разговариваете по-английски**, позвоните нам по номеру 1-855-463-4100. 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».



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Questions? Call Member Services at 1-855-463-4100 or 1-800-955-8770 TTY



Important Contact Information

Member Helpline	1-855-463-4100	Available 24 hours
Member Help Line TTY	1-800-955-8770	Available 24 hours
Website	SunshineHealth.com	
Address	1301 International Parkway, Suite 400 Sunrise, FL 33323	

Service	Contact Information
Logisticare (Transportation)	Reservations: 1-877-659-8420 Ride Assist (Where's My Ride?): 1-877-659-8421
HearUSA (Hearing Services)	1-800-442-8231
Florida Care Management Services Agency (Long-term Care Case Management)	1-877-462-1200
GT Independence (Long-term Care PDO)	1-877-659-4500
Involve PeopleCare 24-Hour Nurse Advice Line	1-855-696-2553
Involve PeopleCare Nurtur (Disease Management)	1-800-942-4008
Involve Pharmacy Solutions (Pharmacy Services)	1-866-577-9010
Dental Services	Contact your case manager directly or call 1-855-463-4100 for help with arranging these services.
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-800-96-ABUSE (1-800-962-2873) TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/abuse-hotline
For Medicaid Eligibility	1-866-762-2237 TTY: 711 or 1-800-955-8771 http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid



Service	Contact Information
To report Medicaid Fraud and/or Abuse or to file a complaint about a health care facility	1-888-419-3456 https://apps.ahca.myflorida.com/mpi-complaintform/
To request a Medicaid Fair Hearing	1-877-254-1055 1-239-338-2642 (fax) MedicaidHearingUnit@ahca.myflorida.com
To file a complaint about Medicaid services	1-877-254-1055 TDD: 1-866-467-4970 https://ahca.myflorida.com/Medicaid/complaints/
To find information for elders	1-800-96-ELDER (1-800-963-5337) http://elderaffairs.state.fl.us/doea/arc.php
To find out information about domestic violence	1-800-799-7233 TTY: 1-800-787-3224 http://www.thehotline.org/
To find information about health facilities in Florida	http://www.floridahealthfinder.gov/index.html
To find information about urgent care	Call Member Services, check your Sunshine Health Provider Directory, or go to SunshineHealth.com and click "Find A Provider."
For an emergency	9-1-1 Or go to the nearest emergency room



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Welcome to Sunshine Health's Statewide Child Welfare Specialty Plan

Sunshine Health has a contract with the Florida Agency for Health Care Administration (Agency) to provide health care services to people with Medicaid. This is called the **Statewide Medicaid Managed Care (SMMC) Program**. Your child is enrolled in our SMMC plan. This means that we will offer your child Medicaid services. We work with a group of health care providers to help meet your child's needs.

There are many types of Medicaid services that your child can receive in the SMMC program. Your child can receive medical services, like doctor visits, labs and emergency care, from a **Managed Medical Assistance (MMA)** plan. If you are an elder or adult with disabilities, you can receive nursing facility and home and community-based services in a **Long-term Care (LTC)** plan. If you have a certain health condition, like AIDS, you can receive care that is designed to meet your needs in a **Specialty** plan.

If your child is enrolled in the Florida KidCare **MediKids** program, most of the information in this handbook applies to you. We will let you know if something does not apply.

This handbook will be your guide for all health care services available to your child. You can ask us any questions, or get help making appointments. If you need to speak with us, just call us at 1-855-463-4100.





Section 1: Your Plan Identification Card (ID card)

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

Carry your child’s ID card at all times and show it each time you go to a health care appointment. Never give your child’s ID card to anyone else to use. If your child’s card is lost or stolen, call us so we can give you a new card.

Your child’s ID card will look like this:

(Front)

<p>Member </p> <p>Name: John D Doe Medicaid ID: 123456789 DOB: XX/XX/XXXX Effective Date: <Effective Date> PCP Name: JANE DOE PCP Phone: <PCP Phone></p> <p>Enroll Pharmacy Solutions Pharmacy Help Desk: 1-800-311-0539 RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5441</p> <p><small>If you have health questions, call your PCP or our 24/7 nurse advice hotline at 1-855-463-4100 (TDD/TTY 1-800-955-8770). In an emergency, call 911.</small></p>	<p>Miembro </p> <p>Nombre: John D Doe ID de Medicaid: 123456789 de Nac.: XX/XX/XXXX Fecha de vigencia: <Fecha de vigencia> Nombre MAP: JANE DOE Tel.del MAP: <Teléfono MAP></p> <p>Enroll Pharmacy Solutions Mesa de ayuda de farmacia: 1-800-311-0539 RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5441</p> <p><small>Si tiene alguna duda sobre salud, llame a su MAP o a nuestra línea de servicios de enfermería las 24 horas todos los días al 1-855-463-4100 (TDD/TTY 1-800-955-8770). En caso de emergencia, llame al 911.</small></p>
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(Back)

<p>IMPORTANT CONTACT INFORMATION FOR MEMBERS</p> <p>Sunshine Health 1301 International Parkway, Suite 400, Sunrise, FL 33323 SunshineHealth.com</p> <hr/> <p>Call 1-855-463-4100 TDD/TTY: 1-800-955-8770 for</p> <ul style="list-style-type: none"> • 24/7 Member Services • 24/7 NurseWise • Provider Services • Authorization • Non-participating provider services • Vision Services • Dental Services • Eligibility • Behavioral Health • Case Management <hr/> <p>Submit Claims To: Sunshine Health Attn: CLAIMS PO Box 3070, Farmington, MO 63640-3823</p>	<p>INFORMACIÓN IMPORTANTE DE CONTACTO PARA SUSCRIPTORES</p> <p>Sunshine Health 1301 International Parkway, Suite 400, Sunrise, Florida 33323 SunshineHealth.com</p> <hr/> <p>Llame al 1-855-463-4100 TDD/TTY: 1-800-955-8770 por</p> <ul style="list-style-type: none"> • Servicios para Subscriptores 24hs • Servicio NurseWise 24hs • Servicios proveedor de salud • Autorizaciones • Servicios de proveedores de salud externos • Servicios de oftalmología • Servicios dentales • Eligibilidad • Salud mental • Gestión de casos <hr/> <p>En caso de reclamos: Sunshine Health Attn: CLAIMS PO Box 3070, Farmington, MO 63640-3823</p>
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Section 2: Your Privacy

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

If you have any questions, call Member Services. Our Sunshine Health Privacy Practices describe how medical information about your child may be used and disclosed and how you can get access to this information. Please review this carefully.

For help to translate or understand this information, please call 1-855-463-4100. Hearing impaired TTY 1-800-955-8770.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. 1-855-463-4100. (TTY 1-800-955-8770).

Interpreter services are provided free of charge to you.

Covered Sunshine Duties

At Sunshine Health, your privacy is important to us. We will do all we can to protect your child's health records. By law, we must protect these health records.

Our Privacy Practice policy tells you how we use your child's health records. It describes when we can share your child's records with others. It explains your rights about the use of your child's health records. It also tells you how to use those rights and who can see your child's health records. Our Privacy Practice policy does not apply to health records that do not identify your child. If one of the below reasons does not apply, we must get your written consent.

Sunshine Health can change our Privacy Practices. Any changes in our Privacy Practices will apply to all the health records we keep. If we make changes, we will send you a notice.

Please note: You will also receive a Privacy Practice Notice from Medicaid outlining their rules for your child's health records. Other health plans and health care providers may have other rules when using or sharing your child's health records. We ask that you obtain a copy of their Privacy Practice Notices and read them carefully.



How We Use or Share Your Health Records

Below is a list of how we may use or share your child's health records without your consent:

- **Treatment.** We may use or share your child's health records with doctors or other health care providers providing medical care to your child and to help manage your child's care. For example, if your child is in the hospital we may give the hospital your child's records sent to us by your child's doctor.
- **Payment.** We may use and disclose your child's PHI to make benefit payments for the health care services provided to your child. We may release your child's PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes.
- **Health Care Operations.** We may use and share your child's health records to perform our health care operations. To help resolve any appeals or grievances filed by you or a health care provider with Sunshine Health or the State of Florida. To help assist others who help us provide your child's health services. We will not share your child's records with these groups unless they agree to protect your records.
- **Appointment Reminders/Treatment Alternatives.** We may use and release your child's health records to remind you of dates and times for treatment and medical care with us. We may also use or release it to give you information about treatment options. We may also use or release it for other health related benefits and services. For instance, information on how to stop smoking or lose weight.
- **As Required by Law.** We may use or share your child's health records without your consent if any law office requires them. The request will be met when the request complies with the law. If there are any legal conflicts, we will comply with the law that better protects you and your child's health records.
- **Public Health Activities.** We may release your child's health records to a public health authority to prevent or control disease, injury, or disability. We may release your child's health records to the Food and Drug Administration (FDA). We can do this to ensure the quality, safety or effectiveness of products or services under the control of the FDA.
- **Victims of Abuse and Neglect.** We may release your child's health records to a local, state, or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this if we have reason to believe there is a case of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings.** We may release your child's health records in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.
- **Law Enforcement.** We may release your child's health records to law enforcement when required. For instance, a court order, court-order warrant, subpoena or



summons issued by a judicial officer, or a grand jury subpoena. We may also release your child's health records to find or locate a suspect, fugitive, or missing person.

- **Coroners, Medical Examiners and Funeral Directors.** We may release your child's health records to a coroner or medical examiner. This may be needed, for example, to decide a cause of death. We may also release your child's health records to funeral directors, as needed, to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may release your child's health records to organ procurement organizations or entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissues.
- **Threats to Health and Safety.** We may use or release your child's health records if we believe, in good faith, that it is needed to prevent or lessen a serious or looming threat. This includes threats to the health or safety of a person or the public.
- **Specialized Government Functions.** If your child is a member of U.S. Armed Forces, we may release your child's health records as required by military command authorities. We may also release your child's health records to:
 - authorized federal officials for national security
 - aid in intelligence activities
 - the Department of State for medical suitability determinations
 - protective services of the President or other authorized persons
- **Workers' Compensation.** We may release your child's health records to comply with laws relating to workers' compensation or other like programs, established by law. These are programs that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations.** We may release your child's health records in an emergency situation, or if you are unable to respond or are not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. We will use professional judgment and experience to decide if the release is in your child's best interests. If it is in your child's best interest, we will release only health records that are directly relevant to the person's involvement in your child's care.
- **Inmates.** If your child is an inmate of a correctional institution or under the custody of a law enforcement official, we may release your child's PHI to the correctional institution or law enforcement official where such information is necessary for the institution to provide your child with health care, to protect your child's health or safety, or the health or safety of others, or for the safety and security of the correctional institution.
- **Research.** In some cases, we may release your child's health records to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your child's health records.



Uses and Releases of Your Health Records That Require Your Written Consent

We are required to get your written consent to use or release your child's health records, with few exceptions, for the reasons below:

- **Sale of Health Records.** We will request your written consent before we make any release of your child's health records for which payment may be made to us.
- **Marketing.** We will request your written consent to use or release your child's health records for marketing purposes with limited exceptions. For instance, we don't need your consent when we have a face-to-face event with you or when we give promotional gifts of modest value.
- **Psychotherapy Notes.** We will request your written consent to use or share any of your child's psychotherapy notes that we may have on file with limited exception. For instance, for certain treatment, payment or health care operation functions.

All other uses and releases of your child's health records not described in this notice will be made only with your written consent. You may cancel consent at any time. The request to cancel consent must be in writing. Your request to cancel consent will take effect as soon as you request it, except in two cases. The first case is when we have already taken actions based on past consent. The second case is before we received your written request to stop.

Member Rights

Below are your rights with regard to your child's health records. If you would like to use any of the rights, please contact us using the information provided at the end of this notice.

- **Right to Revoke.** You may revoke your consent to have your child's PHI released at any time. It must be in writing. It must be signed by you or on your behalf. It must be sent to the address at the end of this section. You may submit your letter either by mail or in person. It will be effective when we actually received it. The revoked consent will not be effective if we or others have already acted on the signed form.
- **Request Restrictions.** You have the right to ask for limits on the use and release of your child's PHI for treatment, payment or health care operations as well as releases to persons involved in your care or payment of your care. This includes family members or close friends. Your request should be detailed and exact. It should also say to whom the limit applies. We are not required to agree to this request. If we agree, we will comply with your limit request. We will not comply if the information is needed to provide your child with emergency treatment. However, we will limit the use or release of health records for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about your child's health records in other ways or locations. This right only applies if the information could harm your child if it is not communicated in other ways or place. You do not have to explain the reason for your request. You must state how your child could be harmed if the change is not



made. We must work with your request if it is reasonable and states the other way or place where your child's health records should be sent.

- **Right to Access and Receive a Copy of your Health Records.** You have the right, with certain limits, to look at or get copies of your child's health records contained in a record set. You may ask that we give copies in a format other than photocopies. If it is possible, we will use the format of your choice. You must ask in writing to get access to your child's health records. If we deny your request, we will provide you a written reason. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.
- **Right to Change your Health Records.** You have the right to ask us to make changes to correct your child's health records. These changes are known as amendments. Any request for an amendment must be in writing. You need to give a reason for your change request. We will contact you in writing no later than 60 days after we get your request. If we need more time, we may take up to another 30 days. We will let you know of any delays and the date when we will get back to you.

If we make the changes, we will let you know they were made. We will also give your changes to others who we know have your child's health records and to other persons you name. If we choose not to make your changes, we will let you know why in writing. You have a right to dispute the denied change request in writing.

- **Right to Receive an Accounting of Disclosures.** You have the right to receive a list of instances within the last six years in which we or our business associates released your child's PHI. This does not apply to the release for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other events. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more details on our fees at the time of your request.
- **Right to File a Complaint.** If you feel your child's privacy rights have been violated, or that we have violated our own privacy practices, you can file a complaint with us. You can also do this by phone. Use the contact information at the end of this section. You will not be retaliated against for filing a complaint.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, D.C. 20201, or calling 1-800-368-1019 (TTY 1-866-788-4989), or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- **Right to Receive a Copy of this Privacy Practice.** You may ask for a copy at any time. Use the contact information listed below. If you get our Privacy Practice on our website or by email, you can request a paper copy of the notice.



Contact Information

If you have any questions about our privacy practices related to your child's health records or how to use your rights, you can contact us in writing. You can also contact us by phone. Use the contact information listed below.

**Sunshine Health
Attn: Privacy Official
1301 International Pkwy, 4th Floor
Sunrise, FL 33323**

**TEL: 1-866-796-0530
TDD/TTY: 1-800-955-8770**



Section 3: Getting Help from Our Member Services

Our Member Services Department can answer all of your questions. We can help you choose or change 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 baby and explain any changes that might affect your child's benefits.

Contacting Member Services

You may call us at 1-855-463-4100, or our TTY line at 1-800-955-8770, Monday to Friday, 8 a.m. to 8 p.m., but not on State holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your child's identification card (ID card) with you so we can help you. (If you lose your child's ID card, or if it is stolen, call Member Services.)

Contacting Member Services After Hours

If you call when we are closed, please leave a message. We will call you back the next business day. If you have an urgent question, call our 24-hour Nurse Advice Line at 1-855-463-4100. Our nurses are available to help you 24 hours a day, seven days a week.





Section 4: Do You Need Help Communicating?

If you do not speak English, we can help. We have people who help us talk to you in your language. We provide this help for free.

For people with disabilities: If you or your child uses 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 1-855-463-4100. 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 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 child's health care needs.

The Department of Children and Families (DCF) needs to know when your child's name, address, county, or telephone number changes, as well. Call DCF toll-free at 1-866-762-2237 (TTY 1-800-955-8771) Monday through Friday from 8 a.m. to 5:30 p.m. You can also go online and make the changes in your Automated Community Connection to Economic Self Sufficiency (ACCESS) account at <https://dcf-access.dcf.state.fl.us/access/index.do>. You may also contact the Social Security Administration (SSA) to report changes. Call SSA toll free at 1-800-772-1213 (TTY 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m. You may also contact your local Social Security office or go online and make changes in your *my* Social Security account at <https://secure.ssa.gov/RIL/SiView.do>.



Section 6: Your Medicaid Eligibility

In order for you to go to your child's health care appointments and for Sunshine Health to pay for your services, your child has to be covered by Medicaid and enrolled in our plan. This is called having **Medicaid eligibility**. DCF decides if someone qualifies for Medicaid.



Sometimes things in your life might change, and these changes can affect whether or not your child can still have Medicaid. It is very important to make sure that your child has Medicaid before you go to any appointments. Just because you have a Plan ID card does not mean that your child still has Medicaid. Do not worry! If you think your child's Medicaid has changed or if you have any questions about your child's Medicaid, call Member Services and we can help you check on it.

If you lose your Medicaid Eligibility

If your child loses his or her Medicaid and gets it back within 180 days, your child will be enrolled back into our plan.

If you have Medicare

If your child has Medicare, continue to use your child's Medicare ID card when he or she needs medical services (like going to the doctor or the hospital), but also give the provider your child's Medicaid Plan ID card, too.

If your child is having a baby

If your child has a baby, he or she will be covered by us on the date of birth. Call Member Services to let us know that your child's baby has arrived and we will help make sure your child's baby is covered and has Medicaid right away.

It is helpful if you let us know that your child is pregnant **before** your child's baby is born to make sure that your child's baby has Medicaid. Call DCF toll-free at 1-866-762-2237 while your child is pregnant. If you need help talking to DCF, call us. DCF will make sure your child's baby has Medicaid from the day he or she is born. They will give you a Medicaid number for your child's baby. Let us know the baby's Medicaid number when you get it.



Section 7: Enrollment in Our Plan

When your child first joins our plan, you have 120 days to try our plan. If you do not like it for any reason, you can enroll in another SMMC plan in this region. Once those 120 days are over, your child is enrolled in our plan for the rest of the year. This is called being **locked-in** to a plan. After being in our plan for one year, you can choose to stay with us or select another plan. This happens every year your child has Medicaid and is in the SMMC program.

Open Enrollment

Open enrollment is a period that starts 60 days before the end of your child's year in our plan. The State's Enrollment Broker will send you a letter letting you know that you can change plans if you want. This is called your **Open Enrollment** period. You do not have to change plans. If you leave our plan and enroll in a new one, your child will start with your



new plan at the end of your year in our plan. Once your child is enrolled in the new plan, you will have another 60 days to decide if you want to stay in that plan or change to a new one before your child is locked-in for the year. You can call the Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970).

Enrollment in the SMMC Long-term Care Program

The SMMC Long-term Care (LTC) program provides nursing facility services and home and community-based care to elders and adults (ages 18 years and older) with disabilities. Home and community-based services help people stay in their homes, with services like help with bathing, dressing and eating; help with chores; help with shopping; or supervision.

We pay for services that are provided at the nursing facility. If your child lives in a Medicaid nursing facility full time, he or she is probably already in the LTC program. If you don't know, or don't think your child is enrolled in the LTC program, call Member Services. We can help you.

The LTC program also provides help for people living in their home. But space is limited for these in-home services, so before your child can receive these services, you have to speak to someone who will ask you questions about your child's health. This is called a screening. The Department of Elder Affairs' Aging and Disability Resource Centers (ADRC) complete these screenings. Once the screening is complete, your child's name will go on a waiting list. When your child gets to the top of the waiting list, the Department of Elder Affairs Comprehensive Assessment and Review for Long-term Care Services (CARES) program will ask you to provide more information about your child to make sure your child meets other medical criteria to receive services from the LTC program. Once your child is enrolled in the LTC program, we will make sure your child continues to meet requirements for the program each year.



You can find the phone number for your local ADRC using the following map. They can also help answer any other questions that you have about the LTC program.

AREA AGENCIES ON AGING
PSA - Planning and Service Area

1 PSA 1
Northwest Florida Area Agency on Aging, Inc.
5090 Commerce Park Cir.
Pensacola, FL 32505
(850) 494-7101
www.nwflaaa.org

2 PSA 2
Area Agency on Aging for North Florida, Inc.
2414 Mahan Dr.
Tallahassee, FL 32308
(850) 488-0055
www.aaanf.org

3 PSA 3
Elder Options
100 SW 75th St., #301
Gainesville, FL 32607
(352) 378-6649
www.agingresources.org

4 PSA 4
ElderSource, The Area Agency on Aging of Northeast Florida
10688 Old St. Augustine Rd.
Jacksonville, FL 32257
(904) 391-6600
www.myeldersource.org

5 PSA 5
Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Blvd.
Gadsden Bldg., Ste. 100
St. Petersburg, FL 33702
(727) 570-9696
www.agingcarefl.org

6 PSA 6
Senior Connection Center, Inc.
8928 Brittany Way
Tampa, Florida 33619
(813) 740-3888
www.seniorconnectioncenter.org

7 PSA 7
Senior Resource Alliance
988 Woodcock Rd., Ste. 200
Orlando, FL 32803
(407) 514-1800
www.seniorresourcealliance.org

8 PSA 8
Area Agency on Aging for Southwest Florida
15201 N Cleveland Ave.
Ste. 1100
North Fort Myers, FL 33903
(239) 652-6900
www.aaaswfl.org

9 PSA 9
Area Agency on Aging of Palm Beach/Treasure Coast
4400 N Congress Ave.
West Palm Beach, FL 33407
(561) 684-5885
www.youragingresourcecenter.org

10 PSA 10
Aging and Disability Resource Center of Broward County, Inc.
5300 Hiatus Rd.
Sunrise, FL 33351
(954) 745-9567
www.adrcbroward.org

11 PSA 11
Alliance for Aging, Inc.
760 NW 107th Ave.
Ste. 214, 2nd Floor
Miami, FL 33172
(305) 670-6500
www.allianceforaging.org

County coloring represents area served by the corresponding Area Agency on Aging.



Section 8: Leaving Our Plan (Disenrollment)

Leaving a plan is called **disenrolling**. If you want to leave our plan while you are locked-in, you have to call the State's Enrollment Broker. By law, people cannot leave or change plans while they are locked-in except for very special reasons. The Enrollment Broker will talk to you about why you want to leave the plan. The Enrollment Broker will also let you know if the reason you stated allows you to change plans.

You can leave our plan at any time for the following reasons (also known as **Good Cause Disenrollment** reasons¹):

- Your child is getting care at this time from a provider that is not part of our plan but is a part of another plan
- We do not cover a service for moral or religious reasons
- Your child is an American Indian or Alaskan Native
- Your child lives in and gets his or her Long-term Care services from an assisted living facility, adult family care home, or nursing facility provider that was in our network but is no longer in our network

You can also leave our plan for the following reasons, if you have completed our grievance and appeal process²:

- Your child received poor quality of care, and the Agency agrees with you after they have looked at your child's medical records
- You cannot get the services your child needs through our plan, but your child can get the services he or she needs through another plan
- Your child's services were delayed without a good reason

If you have any questions about whether you can change plans, call Member Services or the State's Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970).

¹ For the full list of Good Cause Disenrollment reasons, please see Florida Administrative Rule 59G-8.600: https://www.flrules.org/gateway/RuleNo.asp?title=MANAGED_CARE&ID=59G-8.600

² To learn how to ask for an appeal, please turn to Section 15, Member Satisfaction, on Page 65.



Removal from Our Plan (Involuntary Disenrollment)

The Agency can remove your child from our plan (and sometimes the SMMC program entirely) for certain reasons. This is called **involuntary disenrollment**. These reasons include:

- Your child loses his or her Medicaid
- Your child moves outside of where we operate, or outside the State of Florida
- You knowingly use your child's Plan ID card incorrectly or let someone else use your child's Plan ID card
- You fake or forge prescriptions
- You, your child or your child's caregivers behave in a way that makes it hard for us to provide your child with care
- Your child is in the LTC program and lives in an assisted living facility or adult family care home that is not home-like and you will not move your child into a facility that is home-like³

If the Agency removes your child from our plan because you broke the law or for your behavior, you cannot come back to the SMMC program.



Section 9: Managing Your Care

If your child has a medical condition or illness that requires extra support and coordination, we may assign a case manager to work with you. Your case manager will help you get the services your child needs. The case manager will work with your child's other providers to manage your child's health care. If we provide you with a case manager and you do not want one, call Member Services to let us know.

If your child is in the LTC program, we will assign you a case manager. Your child must have a case manager if your child is in the LTC program. Your child's case manager is your go-to person and is responsible for **coordinating your child's care**. This means that they are the person who will help you figure out what LTC services your child needs and how to get them.

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

³ This is for Long-term Care program members only. If you have questions about your facility's compliance with this federal requirement, please call Member Services or your case manager.



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 to let you know.

Important Things to Tell Your Case Manager

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

- You don't like a service
- You have concerns about a service provider
- Your child's services aren't right
- Your child gets new health insurance
- Your child goes to the hospital or emergency room
- Your child's caregiver can't help you anymore
- Your child's living situation changes
- Your child's name, telephone number, address, or county changes



Section 10: Accessing Services

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

Providers in Our Plan

For the most part, your child 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 your child uses 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 1-855-463-4100 to get a copy, or visit our website at <https://www.sunshinehealth.com>.

If your child is in the LTC program, your child's case manager is the person who will help you choose a service provider for each of your child's services. Once you choose a service provider, they will contact them to begin your child's services. This is how services are



approved in the LTC program. Your case manager will work with you, your child, your family, your child’s caregivers, your child’s doctors and other providers to make sure that your child’s LTC services work with your child’s medical care and other parts of your child’s life.

Providers Not in Our Plan

There are some services that your child can get from providers who are not in our provider network. These services are:

- Family planning services and supplies
- Women’s preventive 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 your child uses a provider that is not in our provider network. If you have questions, call Member Services.

Dental Services

Your child’s dental plan will cover most of your child’s dental services, but some dental services may be covered by your child’s medical plan. The table below will help you to decide which plan pays for a service.

Type of Dental Service(s)	Dental Plan Covers	Medical Plan Covers
Dental Services	Covered when you see your child’s dentist or dental hygienist	Covered when you see your child’s doctor or nurse
Scheduled dental services in a hospital or surgery center	Covered for dental services by your child’s dentist	Covered for doctors, nurses, hospitals and surgery centers
Hospital visit for a dental problem	Not covered	Covered
Prescription drugs for your child’s dental visit or problem	Not covered	Covered
Transportation to your child’s dental service or appointment	Not covered	Covered



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 that we have to provide in the Medicaid program. All of the services listed in this handbook are covered services. Remember, just because a service is covered, does not mean that 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 Children⁴

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.

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 1-877-711-3662 (TDD 1-866-467-4970). The Enrollment Broker will help you find a provider for these services.

Important Facts to Remember

If you have questions about who can provide consent for medical services, please contact your assigned Community Based Care (CBC) Lead Agency. If you need help getting in touch with them, call us at 1-855-463-4100.

Sunshine Health, by law, will keep your child's health records private. Your discussions with doctors or other health care providers are also private. If you are the Medical Consenter or Legal Guardian, you have the right to say yes or no to requests for your child's records by someone other than those handling your child's health care, unless a court orders release of those records.

Medical Consenter

A Medical Consenter is the person whom a court has said can consent to medical care for a child in the custody of the State. The Medical Consenter may be the child's foster parent, a

⁴Also known as "Early and Periodic Screening, Diagnosis and Treatment" or "EPSDT" requirements.



CBC staff member, or a relative of the child. The child's parent may also be a Medical Consenter if their rights have not been terminated.

Role of Medical Consenter

The Medical Consenter agrees to a child's medical care. They also take part in the child's medical appointments. Medical care means "health care and related services." This may include medical, behavioral, dental, or eye care. This does not apply to emergency services. Contact 911, or go to the nearest hospital or emergency facility, if you think your child needs emergency care.



Section 11: Helpful Information About Your Benefits

Choosing a Primary Care Provider (PCP)

If your child has Medicare, please contact the number on your child's Medicare ID card for information about your child's PCP. You do not have to change your Medicare PCP to get medical services. You can keep your same Medicare PCP. If you do not have a Medicare PCP, we can help you find one.

If you have Medicaid or MediKids but you do not have Medicare, one of the first things you will need to do when your child enrolls in our plan is choose a PCP. This can be a doctor, nurse practitioner, or a physician assistant. Your child will see his or her PCP for regular check-ups, shots (immunizations), or when your child is sick. Your child's PCP will also help your child get care from other providers or specialists. This is called a **referral**. You can choose your child's PCP by calling Member Services.

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 your child.

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

Choosing a PCP for Your Child

If your child is having a baby, you can pick a PCP for the baby before it is born. We can help you with this by calling Member Services. If you do not pick a doctor by the time your child's baby is born, we will pick one for you. If you want to change your child's baby's doctor, call us.

It is important that you select a PCP for your child's baby 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 know what is going on with the



child and how they are growing. The child may also receive shots (immunizations) at these visits. These visits can help find problems and keep your child healthy.⁵

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

You do not need a referral for well child visits.

There is no charge for well child visits.

Specialist Care and Referrals

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

If your child has a case manager, make sure you tell your child's case manager about your child's **referrals**. The case manager will work with the specialist to get your child care.

Second Opinions

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

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 your child needs to see a provider that is not in our provider network for the second opinion, we must approve it before your child sees them.

Urgent Care

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

If your child needs Urgent Care after office hours and you cannot reach your child's PCP, call our 24-hour Nurse Advice Line at 1-855-463-4100. You will be connected to a nurse. Have your child's Sunshine Health ID card number handy. The nurse may help you over the

⁵ For more information about the screenings and assessments that are recommended for children, please refer to the "Recommendations for Preventative Pediatric Health Care – Periodicity Schedule" at www.aap.org.



phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your child's PCP.

You may also find the closest Urgent Care center to you by calling Member Services at 1-855-463-4100 or visiting our website at SunshineHealth.com and clicking "Find a Provider."

Hospital Care

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

If your child has a case manager, they will work with you and your child's provider to put services in place when your child goes home from the hospital.

Emergency Care

Your child has a medical **emergency** when your child is so sick or hurt that your child's life or health is in danger if your child does not get medical help right away. Some examples are:

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

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

If your child's condition is severe, call 911 or go to the closest emergency facility right away. Your child can go to any hospital or emergency facility. If you are not sure if it is an emergency, call your child's PCP. Your child's 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 your child receives in an emergency room to treat your child's condition.

If your child has an emergency when you are away from home, get the medical care your child needs. Be sure to call Member Services when you are able and let us know.



Provider Standards for PCP and Specialist Appointment Scheduling

PCP Appointment Type	Access Standard
Urgent Care	Within 48 hours for service that does not require prior authorization and within 96 hours for services that do require prior authorization
Regular and Routine Well Exam	Within 30 days
After Hours Care	PCPs must offer after hours appointments
Specialist Appointment Type	Access Standard
New Patient Appointment	Within 60 days of request with appropriate referral
Routine Prenatal Exams	Within four weeks until week 32, every two weeks until week 36 and every week thereafter until delivery
Oncology: New Patient Appointment	Within 30 days of request
Follow Up After Physical Health Admission	Within seven days of discharge from the hospital
Behavioral Health Appointment Type	Access Standard
Non-life Threatening Emergency	Within six hours
Urgent Access	Within 48 hours
Initial Visit for Routine Care	Within 10 business days
Follow Up for Routine Care	Within 30 calendar days
Follow Up After Behavioral Health Hospital Admission	Within seven calendar days
After Hours	Your BH provider must have a call service that is answered by a live person



Filling Prescriptions

We cover a full range of prescription medications. We have a list of drugs that we cover. This list is called our **Formulary**. You can find this list on our website at <https://www.sunshinehealth.com/members/medicaid/benefits-services/pharmacy.html> 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 child's prescription is filled.

We have pharmacies in our provider network. You can fill your child's prescription at any pharmacy that is in our provider network. Make sure to bring your child's 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

Some drugs are not available at a local pharmacy. These drugs are supplied by a specialty pharmacy provider. These drugs may need prior approval before your prescription can be filled. The pharmacy will tell your child's doctor if the drugs have to be supplied by a specialty pharmacy and if you need a prior approval.

Sunshine Health partners with AcariaHealth/Envolve Pharmacy Solution, Inc. to provide specialty drugs. These are drugs that treat complex conditions. They require extra support to make sure they are used correctly. If you want a different specialty pharmacy, tell us. We will review your request. Fill out the Specialty Pharmacy Change Request Form in Section 20 of this Handbook and return it. We will let you know if it is approved.

If you have questions about any of the pharmacy services or need help with this form, call Member Services at 1-844-463-4100.

Behavioral Health Services

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

- Always feeling sad
- Not wanting to do the things that your child used to enjoy
- Feeling worthless
- Having trouble sleeping
- Not feeling like eating
- Alcohol or drug abuse



We cover many different types of behavioral health services that can help with issues you child may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling Member Services at 1-855-463-4100
- Looking at our provider directory
- Going to our website at SunshineHealth.com.

Someone is there to help you 24 hours a day, seven days a week.

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

If your child is thinking about hurting himself or herself or someone else, call 911.

Your child can also go to the nearest emergency room or crisis stabilization center, even if it is out of our service area. Once your child is in a safe place, call your child's PCP if you can. Follow up with your child's provider within 24-48 hours. If your child gets emergency care outside of the service area, we will make plans to transfer your child to a hospital or provider that is in our plan's network once your child is stable.

Sunshine Health can help your child in many ways. Together, we can help your child get treatment. Children in the child welfare system have a history of being abused, abandoned, or neglected and have often been exposed to trauma. There may be a need for the child to receive behavioral health therapy or other supports to deal with the trauma he or she has experienced. Sunshine Health contracts with multiple providers across the state who are trained to work with children who have been traumatized, as well as those who have been adopted.

This is how we can help:

- We can help you with referrals to behavioral health providers in your community, including various community support groups.
- Sunshine Health Case Managers and Care Coordinators are available to help with accessing services and finding the right provider to address your child's behavioral health needs.
- If you aren't sure what to do, Sunshine Health has a 24-hour help line where you can discuss your current concerns and get immediate guidance on how to manage the situation. Sunshine Health's help line is available 24 hours a day, at no cost to you
- Sunshine Health works closely with the Child Welfare Community Based Care lead agencies (CBCs), Managing Entities and Adoption Specialists/Support agencies throughout the state. We can also connect you to those resources for needs that are not a Medicaid covered benefit.
- Most mental health and substance abuse services do not need a referral from your child's PCP. Providers in the community know how to contact us for a prior authorization once they have completed an assessment and determined which services would best meet the needs of your child and family.



- For Statewide Inpatient Psychiatric Program (SIPP) services and Specialized Therapeutic Group Care, a Multidisciplinary Treatment Team (MDT) or a Child Specific Staffing (CSS) must occur. For children in the foster care system, a suitability assessment must occur. For children who have been adopted, a psychiatric evaluation must be completed. Sunshine Health staff can help you understand what is needed and connect you to the right agency.
- You can call Sunshine Health toll-free at 1-855-463-4100.

Member Reward Programs

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

Reward	Reward Value	Limitations
Well Child Visits in First 15 Months	\$50	<ul style="list-style-type: none"> • Ages birth up to 15 months. • All six visits must be completed. • Visit must be with a PCP.
Preventive Well Child PCP Visits	\$10	<ul style="list-style-type: none"> • Ages 2 to 20. • Only one reward for this service per calendar year.
Diabetic Screenings <ul style="list-style-type: none"> • HbA1c test • Nephropathy test • Dilated eye exam 	\$40	<ul style="list-style-type: none"> • Members with diabetes. • All three services must be completed within same calendar year. • Only one reward for this service per calendar year.
Notification of Pregnancy Form	\$20 in first trimester, or \$10 in second trimester.	<ul style="list-style-type: none"> • No age restriction. Fill out our pregnancy form so we can personalize the ways we help you. Three easy ways to fill out our form: <ul style="list-style-type: none"> • Mail in printed form. • Call us. • Go online. Log in to your Secure Member Portal.
Postpartum Visit	\$10	<ul style="list-style-type: none"> • No age restriction. • Member does not have to be enrolled in Start Smart for Your Baby. • Postpartum visit must occur between 21 and 56 days after the delivery date.



Reward	Reward Value	Limitations
Post Behavioral Health Admission Follow Up Visit	\$10	<ul style="list-style-type: none"> • No age restriction. • Member must have been admitted to a behavioral health inpatient acute care facility. • Visit post discharge must be with a behavioral health provider. • The visit post discharge must be within seven calendar days after the date of the discharge.
Substance Abuse Health Coaching Sessions	Up to \$30	<ul style="list-style-type: none"> • Ages 12 or older. • Reward for up to three coaching sessions with a case manager. The third session must occur within three (3) months of the date of the first session. • Reward for a visit with a substance abuse provider for any of the three (3) types of outpatient visits below: <ul style="list-style-type: none"> ○ Medication assisted treatment ○ Intensive outpatient treatment ○ Outpatient substance use provider visit • Reward is \$5 after each completed session.
Tobacco Cessation Health Coaching	Up to \$20	<ul style="list-style-type: none"> • Ages 16 and older. • Member must sign and return the Program Consent form. • Member must state that they are willing to stop using tobacco within 30 days. • Complete up to four health coaching sessions for tobacco cessation. • The fourth session must be completed within six months of the date of the first coaching session. • Reward is \$5 after each completed session.



Reward	Reward Value	Limitations
Weight Loss Health Coaching	Up to \$20	<ul style="list-style-type: none"> • Ages 13 and older. • Member must sign and return the Program Consent form. • Member must state that they are willing to take steps to lose weight within 30 days. • Must complete four health coaching sessions for weight loss. • The fourth session must be completed within six months of the date of the first coaching session. • Reward is \$5 after each completed session.
Program Consent Form Received for Agreement to Participate in Tobacco Cessation Health Coaching or Weight Loss Health Coaching Programs	\$5	<ul style="list-style-type: none"> • Consent form must be signed and received at Health Plan. • Up to 2 program consents per calendar year. One for Tobacco Cessation and one for Weight Loss.
New Member Health Risk Screening	\$10	<ul style="list-style-type: none"> • A newly enrolled member in Sunshine Health. • Completion of a Health Risk Screening within 90 days of enrollment. • Only one reward.

How it works: Earning rewards is easy! When your child makes certain healthy choices, reward dollars will automatically be put on your child’s rewards card. The rewards are added approximately two weeks after we receive the claim from your child’s provider for the healthy behavior your child has completed. If it’s your child’s first reward, a card will be mailed to you.

Please remember that rewards cannot be transferred. If you leave our Plan for more than 180 days, your child may not receive his or her reward. If you have questions or are interested in having your child join any of these programs, please call us at 1-855-463-4100 (TDD/TTY 1-800-955-8770).

Disease Management Programs

Not all members need case management. Sunshine Health has several programs to improve the health of our members with chronic conditions. We know this means more than just helping your child to see a doctor. It means helping you and your child understand and manage your child’s health conditions. We do this through our disease management programs. Members are provided education and personal help from Sunshine Health staff.



The goal of this service is to add to the quality of your child's care and help you and your child to improve your child's health.

If your child has one of the conditions below, call Member Services for information:

- Asthma
- Cancer
- Depression
- Diabetes
- HIV/AIDS
- Substance Abuse Disorder

All of our programs are geared toward helping you understand and actively manage your child's health. We are here to help you and your child with things like:

- How to take medicines
- What screening tests to get
- When to call your child's doctor
- When to go to the Emergency Room

We will help you get the things your child needs. We will provide tools to help you and your child learn and take control of your child's condition. For more information, call Member Services at 1-855-463-4100 and ask to speak with a case manager.

If your child is in the LTC program, we also offer programs for Dementia and Alzheimer's issues. Sunshine Health's Alzheimer's & Dementia program focuses on LTC members diagnosed with these conditions. We will work with you and your child to create a person-centered care plan that includes goals and interventions to address your child's needs.

This program is based on personal care planning and a team approach. It provides education and help to voice the care that your child wants. It also helps you and your child to understand the services and supports your child can get.

Advance Directives

Advance Directives are written instructions about the health care your child wants to receive if he or she is unable to speak for himself or herself. Any Sunshine Health member 18 years or older can make an advance directive to accept or refuse medical or surgical treatment or withhold or remove life-giving care in the event of a terminal condition. This also includes planning treatment before your child needs it. You can call Member Services if you have questions or to ask for a copy of our policy. The number is 1-855-463-4100. Call them if you need help in finding the form. You can also talk to your child's PCP if you have any questions. Once the Advance Directive is finished, ask your child's PCP to put the form in your child's file. You and your child can make changes to your child's directive when you want to. If the law changes, we will let you know within 90 days of any change.



If your child's Advance Directive is not being followed, you can call the state's complaint line at 1-888-419-3456.

Together, you and your child's PCP can make decisions that will set your mind at ease. It can help your child's doctors understand your wishes about your child's health. Advance Directives will not take away your right to make your own decisions. They will work only when your child is unable to speak for himself or herself. Your child will not be treated differently for not having an Advance Directive. Sunshine Health does not limit the implementation of advance directives as a matter of conscience.

Examples of Advance Directives include:

- Living Will
- Health Care Power of Attorney
- "Do Not Resuscitate" Orders

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:

Case Management

We understand some members have special needs. Most children in the Child Welfare System have special needs as a result of the trauma, abuse, or neglect they have experienced. Sunshine Health's Child Welfare Specialty Plan offers our members case management services to help members with special health care needs. This service is for members, parents, foster parents, adoptive parents, or other caregivers who may need more help in taking care of their child's health or understanding their child's health care needs.

Your child may have a Dependency Case Manager at your local CBC. If your child has complex special needs, significant behavioral health needs, or a disability, Sunshine Health's case managers can help support you and the Dependency Case Manager working with your child. Our case managers are registered nurses or clinical social workers. They can help you understand your child's major health problems. They can also arrange care with your child's doctors or behavioral health providers. A case manager will work with your Dependency Case Manager, you and your child's PCP, specialists or behavioral health provider. They can help you get the care your child needs. Case managers can talk to your doctors, help schedule appointments and coordinate your child's care, including home health or other needed services.

Sunshine Health's case management team is also available to connect you and your child to needed community resources, such as food banks, WIC services, or housing support.



Member Services can give you more information about Sunshine Health's case management services. Call 1-855-463-4100 for more information. You can ask to speak to a case manager.

For our Child Welfare Specialty Plan members, we offer special case management programs including:

- Support if your child has many health conditions and sees many doctors
- Health Coaching for certain medical or behavioral health conditions
- Intellectual and developmental disabilities management
- Promoting Adoption Success
- Start Smart for Your Baby for pregnancy
- Transitioning Youth
- Human Trafficking/Commercial Sexual Exploitation of Children
- Crisis Prevention

Caregiver Training

To provide extra support to caregivers of our members, Sunshine Health Child Welfare Specialty Plan provides extensive training. This training is offered to all caregivers including foster parents, adoptive parents, relative caregivers, biological parents and other caregivers. We offer training on many topics, such as, Trauma Informed Care and other trauma training, Hope for Healing, Human Trafficking, Bullying, De-escalation, Dealing with Grief, Helping the Helper, Working with LGBTQ Youth in Care, Toxic Stress, Parenting and Working with Biological Parents.

Enhancing Transitional Services Program

Youth who are transitioning out of the foster care system may need help in many areas. Those areas can include finding a place to live, finishing education, managing money and getting a job. These members may need help finding new medical or behavioral health providers and making appointments.

This program will:

- Link to the health resources he or she needs
- Educate on how to get needed health care through the Medicaid system, understand what health care benefits are available and living a healthy life style
- Connect to independent living support programs in their communities

Promoting Adoption Success Program

The needs of children who have been adopted from the child welfare system will change as they grow. Our staff help arrange physical and behavioral health care for your adopted child and provide supports to help families stay together. They can help you find providers for your child that have experience caring for adopted children. They can connect you to community resources that can help.



Healthy Teen Pregnancy Program

Sunshine Health wants to help our members who are pregnant to have a healthy pregnancy and healthy baby. We connect pregnant members to our Start Smart for Your Baby® pregnancy program. Our staff can help your child get prenatal care early and find the right providers who can care for their pregnancy and other medical or behavioral health conditions.

Child Welfare Advisory Committee

We want to give our members the best health care services. We have a Child Welfare Advisory Committee that gives members, foster parents, adoptive parents, guardians of children who are members and member advocates a chance to talk about their thoughts and ideas with Sunshine Health's Child Welfare Specialty Plan. At these meetings, members, caregivers and other advocates have a chance to talk about the way services are delivered.

The group meets four times a year. We may ask members, providers, member advocates and Sunshine Health staff to join in the meeting. This gives members a chance to talk about ideas or concerns as a member of our Plan. The members of our Child Welfare Advisory Committee have a chance to tell us how we are doing. They may ask questions. They may share any concerns about the delivery of services.

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

To get more information about our Child Welfare Advisory Committee, call Member Services at 1-855-463-4100.

Section 12: Your Plan Benefits: Managed Medical Assistance Services

The table on the next page lists the medical services that are covered by our Plan. Remember, your child may need a referral from your child's PCP or approval from us before you go to an appointment or use a service. Services must be medically necessary in order for us to pay for them⁶.

There may be some services that we do not cover, but might still be covered by Medicaid. To find out about these benefits, call the Agency Medicaid Help Line at 1-877-254-1055. If you need a ride to any of these services, we can help you. You can call 1-877-659-8420 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 effective date of the change.

⁶ You can find the definition for Medical Necessity at http://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf



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

NOTE: Services highlighted are behavioral health in lieu of services. This means they are optional services you can choose over more traditional services based on your individual needs.

Except for emergency care, Sunshine Health must prior authorize any services to out-of-network providers and any elective inpatient admissions.

Service	Description	Coverage/Limitations	Prior Authorization
Allergy Services	Services to treat conditions such as sneezing or rashes that are not caused by an illness.	We cover blood or skin allergy testing and up to 156 doses per calendar year of allergy shots.	No
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.	No
Ambulatory Detoxification Services	Substance abuse detoxification services that are performed in a facility that is not a hospital.	For members under age 21: Up to 3 hours per day and no limit per calendar year. For members over age 21: Up to 3 hours per day for up to 30 days per calendar year.	Yes
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, for some procedures.



Service	Description	Coverage/Limitations	Prior Authorization
Anesthesia Services	Services to keep you from feeling pain during surgery or other medical procedures.	Covered as medically necessary.	Yes, for dental procedures not done in an office.
Assistive Care Services	Services provided to adults (ages 18 and older) to help with activities of daily living and taking medication.	We cover 365/366 days of services per calendar year.	Yes
Behavioral Health Assessment Services	Services used to detect or diagnose mental illnesses and behavioral health disorders.	We cover: <ul style="list-style-type: none"> - One initial assessment per calendar year - One reassessment per calendar year - Up to 150 minutes of brief behavioral health status assessments (no more than 30 minutes in a single day) 	Yes
Behavioral Health Overlay Services	Services provided in a group home setting for children ages 0 – 21 who have experienced trauma and are in the child welfare system.	We cover 365/366 days of services per calendar year.	Yes
Cardiovascular Services	Services that treat the heart and circulatory (blood vessels) system.	We cover the following as prescribed by your doctor: <ul style="list-style-type: none"> - Cardiac testing - Cardiac surgical procedures - Cardiac devices 	Yes, for some services.
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.	Yes



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: <ul style="list-style-type: none"> - One new patient visit - 24 established patient visits per calendar year - X-rays 	No
Clinic Services	Health care services provided in a county health department, federally qualified health center, or a rural health clinic.	Services must be provided in a county health department, federally qualified health center or a rural health clinic.	No
Community-Based Wrap-Around Services	Individualized care planning and care management service to support children with complex needs who are at risk of placement in a mental health treatment facility.	Children and youth up to age 21. One per day with no limits per calendar year.	Yes
Crisis Stabilization Unit Services	Emergency mental health services that are performed in a facility that is not a regular hospital.	All ages. One per day and no limit per calendar year.	No prior authorization required for the first day. After the first day, prior authorization required.



Service	Description	Coverage/Limitations	Prior Authorization
Detoxification or Addictions Receiving Facility Services	Emergency substance abuse services that are performed in a facility that is not a regular hospital.	All ages. Up to a total of 15 days per month.	No prior authorization required for the first day. After the first day, prior authorization required.
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: - Hemodialysis treatments - Peritoneal dialysis treatments	No
Drop-In Center Services	A social club offering peer support and a flexible schedule of activities.	Ages 18 and older. Maximum of 20 days per calendar year.	Yes
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.	Some service and age limits apply.	Yes, for some equipment or services.



Service	Description	Coverage/Limitations	Prior Authorization
Early Intervention Services	Services to children ages 0 - 3 who have developmental delays and other conditions.	We cover: <ul style="list-style-type: none"> - One initial evaluation per lifetime, completed by a team - Up to 3 screenings per calendar year - Up to 3 follow-up evaluations per calendar year Up to 2 training or support sessions per week	No
Emergency Transportation Services	Transportation provided by ambulances or air ambulances (helicopters or airplanes) to get you to a hospital because of an emergency.	Covered as medically necessary.	No
Evaluation and Management Services	Services for doctor's visits to stay healthy and prevent or treat illness.	We cover: <ul style="list-style-type: none"> - One adult health screening (check-up) per calendar year - Well Child Visits are provided based on age and developmental needs - One visit per month for people living in nursing facilities - Up to two office visits per month for adults to treat illnesses or conditions 	No
Family Therapy Services	Services for families to have therapy sessions with a mental health professional.	Up to 26 hours per calendar year	Yes, after 12 sessions.



Service	Description	Coverage/Limitations	Prior Authorization
Family Training and Counseling for Child Development	Educational services for family members of children with severe emotional problems focused on child development and other family support.	Ages 0 to 21. Up to a total of 9 hours per month.	Yes
Gastrointestinal Services	Services to treat conditions, illnesses, or diseases of the stomach or digestion system.	Covered as medically necessary.	Yes, for some services.
Genitourinary Services	Services to treat conditions, illnesses, or diseases of the genitals or urinary system.	Covered as medically necessary.	Yes, for some services.
Group Therapy Services	Services for a group of people to have therapy sessions with a mental health professional.	We cover: <ul style="list-style-type: none"> - Up to 39 hours per calendar year for adults - For children up to age 21 there are no limits if medically necessary 	Yes
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: <ul style="list-style-type: none"> - Cochlear implants - One new hearing aid per ear, once every 3 years - Repairs 	Yes, for some services.
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: <ul style="list-style-type: none"> - Up to 4 visits per day for pregnant members and members ages 0 to 20 - Up to 3 visits per day for all other members 	Yes



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.	Yes
Individual Therapy Services	Services for people to have one-on-one therapy sessions with a mental health professional.	We cover: <ul style="list-style-type: none"> - Up to 26 hours per calendar year for adults. - For children up to 21 there are no limits if medically necessary 	Yes, after 12 sessions.
Infant Mental Health Pre and Post Testing Services	Testing services by a mental health professional with special training in infants and young children.	For children ages 0 to 5 years only. 40 units per calendar year. (1 unit = 15 minutes)	Yes
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: <ul style="list-style-type: none"> - Up to 365/366 days for members ages 0-20 - Up to 45 days for all other members (extra days are covered for emergencies) 	Yes
Integumentary Services	Services to diagnose or treat skin conditions, illnesses or diseases.	Covered as medically necessary.	Yes, for some services.



Service	Description	Coverage/Limitations	Prior Authorization
Laboratory Services	Services that test blood, urine, saliva or other items from the body for conditions, illnesses or diseases.	Covered as medically necessary.	Yes, for some services.
Medical Foster Care Services	Services that help children with health problems who live in foster care homes.	Must be in the custody of the Department of Children and Families.	Yes
Medication Assisted Treatment Services	Services used to help people who are struggling with drug addiction.	Covered as medically necessary.	No
Medication Management Services	Services to help people understand and make the best choices for taking medication.	Covered as medically necessary.	No
Mental Health Targeted Case Management	Services to help 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 in the home, community, or school.	All ages. 96 units per calendar year. Maximum of 8 units per day. (1 unit = 15 minutes)	No
Neurology Services	Services to diagnose or treat conditions, illnesses or diseases of the brain, spinal cord or nervous system.	Covered as medically necessary.	Yes, for some services.



Service	Description	Coverage/Limitations	Prior Authorization
Non-Emergency Transportation Services	Transportation to and from all of your medical appointments. This could be on the bus, a van that can transport people with disabilities, a taxi, or other kinds of vehicles.	<p>We cover the following services for those who have no transportation:</p> <ul style="list-style-type: none"> - Out-of-state travel - Transfers between hospitals or facilities - Escorts when medically necessary 	Yes, for any trip over 100 miles.
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 or long-term rehabilitation stay.	<p>All ages</p> <p>Up to 60 days per calendar year.</p>	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.	<p>We cover for children ages 0 to 20 and for adults under the \$1,500 outpatient services cap:</p> <ul style="list-style-type: none"> - One initial evaluation per calendar year - Up to 210 minutes of treatment per week - One initial wheelchair evaluation per 5 years <p>We cover for people of all ages:</p> <ul style="list-style-type: none"> - Follow-up wheelchair evaluations, one at delivery and one 6 months later 	Yes, for some services.



Service	Description	Coverage/Limitations	Prior Authorization
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, for some services.
Orthopedic Services	Services to diagnose or treat conditions, illnesses or diseases of the bones or joints.	Covered as medically necessary.	Yes, for some services.
Outpatient Hospital Services	Medical care that you get while you are in the hospital but are not staying overnight. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you.	Emergency services are covered as medically necessary. Non-emergency services cannot cost more than \$1,500 per calendar year for members ages 21 and over.	Yes, for some services.
Pain Management Services	Treatments for long-lasting pain that does not get better after other services have been provided.	Covered as medically necessary. Some service limits may apply.	Yes
Partial Hospitalization Services	Structured mental health treatment services provided in a hospital 4-6 hours each day for 5 days per week.	All ages. One per day and no limit per calendar year.	Yes



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.	<p>We cover for children ages 0 to 20 and for adults under the \$1,500 outpatient services cap:</p> <ul style="list-style-type: none"> - One initial evaluation per calendar year - Up to 210 minutes of treatment per week - One initial wheelchair evaluation per 5 years <p>We cover for people of all ages:</p> <ul style="list-style-type: none"> - Follow-up wheelchair evaluations, one at delivery and one 6 months later 	Yes, for some services.
Podiatry Services	Medical care and other treatments for the feet.	<p>We cover:</p> <ul style="list-style-type: none"> - Up to 24 office visits per calendar year - Foot and nail care - X-rays and other imaging for the foot, ankle and lower leg - Surgery on the foot, ankle or lower leg 	Yes, for some services.
Prescribed Drug Services	This service is for drugs that are prescribed to you by a doctor or other health care provider.	<p>We cover:</p> <ul style="list-style-type: none"> - Up to a 34-day supply of drugs, per prescription - Refills, as prescribed 	Yes, for some drugs.
Private Duty Nursing Services	Nursing services provided in the home to members 0-20 who need constant care.	Up to 24 hours per day.	Yes
Psychological Testing Services	Tests used to detect or diagnose problems with memory, IQ or other areas.	10 hours of psychological testing per calendar year.	Yes



Service	Description	Coverage/Limitations	Prior Authorization
Psychosocial Rehabilitation Services	Services to assist people to re-enter everyday life. They include help with basic activities such as cooking, managing money and performing household chores.	Up to 480 hours per calendar year.	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, for some services
Regional Perinatal Intensive Care Center Services	Services provided to pregnant women and newborns in hospitals that have special care centers to handle serious conditions.	Covered as medically necessary.	Yes, for some services
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 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: <ul style="list-style-type: none"> - Respiratory testing - Respiratory surgical procedures - Respiratory device management 	Yes, for some services.



Service	Description	Coverage/Limitations	Prior Authorization
Respiratory Therapy Services	Services for members ages 0-20 to help you breathe better while being treated for a respiratory condition, illness or disease.	We cover: <ul style="list-style-type: none"> - One initial evaluation per calendar year - One therapy re-evaluation per 6 months - Up to 210 minutes of therapy treatments per week (maximum of 60 minutes per day) 	No
Self-Help/Peer Services	Support services for people with mental health or substance use conditions provided by someone with similar experiences but who is in recovery.	All ages. Up to 16 units per day (1 unit = 15 minutes)	Yes
Specialized Therapeutic Services	Services provided to children ages 0-21 with mental illnesses or substance use disorders.	For children ages 0 to 21, we cover the following: <ul style="list-style-type: none"> - Comprehensive Behavioral Health Assessments - Specialized Therapeutic Foster Care Services - Therapeutic Group home services 	Yes
Speech-Language Pathology Services	Services that include tests and treatments to help you to talk or swallow better.	We cover the following services for children ages 0 to 20: <ul style="list-style-type: none"> - Communication devices and services - Up to 210 minutes of treatment per week - One initial evaluation per calendar year We cover the following services for adults: <ul style="list-style-type: none"> - One communication evaluation per 5 years 	Yes



Service	Description	Coverage/Limitations	Prior Authorization
Statewide Inpatient Psychiatric Program Services	Services for children with severe mental illnesses that need treatment in a secured facility.	Covered as medically necessary for ages 0 to 20.	Yes
Therapeutic Behavioral On-Site Services	Therapeutic services provided in the home or community to prevent children with mental illnesses from being placed in a hospital or other facility.	Ages 0 to 20. Up to 9 hours per month.	Yes
Transplant Services	Services that include all surgery and pre- and post-surgical care.	Covered as medically necessary.	Yes
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: <ul style="list-style-type: none"> - Two pairs of eyeglasses for children ages 0-20 - Contact lenses - Prosthetic eyes 	Yes, for some services.
Visual Care Services	Services that test and treat conditions, illnesses and diseases of the eyes.	Covered as medically necessary.	Yes, for some services.

American Indian members are not asked to pay copayments.



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.

Service	Description	Coverage/Limitations	Prior Authorization
Care grant	Up to \$150 per calendar year per child for services or supplies for social use or physical activities.	Ages 0 to 21. Up to \$150 per calendar year.	Yes
CVS discount program	20% discount on certain over-the-counter items.	All ages.	No
Doula services	Pregnancy, postpartum and newborn care and assessment provided in your home by a Doula.	Ages 13 and older. No limits.	Yes
Durable medical equipment – breast pump	<ul style="list-style-type: none"> Breast pump, hospital grade rental Breast pump rental 	1 per calendar year; ages 10 to 59. 1 per 2 calendar years; ages 10 to 59.	Yes
Home delivered meals post inpatient discharge	Meals delivered to your home after a hospitalization.	Ages 0 to 21. No limits.	Yes
Life Skills Development	For children or adolescents with developmental disabilities to provide life skills help for the child or adolescent to keep, learn or improve skills and functioning for daily living. These services will be provided in the home or outpatient setting.	Ages 12 to 21. Must have a diagnosed developmental disability. Up to 160 hours per calendar year.	Yes



Service	Description	Coverage/Limitations	Prior Authorization
Newborn circumcision	Can be provided in a hospital, office or outpatient setting.	Birth to 28 days old. 1 per lifetime if medically necessary.	No
Non-emergency transportation – non-medical purposes	Transportation provided for non-medical purposes such as social outings or family visits.	Ages 5 to 21. Three round-trips per month.	Yes
Non-emergency transportation meals	Meals as part of a non-medical transportation trip.	Ages 0 to 21. Up to \$200 per day up to \$1,000 per calendar year for trips over 100 miles.	Yes
Over-the-counter benefit	Up to \$25 per household, per month, for cold, cough, allergy, vitamins, supplements, ophthalmic/otic preparations, pain relievers, gastrointestinal products, first aid care, hygiene products, insect repellent, oral hygiene products and skin care.	Ages 0 to 21.	No
Prenatal/perinatal visits	Prenatal/perinatal office visits for pregnant women.	Ages 10 to 59. 14 visits for low-risk pregnancy. 18 visits for high-risk pregnancy.	No



Service	Description	Coverage/Limitations	Prior Authorization
Postpartum visits	Doctor visits after delivery of your baby.	Ages 10 to 59. Three visits within 90 days of delivery.	No
Transition Assistance	One-time payment of up to \$500 per youth who is transitioning out of foster care at age 18 or out of extended foster care at age 21. Funds to support moving to a new home.	Ages 18 to 21. Must be in out-of-home licensed foster care for a minimum of 6 months before transitioning out of foster care.	Yes

The plan will not charge a copayment. Also, there will be no cost sharing for all covered services. This includes enhanced benefits.



Section 13: Long-term Care Program Helpful Information

(Read this section if your child is in the LTC program. If your child is not in the LTC program, skip to Section 15)

Starting Services

It is important that we learn about your child so we can make sure your child gets the care that he or she needs. Your child's case manager will set up a time to come to your home or nursing facility to meet you.

At this first visit, your case manager will tell you about the LTC program and our Plan. She or he will also ask you questions about your child's health, how he or she takes care of himself or herself, how your child spends his or her time, who helps take care of your child, and other things. These questions make up your child's **initial assessment**. The initial assessment helps us learn about what your child needs to live safely in your home. It also helps us decide what services will help your child the most.

Developing a Plan of Care

Before your child can begin to get services under the LTC program, your child must have a **person-centered plan of care (plan of care)**. Your child's case manager makes your child's plan of care. Your child's plan of care is the document that tells you all about the services your child gets from our LTC program. Your case manager will talk to you and any family members or caregivers you want to include to decide what



LTC services will help. They will use the initial assessment and other information to make a plan that is just for your child. Your child's plan of care will tell you:

- What services your child is getting
- Who is providing your child's service (your child's service providers)
- How often your child gets a service
- When a service starts and when it ends (if it has an end date)
- What your child's services are trying to help your child do. For example, if your child needs help doing small chores around your house, your child's plan of care will tell you that an adult companion care provider comes 2 days a week to help with your child's chores.
- How your child's LTC services work with other services your child gets from outside our Plan, such as from Medicare, your church or other federal programs
- Your child's **personal goals**

We don't just want to make sure that your child is living safely. We also want to make sure that your child is happy and feels connected to your community and other people. When your case manager is making your child's plan of care, they will ask you about any **personal goals** your child might have. These can be anything, really, but we want to make sure that your child's LTC services help you accomplish your child's goals. Some examples of personal goals include:

- Walking for 10 minutes every day
- Calling a loved one once a week
- Moving from a nursing facility to an assisted living facility

You or your **authorized representative** (someone you trust who is allowed to talk to us about your child's care) must sign your child's plan of care. This is how you show you agree with the Plan and the services we decided.

Your case manager will send your PCP a copy of your child's plan of care. They will also share it with your child's other health care providers.

Updating Your Plan of Care

Every month your case manager will call you to see how your child's services are going and how you are doing. If any changes are made, she or he will update your child's plan of care and get you a new copy.

Your case manager will come to see you in person to review your child's plan of care every 3 months. This is a good time to talk to them about your child's services, what is working and isn't working for your child, and how your child's goals are going. They will update your child's plan of care with any changes. Every time your child's plan of care changes, you or your authorized representative must sign it.



Remember, you can call your case manager any time to talk about problems you have, changes in your child’s life, or other things. Your case manager is available to you when you need them.

Your Back-Up Plan

Your case manager will help you make a **back-up plan**. A back-up plan tells you what to do if a service provider does not show up to give a service. For example, your home health aide did not come to give your child a bath.

Remember, if you have any problems getting your child’s services, call your case manager.



Section 14: Your Plan Benefits: Long-term Care Services

The table below lists the Long-term Care Services covered by our Plan. Remember, services must be medically necessary in order for us to pay for them⁷.

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

If you have any questions about any of the covered Long-term Care Services, please call your case manager or Member Services.

NOTE: Services highlighted are behavioral health in lieu of services. This means they are optional services you can choose over more traditional services based on your child’s individual needs.

Service	Description	Coverage/ Limitations	Prior Authorization
Adult Day Care	Supervision, social programs and activities provided at an adult day care center during the day. If you are there during meal times, you can eat there.	Per assessed need.	Yes

⁷ You can find a copy of the Statewide Medicaid Managed Care Long-term Care Program Coverage Policy at http://ahca.myflorida.com/medicaid/review/Specific/59G-4.192_LTC_Program_Policy.pdf



Service	Description	Coverage/ Limitations	Prior Authorization
Assistive Care Services	These are 24-hour services if you live in an adult family care home or an assisted living facility.	Limited to members who reside in assisted living facilities and adult family care homes.	Yes
Assisted Living	These are services that are usually provided in an assisted living facility (ALF). Services can include housekeeping, help with bathing, dressing and eating, medication assistance and social programs.	Member is responsible for paying ALF room and board. The Florida Dept. of Children and Families (DCF) will evaluate the member's income to determine if additional payment is required by member. If the member resides in a room other than a standard semi-private room, the facility may charge extra. Family supplementation is allowed to pay the difference in cost between a shared and private room directly to the facility.	Yes
Attendant Nursing Care	Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness, or injury.	Per assessed need.	Yes
Behavioral Management	Services for mental health or substance abuse needs.	Per assessed need.	Yes
Caregiver Training	Training and counseling for the people who help take care of you.	Per assessed need.	Yes



Service	Description	Coverage/ Limitations	Prior Authorization
Care Coordination/ Care Management	Services that help you get the services and support you need to live safely and independently. This includes having a case manager and making a plan of care that lists all the services you need and receive.	Available to all members.	No
Companion Care	This service helps you fix meals, do laundry and light housekeeping.	Per assessed need.	Yes
Home Accessibility/ Adaptation Services	This service makes changes to your home to help you live and move in your home safely and more easily. It can include changes like installing grab bars in your bathroom or a special toilet seat. It does not include major changes like new carpeting, roof repairs, plumbing systems, etc.	Excludes those adaptations or improvements to the home that are of general use and are not of direct medical or remedial benefit to the member.	Yes
Home Delivered Meals	This service delivers healthy meals to your home.	Per assessed need.	Yes



Service	Description	Coverage/ Limitations	Prior Authorization
Homemaker Services	This service helps you with general household activities, like meal preparation and routine home chores.	Per assessed need.	Yes
Hospice	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.	As medically needed.	No
Intermittent and Skilled Nursing	Extra nursing help if you do not need nursing supervision all the time or need it at a regular time.	Per assessed need.	Yes



Service	Description	Coverage/ Limitations	Prior Authorization
Medical Equipment and Supplies	<p>Medical equipment is used to help manage and treat a condition, illness, or injury. Medical equipment is used over and over again, and includes things like wheelchairs, braces, walkers and other items.</p> <p>Medical supplies are used to treat and manage conditions, illnesses, or injury. Medical supplies include things that are used and then thrown away, like bandages, gloves and other items.</p>	Not included are personal toiletries, and household items such as detergent, bleach and paper towels.	Yes
Medication Administration	Help taking medications if you can't take medication by yourself.	Per assessed need.	Yes
Medication Management	A review of all of the prescription and over-the-counter medications you are taking.	Per assessed need.	Yes
Nutritional Assessment/Risk Reduction Services	Education and support for you and your family or caregiver about your diet and the foods you need to eat to stay healthy.	Per assessed need.	Yes



Service	Description	Coverage/ Limitations	Prior Authorization
Nursing Facility Services	Nursing facility services include medical supervision, 24-hour nursing care, help with day-to-day activities, physical therapy, occupational therapy and speech-language pathology.	Per assessed need.	Yes
Personal Care	<p>These are in-home services to help you with:</p> <ul style="list-style-type: none"> • Bathing • Dressing • Eating • Personal Hygiene 	Per assessed need.	Yes
Personal Emergency Response Systems (PERS)	An electronic device that you can wear or keep near you that lets you call for emergency help anytime.	Limited to members who live alone or who are alone for significant parts of the day who would otherwise require extensive supervision. Coverage is provided when they are essential to the health and welfare of the member.	Yes
Respite Care	This service lets your caregivers take a short break. You can use this service in your home, an Assisted Living Facility or a Nursing Home.	Per assessed need.	Yes
Occupational Therapy	Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself and using items around the house.	Determined through multi-disciplinary assessment.	Yes



Service	Description	Coverage/ Limitations	Prior Authorization
Physical Therapy	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.	Per assessed need.	Yes
Respiratory Therapy	Respiratory therapy includes treatments that help you breathe better.	Per assessed need.	Yes
Speech Therapy	Speech therapy includes tests and treatments that help you talk or swallow.	Determined through multi-disciplinary assessment.	Yes
Transportation	Transportation to and from all of your LTC program services. This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles.	Per assessed need.	Yes, if over 100 miles.

Long-term Care Participant Direction Option

You may be offered the Participant Direction Option (PDO). You can use PDO if you use any of these services and live in your home:

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

PDO lets you **self-direct** your child’s services. This means you get to choose your child’s service provider and how and when you get your child’s service. You have to hire, train and supervise the people who work for you (your direct service workers).

You can hire family members, neighbors, or friends. You will work with a case manager who can help you with PDO.

If you are interested in PDO, ask your case manager for more details. You can also ask for a copy of the PDO Guidelines to read and help you decide if this option is the right choice for you.

Your Plan Benefits: LTC Expanded Benefits

Expanded benefits are extra services we provide to you at no cost. Talk to your case manager about getting expanded benefits.

Service	Description	Coverage/Limitations	Prior Authorization
Assisted Living Facility or Adult Family Care Home – Bed Hold Days	Services such as personal care, housekeeping, medication oversight and social programs to assist the member in an assisted living facility.	Ages 18 and older. Beds can be held for 14 days, if the member has resided in the facility for a minimum of 30 days between episodes.	No
Non-emergency Transportation – Non-medical Purposes	Transportation for non-medical trips, such as shopping or social events.	Ages 18 and older. One round trip per month.	No
Transition Assistance – Nursing Facility to Community Setting	Financial assistance to members residing in a nursing home who can transfer to independent living situations.	Ages 18 and older. Up to \$3,000 per lifetime to assist member in moving out of a nursing facility.	Yes
Individual Therapy Sessions for Caregivers	Therapeutic counseling for primary caregivers who reside with LTC members in a private home.	Ages 18 and older. Unlimited.	Yes

The plan will not charge a copayment. Also, there will be no cost sharing for all covered services. This includes enhanced benefits.





Section 15: Member Satisfaction

Complaints, Grievances and Plan Appeals

We want you to be happy with us and the care your child receives 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	Call us at any time. 1-855-463-4100	Try to solve your issue within one business day.
If you are not happy with us or our providers, you can file a Grievance	<ul style="list-style-type: none"> • Write us or call us at any time at 1-855-463-4100 (phone) or TTY/TDD at 1-800-955-8770 • Call us to ask for more time to solve your grievance if you think more time will help. <p>Contact us at: Sunshine Health 1301 International Parkway Suite 400 Sunrise, FL 33351 1-855-463-4100 Fax: 1-866-534-5972 Sunshine_Appeals@centene.com</p>	<ul style="list-style-type: none"> • Review your grievance and send you a letter with our decision within 90 days unless clinically urgent and a response will be received within 72 hours. • If we need more time to solve your grievance, we will: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • Write us, or call us and follow up in writing, within 60 days of our decision about your services – 1-855-463-4100 (phone) or TTY/TDD at 1-800-955-8770. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p>Contact us at: Sunshine Health 1301 International Parkway Suite 400 Sunrise, FL 33351 1-855-463-4100 Fax: 1-866-534-5972 Sunshine_Appeals@centene.com</p>	<ul style="list-style-type: none"> • Send you a letter within five business days to tell you we received your appeal. • Help you complete any forms. • Review your appeal and send you a letter within 30 days to answer you.
If you think waiting for 30 days will put your health in danger, you can ask for an Expedited or “Fast” Appeal	<ul style="list-style-type: none"> • Write us or call us within 60 days of our decision about your services. <p>Contact us at: Sunshine Health 1301 International Parkway Suite 400 Sunrise, FL 33351 1-855-463-4100</p>	<ul style="list-style-type: none"> • Give you an answer within 48 hours after we receive your request. • Call you the same day if we do not agree that you need a fast appeal, and send you a letter within two days.
If you do not agree with our appeal decision, you can ask for a Medicaid Fair Hearing	<ul style="list-style-type: none"> • Write to the Agency for Health Care Administration Office of Fair Hearings. • Ask us for a copy of your medical record. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. <p><i>**You must finish the appeal process before you can have a Medicaid Fair Hearing.</i></p>	<ul style="list-style-type: none"> • Provide you with transportation to the Medicaid Fair Hearing, if needed. • Restart your services if the State agrees with you. <p>If you continued your services, we may ask you to pay for the services if the final decision is not in your favor.</p>



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.

Medicaid Fair Hearings (for Medicaid Members)

You may ask for a fair hearing at any time up to 120 days after you get a Notice of Plan Appeal Resolution by calling or writing to:

Agency for Health Care Administration
Medicaid Fair Hearing Unit
P.O. Box 60127
Fort Meyers, FL 33906
1-877-254-1055 (toll-free)
1-239-338-2642 (fax)
MedicaidFairHearingUnit@ahca.myflorida.com

If you request a fair hearing in writing, please include the following information:

- Your child's name
- Your child's member number
- 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
- Any medical information to support the request
- Who you would like to help with your fair hearing

After getting your fair hearing request, the Agency will tell you in writing that they got your fair hearing request. A hearing officer who works for the State will review the decision we made.

If you are a Title XXI MediKids member, you are not allowed to have a Medicaid Fair Hearing.

Review by the State (for MediKids Members)

When you ask for a review, a hearing officer who works for the State reviews the decision made during the Plan appeal. You may ask for a review by the State any time up to 30 days after you get the notice. **You must finish your appeal process first.**



You may ask for a review by the State by calling or writing to:

Agency for Health Care Administration
P.O. Box 60127
Fort Myers, FL 33906
1-877 254-1055 (toll-free)
1-239-338-2642 (fax)
MedicaidHearingUnit@ahca.myflorida.com

After getting your request, the Agency will tell you in writing that they got your request.

Continuation of Benefits for Medicaid Members

If your child is 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 Medicaid fair hearing**. If your child's services are continued, there will be no change in your services until a final decision is made.

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

To have your child's services continue during your appeal or fair hearing, you must file your appeal and ask to continue services within this timeframe, whichever is later:

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



Section 16: Your Child's Member Rights

As a member of Medicaid and a member in a Plan, your child also has certain rights. You and your child have the right to:

- Be treated with courtesy and respect
- Have your dignity and privacy respected at all times
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your child's 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 information about your child's diagnosis, the treatment you need, choices of treatments, risks and how these treatments will help you



- Say no to any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for your child's 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, gender, sexual orientation, gender identify or source of payment
- Receive treatment for any health emergency that will get worse if your child does 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 child's doctor (second medical opinion)
- Get a copy of your child's medical record and ask to have information added or corrected in your child's record, if needed
- Have your child's medical records kept private and shared only when required by law or with your approval
- Decide how you want medical decisions made if you or your child can't make them yourself (advance directive)
- To file a grievance about any matter other than a Plan's decision about your child's services
- To appeal a Plan's decision about your child's services
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for your child that is part of our Plan
- Receive information about our Plan, its services, its practitioners and providers, and member rights and responsibilities
- Make recommendations regarding our Plan's member rights and responsibility policy
- Get care without fear of restraint or seclusion used for bullying, discipline, convenience, or revenge
- Exercise these rights without changing the way Sunshine Health or its network providers treat you

LTC Members have the right to:

- Receive services in a home-like environment regardless where your child lives
- Receive information about being involved in your child's community, setting personal goals and how you can participate in that process
- Be told where, when and how to get the services your child need



- To be able to take part in decisions about your child's health care
- To talk openly about the treatment options for your child's conditions, regardless of cost or benefit
- To choose the programs your child participates in and the providers that give your child care



Section 17: Your Member Responsibilities

As a recipient of Medicaid and a member in a Plan, your child also has certain responsibilities. You have the responsibility to:

- Give accurate information about your child's health to your Plan and providers
- Tell your provider about unexpected changes in your child's health condition
- Talk to your child's provider to make sure you understand a course of action and what is expected of you
- Listen to your child's provider, follow instructions and ask questions
- Keep your appointments or 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 with respect
- Tell us if you have problems with any health care staff
- Use the emergency room only for real emergencies
- Notify your case manager if your child has a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your child's safety
- Report fraud, abuse and overpayment
- Understand your child's health problems and participate in developing mutually agreed upon goals

LTC Members have the responsibility to:

- Tell your case manager if you want to disenroll from the Long-term Care program
- Agree to and participate in the annual face-to-face assessment, quarterly face-to-face visits and monthly telephone contact with your case manager





Section 18: Other Important Information

Patient Responsibility

You have to pay for the **patient responsibility** when your child lives in a facility, like an assisted living facility or adult family care home. Patient responsibility is the money you must pay toward the cost of your child's care. DCF will tell you the amount of your patient responsibility. Patient responsibility is based on your income and will change if your income changes.

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 1-850-413-9969 or visit their website at www.floridadisaster.org

Fraud/Abuse/Overpayment in the Medicaid Program

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid 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 Sunshine Health's anonymous and confidential hotline at 1-866-685-8664 or by contacting the Compliance Officer at 1-855-463-4100. You may also send an email to Compliancefl@centene.com.

Abuse/Neglect/Exploitation of People

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

If you feel that your child is being mistreated or neglected, you can call the Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) or for TTY/TDD at 1- 800-955-8771.

You can also call the hotline if you know of someone else that is being mistreated.

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

- If your child is hurt, call your PCP
- If your child needs 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 toll-free at 1-800-799-7233 (TTY 1-800-787-3224).

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 understand or get these documents. They do not change your child's right to quality health care benefits. The only purpose is to let others know what you want if you can't speak for yourself.

1. A Living Will
2. Health Care Surrogate Designation
3. An Anatomical (organ or tissue) Donation

You can download an advance directive form from this website:

<http://www.floridahealthfinder.gov/reports-guides/advance-directives.aspx>.

Make sure that someone, like your child's PCP, lawyer, family member, or case manager knows that your child has 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 1-855-463-4100 or the Agency by calling 1-888-419-3456.

Getting More Information

You have a right to ask for information. Call 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
- Community programs

To take a look at Sunshine Health's HEDIS results, please visit

<https://www.sunshinehealth.com/members/medicaid/resources/quality-improvement.html>





Section 19: Additional Resources

Floridahealthfinder.gov

The Agency is committed to its mission of providing “Better Health Care for All Floridians.” The Agency has created a website www.FloridaHealthFinder.gov where you can view information about Florida home health agencies, nursing homes, 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 <http://www.floridahealthfinder.gov/HealthPlans/search.aspx>. You may choose to view the information by each Plan or all Plans at once.

Elder Housing Unit

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

MediKids Information

For information on MediKids coverage please visit:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/MediKids.shtml

Aging and Disability Resource Center

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.



Independent Consumer Support Program

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



Section 20: Forms

1. Appointment of a Designated Representative
2. Authorization and Revocation Form
3. Consent for Release of Medical Records
4. Notification of Pregnancy
5. Specialty Medication Prior Authorization Form





APPOINTMENT OF A DESIGNATED REPRESENTATIVE

Case Number

Customer's Name

Completed by Customer

Medicaid ID

I would like for _____ to act on my behalf in determining
Name of Representative
my eligibility for public assistance from the Department of Children and Families.

Signature of Customer

Date

Completed by Representative

I understand that by accepting this appointment, I am responsible to provide or assist in providing information needed to establish this person's eligibility for assistance. I understand that I may be prosecuted for perjury and/or fraud if I withhold information or intentionally provide false information.

Signature of Representative

Date

Relationship to Customer

Street Address

City

State

Phone Number

Self-Appointment by Representative

I am acting for _____ in providing information to establish eligibility for assistance because he/she is unable to act on his/her own behalf. I will provide information to the best of my knowledge. I understand that if I withhold information or if I intentionally provide false information, I may be prosecuted for perjury and/or fraud. I agree to immediately report any change in their situation of which I become aware.

Signature of Representative

Date

Relationship to Customer

Street Address

City

State

Phone Number

Authorization to Use and Disclose Health Information

Notice to Member:

- Completing this form will allow **Sunshine Health** to (i) use your health information for a particular purpose, and/or (ii) share your health information with the individual or entity that you identify on this form.
- You do not have to sign this form or give permission to use or share your health information. Your services and benefits with **Sunshine Health** will not change if you do not sign this form.
- Right to cancel (revoke): This authorization/consent form is subject to revocation at any time except to the extent that **Sunshine Health** or other lawful holder of your health information that is permitted to share it has already acted in reliance on it. If you want to cancel this Authorization Form, fill out the Revocation Form on the last page and mail it to the address at the bottom of the page.
- **Sunshine Health** cannot promise that the person or group you allow us to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. We can send you copies if you need them.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the first page.

Section I.

Member Name (print): _____

Member ID Number: _____ Member Date of Birth: ____/____/____

Section II.

I give Sunshine Health consent to release my health information to the below listed person(s) or group(s) for the reason(s) below (*add additional names or groups on page 2*):

Name (person or group): _____

Relationship to Member: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Section III.

Reason I want my health information released: _____

Mail to: Sunshine Health Attn: Privacy Officer, 1301 International Parkway, Suite 400,
Sunrise, FL 33323

Phone: 1-855-463-4100 or TDD/TTY 1-800-955-8770

Authorization to Use and Disclose Health Information

Section IV.

I approve Sunshine Health to use or share the health information below:

All of my health information;

OR

All of my health information EXCEPT (check all boxes that apply):

Prescription drug/medication information

Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) information

Treatment for alcohol and/or substance abuse information

Behavioral health services

Other: _____

Section V.

Authorization End Date: _____/_____/_____ (End date is required. If no end date is listed, authorization will expire one year from the date of approval).

Section VI.

Member Signature: _____ Date: / / _____
(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship below. If you are the Member's representative, describe this below and send us copies of those forms such as power of attorney or order of guardianship.

Name: _____ Relationship: _____



Authorization to Use and Disclose Health Information

Member Name (print): _____

Member ID Number: _____ Member Date of Birth: ____/____/____

Additional Individual Person(s) or Group(s) to Receive Health Information

Name (person or group): _____

Relationship to Member: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Name (person or group): _____

Relationship to Member: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Name (person or group): _____

Relationship to Member: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Mail to: Sunshine Health Attn: Privacy Officer, 1301 International Parkway, Suite 400,
Sunrise, FL 33323

Phone: 1-855-463-4100 or TDD/TTY 1-800-955-8770



Revoke Authorization to Use and/or Disclose Health Information

Member Name (print): _____

Member ID Number: _____ Member Date of Birth: ____/____/____

I want to cancel, or revoke, the consent I gave to **Sunshine Health** to release my health information to the following person(s) or group(s).

Name (person or group): _____

Relationship to Member: _____

Authorization Signed Date (if known): ____/____/____

I understand that my health information (including, where applicable, my substance use disorder records) may have already been used or shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to use my health information for a particular purpose or to share my health information with the person or group. It does not cancel any other authorization forms I signed for health information to be used for another purpose or shared with another person or group.

Member Signature: _____ Date: ____/____/____
(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship below. If you are the Member's personal representative, describe this below and send us copies of those forms such as power of attorney or order of guardianship.

Relationship: _____

Sunshine Health will stop using or sharing your health information when we receive and process this form. Use the mailing address below. You can also call for help at the number below.



Member Notification of Pregnancy

Start Smart for Your Baby

This form is confidential. If you have any problems or questions, please call Sunshine Health at 1-855-463-4100 (TTY/TTD: 1-800-955-8770). This form is also available online at www.sunshinehealth.com.

***Required Field**

***Are You Pregnant?** Yes No * If you are pregnant, please continue to answer all the questions.

Return the form in the envelope provided. When your answers are received, a gift will be mailed to you! We may call you if we find that you are at risk for problems with your pregnancy.

***Medicaid ID #:** Today's Date MMDDYYYY:

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Mailing Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Would you like to receive text messages about pregnancy and newborn care? Yes No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.

Email Address:

***Your OB Provider's Name:**

***Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Medicaid? Yes No

Race/Ethnicity (select all that apply): White Black/African American Hispanic/Latina
American Indian/Native American Asian Hawaiian/Pacific Islander

Other If other ethnicity, please specify:

Preferred Language (if other than English):

Planning to breastfeed? Yes No If no, what is the reason?

Pediatrician chosen? Yes No Pediatrician Name:

Number of Full Term Deliveries: Number of Miscarriages:

Number of Preterm Deliveries: Number of Stillbirths:

Height (Feet, Inches): Pre-Pregnancy Weight:

***Do you have any of the following?** Yes No If yes, mark all that apply.

Your Medical History

Previous preterm delivery (<37 weeks or a delivery more than three weeks early)? Yes No

Recent delivery within past 12 months? Yes No Was delivery within past 6 months? Yes No

Previous C-Section? Yes No Diabetes (Prior to Pregnancy)? Yes No



***Medicaid ID #:**

Name: Last, First:

Sickle Cell? Yes No

Asthma? Yes No If yes, are asthma symptoms worse during pregnancy? Yes No

High blood pressure (prior to pregnancy)? Yes No Previous neonatal death or stillbirth? Yes No

HIV Positive? Yes No HIV Negative? Yes No Testing refused? Yes No AIDS? Yes No

Thyroid Problems? Yes No If yes, is this a new thyroid problem? Yes No

Seizure Disorder? Yes No Seizure within the last 6 months? Yes No

Previous alcohol or drug abuse? Yes No

Current Pregnancy History

Preterm labor this pregnancy? Yes No Current gestational diabetes? Yes No

Current twins? Yes No Current triplets? Yes No

Currently having severe morning sickness? Yes No

Current mental health concerns? Yes No List:

Current STD? Yes No List:

Current tobacco use? Yes No Amount:

If yes, are you interested in quitting? Yes No

Current alcohol use? Yes No Amount:

Current street drug use? Yes No

Taking any prescription drugs (other than prenatal vitamins)? Yes No List:

Any hospital stays this pregnancy? Yes No

If yes, please list hospitalizations during this pregnancy.

Social Issues

Do you have enough food? Yes No Are you enrolled in WIC? Yes No

Do you have problems getting to your doctor visits? Yes No Do you have reliable phone access? Yes No

Are you homeless or living in a shelter? Yes No

Are you currently experiencing domestic violence or feel unsafe in your home? Yes No

Please list any other social needs you may have:

Please list anything else you would like to tell us about your health:

If your answers indicate you are at an increased risk for complications during this pregnancy, would you consent to participate in our Start Smart Case Management program to help you and your baby?

Yes No



MEDICATION PRIOR AUTHORIZATION REQUEST FORM

Is the request for a **SPECIALTY MEDICATION** or **BUY & BILL**?

- YES (Specialty Pharmacy Medication Request)** → Complete this form and fax to **1-855-678-6976**. For questions, call 1-800-460-8988.
- YES (Buy and Bill Medication Request)** → Complete this form and fax to **1-866-351-7388**. For questions, call 1-855-463-4100, ext. 41919.
- NO (Non-Specialty Medication Request)** → Do **NOT** Use this form. Complete the Prior Authorization Form - Non-Specialty Medication form on the Sunshine Health web-site ([Click Here](#)) and fax to **1-866-399-0929**. For questions, call 1-866-399-0928.

TODAY'S DATE: _____

I. MEMBER INFORMATION [*REQUIRED FIELDS]		II. PRESCRIBER INFORMATION [*REQUIRED FIELDS]	
*Name:		*Name:	
ID Number:		Specialty:	
Gender:		*NPI or DEA Number:	
*Date of Birth:		Group or Hospital:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Primary Phone:		*Phone:	
Alternate Phone:		*Fax:	
Medication Allergies:		Office Contact Name:	
Member's Height:		Additional Pertinent Provider Information:	
Member's Weight: kg / lb (circle one)			
III. Drug Information <small>(only ONE drug request per form)</small> [*REQUIRED FIELDS]			
*HCPCS (if buy and bill):		*Drug Name:	
*Strength:		*Dosage Form:	
*Directions for Use (sig):			
*Therapy Start Date:		*Therapy End Date:	
IV. DIAGNOSIS <small>(as relevant to this request)</small> [*REQUIRED FIELDS]			
Diagnosis:		*ICD10:	
Date of Diagnosis:		NOTE: Include diagnostic clinicals (labs, radiology, etc.).	
V. MEDICATION HISTORY <small>(for this diagnosis)</small>			
A. Is the member currently on this medication? <input type="checkbox"/> Yes; if yes, how long? _____ <input type="checkbox"/> No; if no, skip items B&C, go to D.			
B. Is this a request for continuation of a previous approval? <input type="checkbox"/> Yes; if yes, go to item C. <input type="checkbox"/> No; if no, skip item C, go to D.			
C. Has the strength, dosage, or quantity required per day: <input type="checkbox"/> INCREASED: _____ <input type="checkbox"/> DECREASED: _____ <input type="checkbox"/> Remained the same			
D. Indicate PREVIOUS medications treatment/outcomes below. NOTE: Confirmation will be made using claims history.			
Drug Name, Strength, and Dosage		Dates of Therapy	Reason for Discontinuation
1.			
2.			
3.			
4.			
VI. RATIONALE FOR REQUEST and PERTINENT CLINICAL INFORMATION			
NOTE: Appropriate clinical information to support this request is required for all PA's. Attach additional sheets if more space is needed.			

Prescriber Signature

X _____ Date: _____

Please access www.SunshineHealth.com or contact provider services for a current listing of preferred products.

***REQUIRED FIELDS - PA requests with missing/incomplete required fields may be returned as an invalid request. Valid requests also require appropriate clinical documentation to support the medical necessity of this request.**

Alternative Formats Available

The information in this booklet is about your Sunshine Health benefits. Alternative formats are available to you free of charge.

Sunshine Health offers alternative formats such as:

- Large Print
- Audio
- Accessible electronic formats
- Information written in other languages

If you need this booklet in an alternative format, or for another program such as Long-term Care, please call Member Services for help at 1-855-463-4100 or TTY 1-800-955-8770.

Formatos alternativos disponibles

La información de este cuadernillo trata sobre sus beneficios de Sunshine Health. Hay formatos disponibles para usted en forma gratuita.

Sunshine Health ofrece formatos alternativos, como:

- Letra grande
- Audio
- Formatos electrónicos accesibles
- Información escrita en otros idiomas



Si necesita este cuadernillo en formatos alternativos, por favor, llame a Servicios para Miembros para pedir ayuda al 1-855-463-4100 o TTY 1-800-955-8770.

Disponible sur medias substitués

Les informations contenues dans cette brochure portent sur les prestations de santé offertes par Sunshine Health. Les publications vous sont offertes gratuitement en medias substitués.

Sunshine Health offre les medias substitués tels que:

- Grand format
- Audio
 - Supports électroniques accessibles
 - Information disponibles dans d'autres langues.

Si vous avez besoin de cette brochure dans un format autre que celui qui est offert, bien vouloir demander de l'aide au Service aux membres en appelant le 1-855-463-4100 ou TTY 1-800-955-8770.



Fòmà Altènatif Disponib

Enfòmasyon nan livre sa a konsène benefis ou yo nan Sunshine Health. Gen lòt fòmà altènatif ki disponib pou w gratis tou.

Sunshine Health ofri kèk fòmà altènatif tankou :

- Gwo Karaktè
 - Odyo
- Fòmà Elektwonik ki Aksesib
- Enfòmasyon ki ekri nan lòt lang

Si w bezwen livre sa a nan yon lòt fòmà, souple rele Sèvis Manm yo pou èd nan 1-855-463-4100 oswa nan ATS (aparèy telekominikasyon pou moun ki soud) 1-800-955-8770.

Formati alternativi disponibili

Le informazioni contenute in questo opuscolo riguardano i benefici della Sunshine Health.

La Sunshine Health offre formati alternativi come:

- Stampa a caratteri grandi
- Formato audio
- Formati elettronici accessibili
- Informazioni scritte in altre lingue

In caso si necessiti di questo opuscolo in altri formati, è necessario chiamare l'assistenza clienti al 1-855-463-4100 TTY al 1-800-955-8770.



Доступны альтернативные форматы

Информация в этом буклете касается медицинских льгот, предоставляемых вам компанией Sunshine Health. Вы можете бесплатно получить буклеты в альтернативных форматах.

Sunshine Health предоставляет документы в альтернативных форматах, в частности:

- Написанные крупным шрифтом
- В аудиоформате
- В электронном виде с расширенным доступом
- Содержащие информацию на других языках

Если вам необходимо получить данный буклет в альтернативном формате, просим обратиться за помощью в отдел обслуживания клиентов по телефону 1-855-463-4100 или ТТУ 1-800-955-8770.



Statement of Non-Discrimination

Sunshine Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sunshine Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sunshine Health:

Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Sunshine Health at 1-855-463-4100 (Relay FL 1-800-955-8770).

If you believe that Sunshine Health 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: Grievance/Appeals Unit Sunshine Health, 1301 International Parkway, Suite 400, Sunrise, Florida 33323, 1-855-463-4100 (Relay Florida 1-800-955-8770), Fax, 1-866-534-5972. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sunshine Health is available to help you. 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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



This information is available for free in other languages. Please contact our customer service number at 1-855-463-4100, TDD 1-800-955-8770 Monday through Friday, 8 a.m. to 8 p.m.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-855-463-4100, TDD 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.





Notes

