If you do not speak English, call us at 1-866-334-7927. 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 1-866-334-7927. 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 1-866-334-7927. 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.


Russian: Если вы не разговариваете по-английски, позвоните нам по номеру 1-866-334-7927. 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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<td><strong>Dental</strong></td>
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<td>*Dental benefits are offered through your Prepaid Dental Health Plan</td>
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<td><strong>Hearing/Audiology</strong></td>
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<td><strong>To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults</strong></td>
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### IMPORTANT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>For Medicaid Eligibility</th>
<th>1-866-762-2237</th>
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<tr>
<td></td>
<td>TTY: 711 or 1-800-955-8771</td>
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<tr>
<td>To report Medicaid Fraud and/or Abuse or to file a complaint about a healthcare facility</td>
<td>1-888-419-3456</td>
</tr>
<tr>
<td></td>
<td><a href="https://apps.ahca.myflorida.com/mpi-complaintform/">https://apps.ahca.myflorida.com/mpi-complaintform/</a></td>
</tr>
<tr>
<td>To request a Medicaid Fair Hearing</td>
<td>1-877-254-1055</td>
</tr>
<tr>
<td></td>
<td>1-239-338-2642 (fax)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:MedicaidHearingUnit@ahca.myflorida.com">MedicaidHearingUnit@ahca.myflorida.com</a></td>
</tr>
<tr>
<td>To file a complaint about Medicaid services</td>
<td>1-877-254-1055</td>
</tr>
<tr>
<td></td>
<td>TDD: 1-866-467-4970</td>
</tr>
<tr>
<td>To find information for elders</td>
<td>1-800-96-ELDER (1-800-963-5337)</td>
</tr>
<tr>
<td></td>
<td><a href="http://elderaffairs.state.fl.us/doea/arc.php">http://elderaffairs.state.fl.us/doea/arc.php</a></td>
</tr>
<tr>
<td>To find out information about domestic violence</td>
<td>1-800-799-7233</td>
</tr>
<tr>
<td></td>
<td>TTY: 1-800-787-3224</td>
</tr>
<tr>
<td>To find information about health facilities in Florida</td>
<td><a href="http://www.floridahealthfinder.gov/index.html">http://www.floridahealthfinder.gov/index.html</a></td>
</tr>
<tr>
<td>To find information about urgent care</td>
<td>Visit <a href="http://www.wellcare.com/Florida">www.wellcare.com/Florida</a> and click on Find a Provider/Pharmacy to find the urgent care center closest to you. Or call our 24-Hour Nurse Advice Line at 1-800-919-8807 (TTY 711) or our 24-Hour Behavioral Health Crisis Line at 1-855-606-3622.</td>
</tr>
<tr>
<td>For an emergency</td>
<td>9-1-1</td>
</tr>
<tr>
<td></td>
<td>Or go to the nearest emergency room</td>
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Questions? Call Customer Service at 1-866-334-7927 or TTY at 711 • 3
Staywell has a contract with the Florida Agency for Health Care Administration (Agency) to provide healthcare services to people with Medicaid. This is called the Statewide Medicaid Managed Care (SMMC) Program. You are enrolled in our SMMC plan. This means that we will offer you Medicaid services. We work with a group of healthcare providers to help meet your needs.

There are many types of Medicaid services that you can receive in the SMMC program. You 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 healthcare services available to you. You can ask us any questions, or get help making appointments. If you need to speak with us, just call us at 1-866-334-7927.
Section 1: Your Plan Identification Card (ID card)

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

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

Your ID card will look like this:

---

Section 2: Your Privacy

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

If you have any questions, call Customer Service. Our privacy policies and protections are:
WellCare Notice of Privacy Practices

We care about your privacy. You have a right to know how and when we share your medical information. You also have a right to see your information. This notice details how we share your information and how you may access it. Please read it carefully.

Effective Date of this Privacy Notice: March 29, 2012
Revised as of June 2019

We may change our privacy practices from time to time. If we make major changes, we will give you a copy of the new Privacy Notice. It will state when the changes take effect.

This Privacy Notice applies to the following WellCare entities:

- American Progressive Life & Health Insurance Company of New York
- Care 1st Health Plan Arizona, Inc.
- WellCare of California, Inc.
- Exactus Pharmacy Solutions, Inc.
- Harmony Health Plan, Inc.
- Missouri Care, Incorporated
- OneCare by Care1st Health Plan of Arizona, Inc.
- SelectCare of Texas, Inc.
- SelectCare Health Plans, Inc.
- WellCare Health Insurance Company of America
- WellCare Health Insurance of Arizona, Inc., which also operates in Hawai‘i as ‘Ohana Health Plan, Inc.
- WellCare Health Insurance Company of Kentucky, Inc., operating in Kentucky as WellCare of Kentucky, Inc.
- WellCare Health Plans of New Jersey, Inc.
- WellCare Health Insurance of New York, Inc.
- WellCare of Alabama, Inc.
- WellCare of Connecticut, Inc.
- WellCare of Florida, Inc., d/b/a/ Staywell Health Plan of Florida
- Staywell Kids and Children’s Medical Services Health Plan, operated by WellCare of Florida, Inc.
- WellCare of Florida, Inc.
- WellCare of Georgia, Inc.
- WellCare of Maine, Inc.
- WellCare of Nebraska, Inc.
- WellCare of New York, Inc.
- WellCare of North Carolina, Inc.
- WellCare of South Carolina, Inc.
- WellCare of Texas, Inc.
- WellCare Prescription Insurance, Inc.
- WellCare Health Plans of Arizona, Inc.
- Meridian Health Plan of Illinois, Inc.
- Meridian Health Plan of Michigan, Inc.
- MeridianRX, LLC
How We May Use and Share Your Health Information without Written Permission

WellCare has rules to protect your privacy. WellCare requires its employees to protect your health information in oral, written and electronic form. However, these are situations where we do not need your written permission to use your health information or to share it with others:

1. Treatment, Payment and Business Operations

We may have to share your health information to help treat you. We may share it to make sure providers are paid and other business reasons. For example:

Treatment:
- We may share your information with a healthcare provider who is treating you.
- For example, we may let the provider know what prescription drugs you are taking.

Payment:
- To give you health coverage and benefits, we must do things like collect premiums and make sure providers are paid for their services.
- We use your health information to do these financial tasks.

Healthcare Operations:
- We may share your information for our healthcare operations.
- This helps protect members from fraud, waste and abuse.
- It also helps us work on customer service issues and grievances.

Treatment Alternatives and Benefits and Services:
- We may use your health information to tell you about treatment options available to you.
- We will remind you about appointments and tell you about benefits or services of interest to you.

Underwriting:
- We may use your health information for underwriting.
- Please note that we will not use your genetic information for underwriting.
Family Members, Relatives or Close Friends Involved in Your Care:

- Unless you object, we may share your health information with your family members, relatives or close friends who have your permission to be involved in your medical care.
- If you are unable to agree or object, we may decide whether sharing your information is in your best interest.
- If we decide to share your health information in such a case, we will only share the information needed for your treatment or payment.

Business Associates:

- We may share your information with a business associate who needs the information to work with us.
- We will do so only if the associate signs an agreement to protect your privacy.
- Examples of business associates include auditors, lawyers and consultants.

2. Public Need

We may use and share your health information to comply with the law or to meet important public needs that are described below:

- The law requires us to do so.
- When public health officials need the information for public health matters.
- When government agencies need the information for such things as audits, investigations and inspections.
- If we believe you have been a victim of abuse, neglect or domestic violence.
- If your information is needed by a person or company regulated by the Food and Drug Administration (FDA): to report or track product defects; to repair, replace, or recall defective products; or to keep track of a product after the FDA approves it for use by the public.
- If a court orders us to release your information.
- When law enforcement officials need the information to comply with court orders or laws, or to help find a suspect, fugitive, witness or missing person.
- To prevent a serious health threat to you, another person or the public – we will only share the information with someone able to help prevent the threat.
- For research.
- When the information is needed by law for workers’ compensation or other programs that cover work-related injury or illness that do not relate to fraud.
- If your information is needed by military officials for a mission.
- When federal officials need the information to work on national security or intelligence, or to protect the President or other officials.
- To prison officers who need the information to give you healthcare or maintain safety at the place where you are confined.
• In the unfortunate event of your death, to a coroner or medical examiner, for example, to determine the cause of death.
• To funeral directors so they can carry out their duties.
• In the unfortunate event of your death, to organizations that store organs, eyes or other tissues so they may find out whether donation or transplant is allowed by law.

3. **Completely De-Identified and Partially De-Identified Information.**

These are two types of information you should know about:

• **“Completely de-identified”** health information: We share this only after taking out anything that could tell someone else who you are.
• **“Partially de-identified”** health information: Will not contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, website address or license number).
• We share partially de-identified information only for public health, research or for business operations, and the person who receives it must sign an agreement to protect your privacy as required by law.

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**Requirement for Written Authorization**

Earlier in this notice, we listed some of the reasons we may use your health information without your written authorization, including:

• Treatment
• Payment
• Healthcare operations
• Other reasons listed in this notice

However, we need your written authorization to use your health information for other reasons, which may include:

• Disclosures of psychotherapy notes (where appropriate)
• Marketing purposes
• Disclosures for selling health information

You may end your authorization in writing at any time.
Your Rights to Access and Control Your Health Information

We want you to know about these rights.

1. **Right to Access Your Health Information.**

You can get a copy of your health information except for information:

- Contained in psychotherapy notes.
- Gathered in anticipation of, or for use in, a civil, criminal or administrative proceeding.
- With some exceptions, information subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA).

We may have electronic health records (EHR) for you. You have the right to get these in electronic format. You may ask us to send a copy of your EHR to a third party that you choose.

**How to access your health information:**

- Send your written request to the address listed later in this Privacy Notice.
- In most cases we will respond within 30 days if we have the information in our facility.
- We will respond within 60 days if it is in another facility.
- We will let you know if we need more time to respond.

We may charge you a fee to cover costs like postage. If you ask for a copy of an EHR, we will not charge you any more than our labor costs.

We may not give you access to your health information if it:

- Is reasonably likely to put you or someone else in danger.
- Refers to another person and a licensed healthcare professional finds your access is likely to harm that person.
- A licensed healthcare professional determines that your access as the representative of another person is likely to cause harm to that person or any other person.

If we turn down your request for one of these reasons, you can ask for a review. You have a right to get a written explanation of the reasons for denial.

2. **You Have the Right to Change Health Information That Is Not Correct**

You may ask us to change information that you believe is wrong or not complete. Ask us in writing. We will reply within 60 days. We may not have the information. If that is the case, we will tell you how to reach someone who does. In some cases we may deny your request. You may then state that you disagree. You can ask that your statement be included when we share your information in the future.
3. You Have a Right to Know When We Share Your Information

You can ask us for an accounting of disclosures of your health information in the past six years. Our response will not include disclosures:

- For payment, treatment or healthcare operations made to you or your personal representative.
- That you authorized in writing.
- Made to family and friends involved in your care or payment for your care.
- For research, public health or our business operations.
- Made to federal officials for national security and intelligence activities made to correctional institutions or law enforcement.
- Uses or disclosures otherwise permitted or required by law.

How to ask for an accounting of disclosures:

- Write to the address listed later in this Privacy Notice.
- If we do not have your health information, we will give you the contact information of someone who does.
- We will respond within 60 days.

You can get one free request each year. We may charge a fee for more requests within the same 12 months.

4. You Have a Right to Ask for Additional Privacy Protections

You can ask us to put more restrictions on the use or disclosure of your health information. If we agree to your request, we will put these restrictions in place except in an emergency. We do not need to agree to the restriction unless:

- The disclosure is needed for payment or healthcare operations and is not otherwise required by law.
- The health information relates only to a healthcare item or service that you or someone on your behalf has paid for out of pocket and in full.

You can end the restrictions at any time.

5. You Have the Right to Ask for Confidential Communications

You can ask us to communicate with you in alternative ways.

How to request alternative communications:

- Send your request to the address listed later in this Privacy Notice.
- Clearly state in your request that disclosure of your health information could endanger you and list how or where you want to get communications.
6. You Have a Right to Know of a Breach

The law requires us to keep your health information private. We take steps to protect information in electronic files. When someone has unauthorized access, it is called a breach. We will tell you if that happens. In some cases we will post a notice on our website (www.wellcare.com) or in a news outlet in your area.

7. You Have a Right to Get a Paper Copy of This Notice

You can ask for a paper copy of this notice. Please send your written request to the address on this page of this Privacy Notice. You can also visit our website at www.wellcare.com.

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Miscellaneous

1. How to Contact Us

Let us know if you have questions about this Privacy Notice. You can reach us in one of the following ways:

- Call our Privacy Officer at 1-888-240-4946 (TTY 711)
- Call the toll-free number on the back of your membership card
- Visit www.wellcare.com
- Write to us at:

   WellCare Health Plans, Inc.
   Attention: Privacy Officer
   P.O. Box 31386
   Tampa, FL 33631-3386

2. Complaints

You may complain if you feel we have violated your privacy rights. You can do this by reaching us in one of the ways listed above. You also may send a written complaint to the U.S. Department of Health and Human Services. We will not act against you for complaining. It is your right.

3. Other Rights

This Privacy Notice explains your rights under federal law. But some state laws may give you even greater rights. These may include more favorable access and amendment rights. Some state laws may give you more protection for sensitive information in these areas:

- HIV/AIDS
- Mental health
- Alcohol and drug abuse
- Reproductive health
- Sexually transmitted diseases

If the law in your state gives you greater rights than those listed in this notice, we will comply with the law in your state.
Section 3: Getting Help from Our Customer Service

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

Contacting Customer Service

You may call us at 1-866-334-7927, or 711, Monday to Friday, 8 a.m. to 7 p.m., but not on State approved holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your identification card (ID card) with you so we can help you. (If you lose your ID card, or if it is stolen, call Customer Service.)

Contacting Customer Service 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, you may call our 24-Hour Nurse Advice Line at 1-800-919-8807. Our nurses are available to help you 24 hours a day, 7 days a week.

Section 4: Do You Need Help Communicating?

If you do not speak English, 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 use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider’s office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call 711 and give them our Customer Service phone number. It is 1-866-334-7927. 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 personal information changes, let us know as soon as possible. You can do so by calling Customer Service. We need to be able to reach you about your healthcare needs.

The Department of Children and Families (DCF) needs to know when your 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 healthcare appointments and for Staywell to pay for your services, you have 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 you can still have Medicaid. It is very important to make sure that you have Medicaid before you go to any appointments. Just because you have a Plan ID Card does not mean that you still have Medicaid. Do not worry! If you think your Medicaid has changed or if you have any questions about your Medicaid, call Customer Service and we can help you check on it.

If you Lose your Medicaid Eligibility

If you lose your Medicaid and get it back within 180 days, you will be enrolled back into our plan.

If you have Medicare

If you have Medicare, continue to use your Medicare ID card when you need medical services (like going to the doctor or the hospital), but also give the provider your Medicaid Plan ID card too.
If you are having a baby

If you have a baby, he or she will be covered by us on the date of birth. Call Customer Service to let us know that your baby has arrived and we will help make sure your baby is covered and has Medicaid right away.

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

Section 7: Enrollment in Our Plan

When you first join 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, you are 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 you have Medicaid and are in the SMMC program.

Open Enrollment

Open enrollment is a period that starts 60 days before the end of your 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, you will start with your new plan at the end of your year in our plan. Once you are 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 you are 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 you live in a Medicaid nursing facility full-time, you are probably already in the LTC program. If you don’t know, or don’t think you are enrolled in the LTC program, call Customer Service. 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 you can receive these services, you have to speak to someone who will ask you questions about your 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 name will go on a waiting list. When you get 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 yourself to make sure you meet other medical criteria to receive services from the LTC program. Once you are enrolled in the LTC program, we will make sure you continue 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.
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](http://www.nwflaaa.org)

2 **PSA 2**  
Area Agency on Aging for North Florida, Inc.  
2414 Mahan Dr.  
Tallahassee, FL 32308  
(850) 488-0055  
[www.aanf.org](http://www.aanf.org)

3 **PSA 3**  
ElderOptions, The Area Agency on Aging for Northeast Florida  
10688 Old St. Augustine Rd.  
Jacksonville, FL 32257  
(904) 391-6600  
[www.myeldersource.org](http://www.myeldersource.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](http://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](http://www.agingcarefl.org)

6 **PSA 6**  
Senior Connection Center, Inc.  
8928 Brittany Way  
Tampa, Florida 33619  
(813) 740-3888  
[www.seniorconnectioncenter.org](http://www.seniorconnectioncenter.org)

7 **PSA 7**  
Senior Resource Alliance  
988 Woodcock Rd., Ste. 200  
Orlando, FL 32803  
(407) 514-1800  
[www.seniorresourcealliance.org](http://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](http://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](http://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](http://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](http://www.allianceforaging.org)

County coloring represents area served by the corresponding Area Agency on Aging.
Enrollment in our Serious Mental Illness (SMI) Specialty Plan

Our SMI Specialty Plan is designed to help members who have one or a combination of the following conditions:

- Psychotic Disorders
- Bipolar Disorders
- Major Depression
- Schizo-Affective Disorder
- Delusional Disorders
- Obsessive-Compulsive Disorder
- Schizo-Affective Disorder
- Delusional Disorders
- Obsessive-Compulsive Disorder

In addition to all the benefits and services of our MMA Plan, members in our SMI Specialty Plan also have the following:

- Additional Expanded Benefits just for SMI Specialty Plan members (see page 66)
- Care Coordination support from SMI Trained Staff
- Increased access to providers who specialize in treating members with SMI, including accredited Behavioral Health Homes and Patient Centered Medical Homes
- Access to a dedicated Staywell at School Specialist
- Access to a dedicated Staywell Housing Specialist

While our SMI Specialty Plan is designed to help members with SMI, a member with SMI may choose not to enroll in a Specialty Plan. They may choose an MMA Plan (and LTC Plan, if eligible) instead.

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 reasons):

- You are 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

1For 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
• You are an American Indian or Alaskan Native
• You live in and get your 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 process:

• You receive poor quality of care, and the Agency agrees with you after they have looked at your medical records
• You cannot get the services you need through our plan, but you can get the services you need through another plan
• Your services were delayed without a good reason

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

Removal from Our Plan (Involuntary Disenrollment)

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

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

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

2To learn how to ask for an appeal, please turn to Section 15, Member Satisfaction, on page 76.
3This is for Long-term Care program enrollees only. If you have questions about you facility’s compliance with this federal requirement, please call Customer Service or your case manager.
Section 9: Managing Your Care

If you have 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 you need. The case manager will work with your other providers to manage your healthcare. If we provide you with a case manager and you do not want one, call Customer Service to let us know.

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

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

SMI Specialty Plan

Care Coordination Support from SMI Trained Staff

Our Care Managers are trained to understand the unique challenges that our SMI Specialty Plan members face. They offer the highest quality of care.

Our SMI Specialty Plan members also get support through our Care Coordination Outreach Program. At least once per quarter, we check on our members to see if they need help with services like:

- Behavioral, medical, or pharmacy
- Social services like housing, food, etc.

Access to Dedicated Staywell at School Specialist

SMI Specialty Plan members and their families have access to our “Staywell at School” Specialist. This person knows how to work with the schools to help our members get the services they need to improve school success.

Access to Dedicated Staywell Housing Specialist

Our SMI Specialty Plan members have access to our Staywell Housing Specialist, who will assist them in working with local agencies to find safe, stable housing.
Changing Case Managers

If you want to choose a different case manager, call Customer Service. 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 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 services aren’t right
- You get new health insurance
- You go to the hospital or emergency room
- Your caregiver can’t help you anymore
- Your living situation changes
- Your name, telephone number, address, or county changes

Section 10: Accessing Services

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

If you have ongoing special healthcare needs, you have direct access to specialists. However, review of the condition is requested by Staywell.

Providers in Our Plan

For the most part, you must use doctors, hospitals, and other healthcare providers that are in our provider network. Our provider network is the group of doctors, therapists, hospitals, facilities, and other healthcare providers that we work with. You can choose from any provider in our provider network. This is called your freedom of choice. If you use a healthcare 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 1-866-334-7927 to get a copy or visit our website at www.wellcare.com/Florida. We can tell you more about your providers schooling, residency and qualifications.

If you are in the LTC program, your case manager is the person who will help you choose a service provider for each of your services. Once you choose a service provider, they will contact them to begin your services. This is how services are approved in the LTC program. Your case manager will work with you, your family, your caregivers, your doctors and other providers to make sure that your LTC services work with your medical care and other parts of your life.

**Providers Not in Our Plan**

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

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

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

**Telemedicine**

This service can expand healthcare access to all members.

That includes:

- Members living in rural areas
- Members living in medically underserved communities
- Members who prefer the convenience and privacy of telemedicine
- Members who have complex conditions or schedules

We cover visits through this service just like in-person visits.
It doesn’t matter if the place is remote. But the provider must conduct the visits in the scope of his or her practice.

How can you find a provider who uses the service? That’s easy!

**You have a few options:**

- Look in the Staywell Provider Directory
- Visit our online provider search tool
- Call Customer Service

Once you find a provider, you can get care from your home! All you have to do is use your smartphone, tablet, or computer.

Don’t have those? That’s OK, too!

**Here are more options:**

- We can refer you to the Safelink cell phone program. It offers free mobile phones and a free monthly allotment of minutes, text messages, and data that you can use for telemedicine
- You can call us to see if a Welcome Room in your area is equipped with computers, Wi-Fi and private meeting spaces for a telemedicine visit. See Section 21 for information about our Welcome Rooms

Our Field Care Managers’ laptops can be made available for telemedicine appointments

**Dental Services**

* Your dental plan will cover most of your dental services, but some dental services may be covered by your medical plan. The table below will help you to decide which plan pays for a service.
<table>
<thead>
<tr>
<th>Type of Dental Service(s):</th>
<th>Dental Plan Covers:</th>
<th>Medical Plan Covers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Services</td>
<td>Covered when you see your dentist or dental hygienist</td>
<td>Covered when you see your doctor or nurse</td>
</tr>
<tr>
<td>Scheduled dental services in a hospital or surgery center</td>
<td>Covered for dental services by your dentist</td>
<td>Covered for doctors, nurses, hospitals, and surgery centers</td>
</tr>
<tr>
<td>Hospital visit for a dental problem</td>
<td>Not covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Prescription drugs for a dental visit or problem</td>
<td>Not covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Transportation to your dental service or appointment</td>
<td>Not covered</td>
<td>Covered</td>
</tr>
</tbody>
</table>

**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 you 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 Customer Service. Do not pay the bill until you have spoken to us. We will help you.

**Services for Children**

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

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*Also known as “Early and Periodic Screening, Diagnosis, and Treatment” or “EPSDT” requirements.*
Your provider may need to ask us for approval before giving your child the service. Call Customer Service if you want to know how to ask for these services.

At times, we may deny coverage for service or care. Our clinical staff makes these decisions. (They are nurses and doctors.) Here are some things you should know about this process:

- Decisions are based on the best use of care and services
- The people who make decisions don’t get paid to deny care (no one does)
- We do not promote denial of care in any way

Call us if you have questions about this process. Call toll-free 1-866-334-7927.

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.

Section 11: Helpful Information About Your Benefits

Choosing a Primary Care Provider (PCP)

If you have Medicare, please contact the number on your Medicare ID card for information about your 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 you enroll in our plan is choose a PCP. This can be a doctor, nurse practitioner, or a physician assistant. You will see your PCP for regular checkups, shots (immunizations), or when you are sick. Your PCP will also help you get care from other providers or specialists. This is called a referral. You can choose your PCP by calling Customer Service.

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

You can change your PCP at any time. To change your PCP, call Customer Service.
Choosing a PCP for Your Child

You can pick a PCP for your baby before your baby is born. We can help you with this by calling Customer Service. If you do not pick a doctor by the time your baby is born, we will pick one for you. If you want to change your baby’s doctor, call us.

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

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

You do not need a referral for well child visits.

There is no charge for well child visits.

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.

SMI Specialty Plan

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

SMI members are more likely to have multiple health issues like hypertension, diabetes, cardiovascular disease, etc., than the general population. They are also less likely to have access to a PCP. To ensure easy access to a PCP for our SMI members, we help facilitate access to one who is part of a Behavioral Health Home or Patient Centered Medical Home.

Specialist Care and Referrals

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

If you have a case manager, make sure you tell your case manager about your referrals or your ongoing special healthcare needs. The case manager will work with the specialist to get you care if you need assistance.
Second Opinions

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

Your PCP, case manager or Customer Service can help find a provider to give you a second opinion. You can pick any of our providers. If you are unable to find a provider with us, we will help you find a provider that is not in our provider network. If you need to see a provider that is not in our provider network for the second opinion, we must approve it before you see them.

Urgent Care

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

If you need Urgent Care after office hours and you cannot reach your PCP, call our 24-hour Nurse Advice Line. Speak with a nurse toll-free at 1-800-919-8807. He or she will try to help you over the phone. You may also call our 24-Hour Behavioral Health Crisis Line at 1-855-606-3622. You may be told to go to an urgent care center for help. Urgent care centers do not require a prior approval.

You may also find the closest Urgent Care center to you at www.wellcare.com/Florida. Click Find a Provider/Pharmacy. Or call our 24-Hour Nurse Advice Line at 1-800-919-8807.

Hospital Care

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

If you have a case manager, they will work with you and your provider to put services in place when you go home from the hospital.
Emergency Care

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

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

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

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

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

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Customer Service when you are able and let us know.

Filling Prescriptions

We cover a full range of prescription medications. We have a list of drugs that we cover. This list is called our Formulary. You can find this list on our Web site at http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml or by calling Customer Service.

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

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

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

Specialty pharmacies fill prescriptions for specialty drugs. These types of drugs may be injected, infused or swallowed. You usually can’t get these drugs at a store. Staywell has partnered with Exactus™ Pharmacy Solutions. This is where you may get your specialty drug(s). If you like Exactus, you do not have to do anything. You may fill your medications through Exactus. You may also fill them at a different specialty pharmacy. If you want to use a different specialty pharmacy, please call Exactus. The toll-free number is 1-888-246-6953 (TTY 1-855-516-5636). One of the pharmacy staff will help you transfer to your choice of network specialty pharmacy.

Behavioral Health Services

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

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

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

- Calling 1-866-334-7927 (TTY 711)
- Looking at our provider directory
- Going to our website www.wellcare.com/Florida

Someone is there to help you 24 hours a day, 7 days a week. We also have a 24-hour crisis line. If you think you or a family member is having a behavioral health crisis, please call 1-855-606-3622. A trained person will listen to your problem. He or she will help you determine the best way to handle the crisis.

You do not need a referral from your PCP for behavioral health services

If you are thinking about hurting yourself or someone else, call 911. You can also go to the nearest emergency room or crisis stabilization center, even if it is out of our service area. Once you are in a safe place, call your PCP if you can. Follow up with your provider within
24–48 hours. If you get emergency care outside of the service area, we will make plans to transfer you to a hospital or provider that is in our plan’s network once you are stable.

**Member Reward Programs**

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

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Activity Criteria</th>
<th>Incentive Type</th>
<th>Incentive Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Programs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Approved Stop Smoking Program</td>
<td>You can complete 3 sessions on the phone with a health coach or finish an approved stop smoking program (ages 13 and up)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$10</td>
</tr>
<tr>
<td>Weight Loss Program</td>
<td>You can complete 6 sessions on the phone with a health coach or finish an approved weight loss program (ages 13 and up)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$10</td>
</tr>
<tr>
<td>Alcohol or Substance Abuse Recovery Program</td>
<td>You can complete a phone session with a health coach. It includes training. You must also go through a local treatment program. Or you may finish an approved substance use disorder treatment program. (ages 13 and up)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$10</td>
</tr>
<tr>
<td>New Enrollee Healthy Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Risk Assessment</td>
<td>Complete a Health Risk Assessment in the first 60 days of enrollment in the plan</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$10</td>
</tr>
<tr>
<td>Initial PCP Visit</td>
<td>Complete an initial visit with your PCP in the first 90 days of enrollment in the plan</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$10</td>
</tr>
</tbody>
</table>

Questions? Call Customer Service at 1-866-334-7927 or TTY at 711 • 31
<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Activity Criteria</th>
<th>Incentive Type</th>
<th>Incentive Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children’s Healthy Activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Child Visit: 0–15 months</td>
<td>Complete a well-child visit per periodicity schedule (up to 6 visits)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Well Child Visit: 3–6 years</td>
<td>Complete an annual well-child visit</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
<tr>
<td>Adolescent Checkup: 12–21 years</td>
<td>Complete an annual adolescent visit</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Healthy Pregnancy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Prenatal Care Visit</td>
<td>Complete an initial prenatal visit during your first trimester or within 42 days of enrollment</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
<tr>
<td>Second Prenatal Visit</td>
<td>Complete a second prenatal visit</td>
<td>Bonus Reward</td>
<td>Choice of stroller, portable playpen, car seat, or six packs of diapers</td>
</tr>
<tr>
<td>Postpartum Care Visit</td>
<td>Attend 1 postpartum visit 21–56 days after the birth of the baby</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Diabetes Healthy Behavior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td>Complete an annual eye exam (members with diabetes ages 18–75)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
<tr>
<td>A1C Control</td>
<td>Complete an HbA1C lab test (members with diabetes ages 18–75)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
</tbody>
</table>
### Diabetes Healthy Behavior (continued)

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Activity Criteria</th>
<th>Incentive Type</th>
<th>Incentive Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure Control</td>
<td>Have blood pressure checked by your doctor (members with diabetes ages 18–75)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
</tbody>
</table>

### Well Woman

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Activity Criteria</th>
<th>Incentive Type</th>
<th>Incentive Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer Screening</td>
<td>Complete an annual cervical cancer screening (pap smear) (ages 21–64)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
<tr>
<td>Screening Mammogram</td>
<td>Complete a screening mammogram (ages 50–74)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>Complete an annual chlamydia screening (ages 16–24)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
</tbody>
</table>

### Adult Health

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Activity Criteria</th>
<th>Incentive Type</th>
<th>Incentive Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Wellness Visit</td>
<td>Complete an annual adult screening (age 20 and older)</td>
<td>Visa® Prepaid Card, or Gift Card</td>
<td>$20</td>
</tr>
</tbody>
</table>

Please remember that rewards cannot be transferred. If you leave our Plan for more than 180 days, you may not receive your reward. If you have questions or want to join any of these programs, please call us toll-free at **1-866-334-7927**.

### Disease Management Programs

We have special programs available that will help you if you have one of these conditions.

**Cancer Program:** offers education about diagnosis and treatment, helps manage symptoms and side effects, helps with finding healthcare services, and emotional support for members and their families during this difficult time.

**Diabetes Program:** helps people with diabetes learn more about diabetes and health risks, healthy lifestyle choices (like diet, smoking, exercise and controlling blood sugar levels), staying on track with the plan of care and medication schedule.
**STAYWELL HEALTH PLAN**

**Asthma Program:** guides those with asthma to learn more about the condition, health risks, how to reduce triggers (like dust, mold, cold air, cigarette smoke), and staying on track with the plan of care and medication schedule.

**High Blood Pressure (Hypertension) Program:** helps those with high blood pressure to address and improve lifestyle habits like smoking, exercise, low fat diet, following the medication schedule, new ways to manage stress, and learning the early signs of a heart attack.

**Behavioral Health Program:** helps members find a provider, counselor or other care, offers guidance on health, wellness and healthy support systems, following the plan of care and medication schedule, changing unhealthy behaviors and learning healthy coping skills.

**Substance Use Disorder Program:** offers guidance on health, wellness, and positive support systems, referrals to Narcotics Anonymous (NA) and Alcoholics Anonymous (AA), encouragement and support for the treatment plan and self-care.

**First Year of Life Program:** guidance, education and health coaching for new parents during the first 15 months of baby's life; find a physician for baby; encourage wellness visits; shots and lead testing as needed; access to baby resources like our Healthy Rewards Program, WIC, Healthy Start, Early Steps, community resources for housing, utilities, child care, and more.

**End-of-Life Issues including information on Advance Directives:** care management supports members with life-threatening illness. Care Managers will discuss treatment plan options, quality of life decisions and Advance Directives including:

- Living Will
- Health Care Surrogate Designation, and
- Organ Donation

Get these forms from your Care Manager or from the following website: [http://floridahealthfinder.gov/reports-guides/advance-directives.aspx](http://floridahealthfinder.gov/reports-guides/advance-directives.aspx)

**Dementia and Alzheimer's**

If you are in the LTC program, we also offer programs for Dementia and Alzheimer's issues. We help patients follow their plan of care and medication schedule, support better management of symptoms, help know what to expect and when to report changes, get help with health and wellness activities, and help with positive support systems.
Quality Enhancement Programs

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

- Children’s Programs
- Domestic Violence
- Pregnancy Prevention
- Pregnancy Related Programs
- Healthy Start Services
- Nutritional Assessment/Counseling
- Behavioral Health Programs
- Telemedicine/Telemonitoring
- Long-term care (LTC)

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

To get more information about our quality enhancement program or to give us your ideas, call Customer Service.

Section 12: Your Plan Benefits: Managed Medical Assistance Services

The table below lists the medical services that are covered by our Plan. Remember, you may need a referral from your PCP or approval from us before you go to an appointment or use a service. Services must be medically necessary in order for us to pay for them.\(^6\)

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 \(1-866-591-4066\) 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.

If you have questions about any of the covered medical services, please call Customer Service.

\(^6\)You can find the definition for Medical Necessity at http://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf
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<tr>
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</thead>
<tbody>
<tr>
<td>Addictions Receiving Facility Services</td>
<td>Services used to help people who are struggling with drug or alcohol addiction</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Allergy Services</td>
<td>Services to treat conditions such as sneezing or rashes that are not caused by an illness</td>
<td>We cover blood or skin allergy testing and up to 156 doses per year of allergy shots</td>
<td>No</td>
</tr>
<tr>
<td>Ambulance Transportation Services</td>
<td>Ambulance services are for when you need emergency care while being transported to the hospital or special support when being transported between facilities</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Ambulatory Detoxification Services</td>
<td>Services provided to people who are withdrawing from drugs or alcohol</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Ambulatory Surgical Center Services</td>
<td>Surgery and other procedures that are performed in a facility that is not the hospital (outpatient)</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Anesthesia Services</td>
<td>Services to keep you from feeling pain during surgery or other medical procedures</td>
<td>Covered as medically necessary</td>
<td>Prior Authorization Required</td>
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<tr>
<td>Assistive Care Services</td>
<td>Services provided to adults (ages 18 and older) help with activities of daily living and taking medication</td>
<td>We cover 365/366 days of services per year</td>
<td>No</td>
</tr>
</tbody>
</table>
| Behavioral Health Assessment Services | Services used to detect or diagnose mental illnesses and behavioral health disorders | We cover:  
• One initial assessment per year  
• One reassessment per year  
• Up to 150 minutes of brief behavioral health status assessments (no more than 30 minutes in a single day)  
• Co-payment: $0 per visit  
*Limitations do not apply to SMI Specialty Plan | Prior Authorization Required |
| Behavioral Health Overlay Services | Behavioral health services provided to children (ages 0–18) enrolled in a DCF program | As medically necessary, we cover 365/366 days of services per year, including therapy, support services and aftercare planning | Prior Authorization Required |

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<tr>
<td><strong>Behavioral Health Services –</strong></td>
<td>A special mental health program to children enrolled in a DCF program</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
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<tr>
<td><strong>Child Welfare</strong></td>
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<tr>
<td><strong>Cardiovascular Services</strong></td>
<td>Services that treat the heart and circulatory (blood vessels) system</td>
<td>We cover the following as prescribed by your doctor:</td>
<td>Prior Authorization Required</td>
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<td>• Cardiac testing</td>
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<td>• Cardiac surgical procedures</td>
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<td></td>
<td></td>
<td>• Cardiac devices</td>
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<td></td>
<td></td>
<td>• Co-payment: $0 per office visit</td>
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<tr>
<td><strong>Child Health Services</strong></td>
<td>Services provided to children (ages 0–3) to help them get healthcare and</td>
<td>Your child must be enrolled in the DOH Early Steps program</td>
<td>No</td>
</tr>
<tr>
<td><strong>Targeted Case Management</strong></td>
<td>other services</td>
<td></td>
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<tr>
<td><strong>Chiropractic Services</strong></td>
<td>Diagnosis and manipulative treatment of misalignments of the joints,</td>
<td>We cover the following as prescribed by your doctor:</td>
<td>Prior Authorization Required</td>
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<td>especially the spinal column, which may cause other disorders by affecting</td>
<td>• One new patient visit</td>
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<td></td>
<td>the nerves, muscles, and organs</td>
<td>• 24 established patient visits per year</td>
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<td></td>
<td></td>
<td>• X-rays</td>
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<td></td>
<td></td>
<td>• Co-payment: $0 per visit</td>
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<tr>
<td>Clinic Services</td>
<td>Healthcare services provided in a county health department, federally qualified health center, or a rural health clinic</td>
<td>Co-payment: $0 per visit to a federally qualified health center or rural health clinic visit</td>
<td>No</td>
</tr>
<tr>
<td>Community-Based Wrap-Around Services</td>
<td>Services provided by a mental health team to children who are at risk of going into a mental health treatment facility</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Dialysis Services</td>
<td>Medical care, tests, and other treatments for the kidneys</td>
<td>We cover the following as prescribed by your treating doctor:</td>
<td>Prior Authorization Required</td>
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<td>This service also includes dialysis supplies, and other supplies that help treat the kidneys</td>
<td>• Hemodialysis treatments</td>
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<td></td>
<td>• Peritoneal dialysis treatments</td>
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</tr>
<tr>
<td>Durable Medical Equipment and Medical Supplies Services</td>
<td>Medical equipment is used to manage and treat a condition, illness, or injury</td>
<td>Some service and age limits apply.</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment is used over and over again, and includes things like wheelchairs, braces, crutches, and other items</td>
<td>Call us toll-free at 1-866-334-7927 for more information.</td>
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<td>Medical supplies are items meant for one-time use and then thrown away</td>
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<tr>
<td>Early Intervention Services</td>
<td>Services to children ages 0–3 who have developmental delays and other conditions</td>
<td>We cover: • One initial evaluation per lifetime, completed by a team • Up to 3 screenings per year • Up to 3 follow-up evaluations per year • Up to 2 training or support sessions per week</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Transportation Services</td>
<td>Transportation provided by ambulances or air ambulances (helicopter or airplane) to get you to a hospital because of an emergency</td>
<td>Covered as medically necessary</td>
<td>No</td>
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<tr>
<td><strong>Evaluation and Management Services</strong></td>
<td>Services for doctor’s visits to stay healthy and prevent or treat illness</td>
<td>We cover: • One adult health screening (checkup) per year • Child health checkups 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 • Co-payment: $0 per office visit</td>
<td>No</td>
</tr>
<tr>
<td><strong>Family Therapy Services</strong></td>
<td>Services for families to have therapy sessions with a mental health professional</td>
<td>Co-payment: $0 per visit</td>
<td>Prior Authorization May be Required</td>
</tr>
<tr>
<td><strong>Family Training and Counseling for Child Development</strong></td>
<td>Services to support a family during their child’s mental health treatment</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
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<tr>
<td><strong>Gastrointestinal Services</strong></td>
<td>Services to treat conditions, illnesses, or diseases of the stomach or digestion system</td>
<td>We cover: • Covered as medically necessary • Co-payment: $0 per office visit</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Genitourinary Services</strong></td>
<td>Services to treat conditions, illnesses, or diseases of the genitals or urinary system</td>
<td>We cover: • Covered as medically necessary • Co-payment: $0 per office visit</td>
<td>No</td>
</tr>
<tr>
<td><strong>Group Therapy Services</strong></td>
<td>Services for a group of people to have therapy sessions with a mental health professional</td>
<td>Co-payment: $0 per visit</td>
<td>Prior Authorization May be Required</td>
</tr>
<tr>
<td><strong>Hearing Services</strong></td>
<td>Hearing tests, treatments and supplies that help diagnose or treat problems with your hearing. This includes hearing aids and repairs</td>
<td>We cover hearing tests and the following as prescribed by your doctor: • Cochlear implants • One new hearing aid per ear, once every 3 years • Repairs</td>
<td>Prior Authorization is required for cochlear implants</td>
</tr>
<tr>
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<tr>
<td><strong>Home Health Services</strong></td>
<td>Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness or injury</td>
<td>We cover: • Up to 4 visits per day for pregnant recipients and recipients ages 0–20 • Up to 3 visits per day for all other recipients • Co-payment: $0 per provider, per day</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Hospice Services</strong></td>
<td>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</td>
<td>Covered as medically necessary Co-payment: See information on Patient Responsibility for co-payment information</td>
<td>No</td>
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<tr>
<td>Individual Therapy Services</td>
<td>Services for people to have one-to-one therapy sessions with a mental health professional</td>
<td>Co-payment: $0 per visit</td>
<td>Prior Authorization May be Required</td>
</tr>
<tr>
<td>Infant Mental Health Pre and Post Testing Services</td>
<td>Testing services by a mental health professional with special training in infants and young children</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
</tbody>
</table>
| 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:  
  • Up to 365/366 days for recipients ages 0–20  
  • Up to 45 days for all other recipients (extra days are covered for emergencies) | Prior Authorization Required                   |
| Integumentary Services        | Services to diagnose or treat skin conditions, illnesses or diseases         | Covered as medically necessary  
  Co-payment: $0 per office visit | No                                               |
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<tr>
<td><strong>Laboratory Services</strong></td>
<td>Services that test blood, urine, saliva or other items from the body for conditions, illnesses or diseases</td>
<td>Covered as medically necessary&lt;br&gt;Co-payment: $0 per lab visit, $0 per office visit</td>
<td>No</td>
</tr>
<tr>
<td><strong>Medical Foster Care Services</strong></td>
<td>Services that help children with health problems who live in foster care homes</td>
<td>Must be in the custody of the Department of Children and Families</td>
<td>No</td>
</tr>
<tr>
<td><strong>Medication Assisted Treatment Services</strong></td>
<td>Services used to help people who are struggling with drug addiction</td>
<td>Covered as medically necessary&lt;br&gt;Co-payment: $0 per office visit</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Medication Management Services</strong></td>
<td>Services to help people understand and make the best choices for taking medication</td>
<td>Covered as medically necessary&lt;br&gt;Co-payment: $0 per office visit</td>
<td>No</td>
</tr>
<tr>
<td><strong>Mental Health Partial Hospitalization Program Services</strong></td>
<td>Treatment provided for more than 3 hours per day, several days per week, for people who are recovering from mental illness</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
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<tr>
<td>Mental Health Targeted Case Management</td>
<td>Services to help get medical and behavioral healthcare for people with mental illnesses</td>
<td>Covered as medically necessary</td>
<td>Prior Authorization May be Required</td>
</tr>
<tr>
<td>Mobile Crisis Assessment and Intervention Services</td>
<td>A team of healthcare professionals who provide emergency mental health services, usually in people’s homes</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>MultiSystemic Therapy Services</td>
<td>An intensive service focused on the family for children at risk of residential mental health treatment</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Neurology Services</td>
<td>Services to diagnose or treat conditions, illnesses or diseases of the brain, spinal cord or nervous system</td>
<td>Covered as medically necessary and recommended by us</td>
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Co-payment: $0 per office visit
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</table>
| Non-Emergency Transportation Services | Transportation to and from all of your medical appointments. This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles | We cover the following services for recipients who have no transportation:  
• Out-of-state travel  
• Transfers between hospitals or facilities  
• Escorts when medically necessary  
• Co-payment: $0 per each one-way trip ($0 to go to your doctor’s office and back home) | No |
| Nursing Facility Services       | Medical care or nursing care that you get while living full-time in a nursing facility. This can be a short-term rehabilitation stay or long-term | We cover 365/366 days of services in nursing facilities as medically necessary  
Co-payment: See information on Patient Responsibility for co-payment information | Prior Authorization Required |
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</table>
| Occupational Therapy Services| Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself, and using items around the house | We cover for children ages 0–20 and for adults under the $1,500 outpatient services cap:  
- One initial evaluation per year  
- Up to 210 minutes of treatment per week  
- One initial wheelchair evaluation per 5 years 
We cover for people of all ages:  
- Follow-up wheelchair evaluations, one at delivery and one 6-months later | Prior Authorization Required      |
| 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  
Co-payment: $0 per office visit | Prior Authorization Required      |
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<tr>
<td>Orthopedic Services</td>
<td>Services to diagnose or treat conditions, illnesses or diseases of the bones or joints</td>
<td>Covered as medically necessary</td>
<td>Prior Authorization Required</td>
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<td>Co-payment: $0 per office visit</td>
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<tr>
<td>Outpatient Hospital Services</td>
<td>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</td>
<td>Emergency services are covered as medically necessary</td>
<td>No</td>
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<td>Non-emergency services cannot cost more than $1,500 per year for recipients ages 21 and over</td>
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<td>Co-payment: $15.00 or less for non-emergency services at an emergency room and $0 for all others</td>
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<tr>
<td>Pain Management Services</td>
<td>Treatments for long-lasting pain that does not get better after other services have been provided</td>
<td>Covered as medically necessary; some service limits may apply</td>
<td>Prior Authorization Required</td>
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<td>Co-payment: $0 per visit</td>
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<tr>
<td>Partial Hospitalization Services</td>
<td>Services for people leaving a hospital for mental health treatment</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
</tbody>
</table>
| Physical Therapy Services     | Physical therapy includes exercises, stretching and other treatments to help your body get stronger and feel better after an injury, illness or because of a medical condition | We cover for children ages 0–20 and for adults under the $1,500 outpatient services cap:  
  • One initial evaluation per year  
  • Up to 210 minutes of treatment per week  
  • One initial wheelchair evaluation per 5 years  
 We cover for people of all ages:  
  • Follow-up wheelchair evaluations, one at delivery and one 6-months later | Prior Authorization Required       |
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<tr>
<td>Podiatry Services</td>
<td>Medical care and other treatments for the feet</td>
<td>We cover: • Up to 24 office visits per year • Foot and nail care • X-rays and other imaging for the foot, ankle and lower leg • Surgery on the foot, ankle or lower leg • Co-payment: $0 per office visit</td>
<td>No</td>
</tr>
<tr>
<td>Prescribed Drug Services</td>
<td>This service is for drugs that are prescribed to you by a doctor or other healthcare provider</td>
<td>We cover: • Up to a 34-day supply of drugs, per prescription • Refills, as prescribed</td>
<td>No</td>
</tr>
<tr>
<td>Private Duty Nursing Services</td>
<td>Nursing services provided in the home to people ages 0 to 20 who need constant care</td>
<td>We cover: • Up to 24 hours per day</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Psychological Testing Services</td>
<td>Tests used to detect or diagnose problems with memory, IQ or other areas</td>
<td>Co-payment: $0 per visit</td>
<td>Prior Authorization May be Required</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation Services</td>
<td>Services to assist people re-enter everyday life. They include help with basic activities such as cooking, managing money and performing household chores</td>
<td>Co-payment: $0 per visit</td>
<td>Prior Authorization May be Required</td>
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</thead>
<tbody>
<tr>
<td>Radiology and Nuclear Medicine Services</td>
<td>Services that include imaging such as x-rays, MRIs or CAT scans. They also include portable x-rays</td>
<td>Covered as medically necessary</td>
<td>Prior Authorization Required</td>
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<tr>
<td></td>
<td>Co-payment: $0 per portable X-ray visit; $0 per office visit</td>
<td></td>
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</tr>
<tr>
<td>Regional Perinatal Intensive Care Center Services</td>
<td>Services provided to pregnant women and newborns in hospitals that have special care centers to handle serious conditions</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Reproductive Services</td>
<td>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</td>
<td>We cover family planning. 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 approval to get these services. They are free. It is your choice and confidential, even if you are under 18 years old.</td>
<td>No</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Coverage/ Limitations</td>
<td>Prior Authorization</td>
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<tr>
<td><strong>Respiratory Services</strong></td>
<td>Services that treat conditions, illnesses or diseases of the lungs or respiratory system</td>
<td>We cover: • Respiratory testing • Respiratory surgical procedures • Respiratory device management • Co-payment: $0 per office visit</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Respiratory Therapy Services</strong></td>
<td>Services for recipients ages 0–20 to help you breathe better while being treated for a respiratory condition, illness or disease</td>
<td>We cover: • One initial evaluation per year • One therapy re-evaluation per 6 months • Up to 210 minutes of therapy treatments per week (maximum of 60 minutes per day)</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Coverage/Limitations</td>
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<tr>
<td>Specialized Therapeutic Services</td>
<td>Services provided to children ages 0–20 with mental illnesses or substance use disorders</td>
<td>We cover the following: • Assessments • Foster care services • Group home services</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Speech-Language Pathology Services</td>
<td>Services that include tests and treatments help you talk or swallow better</td>
<td>We cover the following services for children ages 0–20: • Communication devices and services • Up to 210 minutes of treatment per week • One initial evaluation per year We cover the following services for adults: • One communication evaluation per 5 years</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Coverage/Limitations</td>
<td>Prior Authorization</td>
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</tr>
<tr>
<td><strong>Statewide Inpatient Psychiatric Program Services</strong></td>
<td>Services for children with severe mental illnesses that need treatment in the hospital</td>
<td>Covered as medically necessary for children ages 0–20</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Substance Abuse Intensive Outpatient Program Services</strong></td>
<td>Treatment provided for more than 3 hours per day, several days per week, for people who are recovering from substance use disorders</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Substance Abuse Short-term Residential Treatment Services</strong></td>
<td>Treatment for people who are recovering from substance use disorders</td>
<td>Covered as medically necessary and recommended by us</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Therapeutic Behavioral On-Site Services</strong></td>
<td>Services provided by a team to prevent children ages 0–20 with mental illnesses or behavioral health issues from being placed in a hospital or other facility</td>
<td>Co-payment: $0 per visit</td>
<td>Prior Authorization May be Required</td>
</tr>
<tr>
<td><strong>Transplant Services</strong></td>
<td>Services that include all surgery and pre and post-surgical care</td>
<td>Covered as medically necessary</td>
<td>Prior Authorization Required</td>
</tr>
</tbody>
</table>
### Visual Aid Services

Visual Aids are items such as glasses, contact lenses and prosthetic (fake) eyes.

- **Coverage/Limitations:** We cover the following services when prescribed by your doctor:
  - Two pairs of eyeglasses for children ages 0–20
  - Contact lenses
  - Prosthetic eyes

- **Prior Authorization:** Required for eyeglasses and contact lenses only.

### Visual Care Services

Services that test and treat conditions, illnesses and diseases of the eyes.

- **Coverage/Limitations:** Covered as medically necessary.
- **Copayment:** $0 per office visit.

### American Indian members are not asked to pay co-payments.

### Your Plan Benefits: Expanded Benefits

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

### Over-the-Counter (OTC)

Each head of household is eligible to receive $25 worth of OTC items each month that are mailed to their home.

- **SMI Specialty Plan members** are eligible to receive $35 worth of OTC items each month.

- **Coverage/Limitations:** Monthly household limits do not carry over from month to month. Limited to items listed in the OTC catalog.

- **Prior Authorization:** No.
<table>
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<tr>
<th>Service</th>
<th>Description</th>
<th>Coverage/ Limitations</th>
<th>Prior Authorization</th>
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</thead>
<tbody>
<tr>
<td>Occupational Therapy for Adults</td>
<td>Provide evaluation, treatment, and re-evaluation of members age 21 and over for occupational therapy services with prescribed limits</td>
<td>Limitations will vary based on service Please contact Customer Service for details</td>
<td>No</td>
</tr>
<tr>
<td>Physical Therapy for Adults</td>
<td>Provide evaluation, treatment, and re-evaluation of members age 21 and over for physical therapy services with prescribed limits</td>
<td>Limitations will vary based on service Please contact Customer Service for details</td>
<td>No</td>
</tr>
<tr>
<td>Prenatal Services</td>
<td>Provides for prenatal and perinatal services needed to support the health of pregnant women and their children with prescribed limits Provide breast pump for members receiving prenatal service with prescribed limits</td>
<td>Prenatal:  • 14 visits for low-risk pregnancies  • 18 visits for high-risk pregnancies Postpartum:  • 3 visits within 90 days after delivery Choice of hospital grade or non-hospital grade breast pump</td>
<td>No Prior Authorization required for hospital grade breast pump</td>
</tr>
<tr>
<td>Hearing Services for Adults</td>
<td>One hearing evaluation to determine the need of a hearing aid and associated equipment/fees with prescribed limits</td>
<td>Limitations will vary based on service Please contact Customer Service for details</td>
<td>No</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
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</tr>
<tr>
<td>Expanded Vision for Adults</td>
<td>Members age 21 and older can receive eye exam, frame, contact lenses with prescription limits</td>
<td>Limitations will vary based on service Please contact Customer Service for details</td>
<td>No</td>
</tr>
<tr>
<td>Respiratory Therapy for Adults</td>
<td>Provide evaluation/re-evaluation and treatment for members age 21 and over for respiratory therapy services with prescribed limits</td>
<td>Limitations will vary based on service Please contact Customer Service for details</td>
<td>No</td>
</tr>
<tr>
<td>Speech Therapy for Adults</td>
<td>Provide evaluation, treatment, AAC fitting/adjustment/training and re-evaluation of members age 21 and over for speech therapy services with prescribed limits</td>
<td>Limitations will vary based on service Please contact Customer Service for details</td>
<td>No</td>
</tr>
<tr>
<td>Additional PCP Services Benefit</td>
<td>All members get unlimited visits to their primary care provider (PCP)</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Newborn Circumcisions*</td>
<td>Staywell provides circumcision coverage for children with prescribed limits *SMI Specialty Plan members are not eligible</td>
<td>For members age 0 through 28 days Limit of 1 per lifetime if medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Free Cell Phone Program</td>
<td>Staywell members will receive free cell phone via Safelink/TracFone The phone includes 350 mins for talk and unlimited text</td>
<td>Phone includes 350 monthly minutes for talk and unlimited text</td>
<td>No</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Coverage/ Limitations</td>
<td>Prior Authorization</td>
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| XtraSavings Program                       | **CVS Discount Card**  
ExtraCare Health Card saves members 20 percent on thousands of CVS/pharmacy brand health-related items for members and their family.  
The 20 percent discount applies to regularly priced items of $1 or more made at any CVS/pharmacy locations or online at [www.cvs.com](http://www.cvs.com). |                                                                     | No                  |
|                                           | **OTC for Me**  
Get discount on over the counter items that members use every day. |                                                                     |                     |
| Doula Program for Pregnant Teens          | Doula services for members with a goal of improved birth outcomes, reduced pre-term births, and improved prenatal care | For members ages 13 to 21                                                        | Prior Authorization Required |
| HEPA Filter Vacuum Cleaner                | Provide qualified asthmatic members with a vacuum cleaner with HEPA filter.  
Using HEPA filters can trap these pollutants and may help bring allergy relief.  
HEPA stands for high-efficiency particulate air. | For qualified asthmatic members                                                          | Prior Approval Required |
<table>
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</thead>
<tbody>
<tr>
<td><strong>Carpet Cleaning</strong></td>
<td>Provide carpet cleaning service for qualified asthmatic members. Benefit allowed by household and based on diagnosis. 2 carpet cleanings per plan year.</td>
<td>For qualified asthmatic members</td>
<td>Prior Approval Required</td>
</tr>
<tr>
<td><strong>Hypoallergenic Bedding</strong></td>
<td>Eligible members with asthma can get an allowance to buy hypoallergenic bedding</td>
<td>For qualified asthmatic members</td>
<td>Prior Approval Required</td>
</tr>
<tr>
<td><strong>Home Delivered Meals (General)</strong></td>
<td>Members may be eligible to receive 10 meals for nutritional support</td>
<td></td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Home Delivered Meals - Post-Facility Discharge (Hospital or Nursing Facility)</strong></td>
<td>Members discharged within two weeks from an inpatient facility (Hospital, Skilled Nursing Facility or inpatient Rehabilitation) may be eligible to receive unlimited meals</td>
<td></td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Home Delivered Meals - Disaster Preparedness/ Relief</strong></td>
<td>1 emergency meal kit annually</td>
<td></td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Home Health Nursing/Aid Services</strong></td>
<td>Home health services provide medically necessary help with activities of daily living</td>
<td></td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td><strong>Home Visit by a Clinical Social Worker</strong></td>
<td>Qualified members can receive 48 visits per year with a clinical social worker.</td>
<td></td>
<td>Prior Authorization Required</td>
</tr>
<tr>
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<tr>
<td>Meals - Non-emergency Transportation Day-Trips</td>
<td>Qualified members can receive up to $200 per day, up to $1,000 per year for trips greater than 100 miles</td>
<td>Prior Authorization Required</td>
<td></td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td>Assessment, hands-on care, education, and guidance to caregivers and members about nutrition</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>Outpatient hospital services provides an additional $500 per year.</td>
<td>Up to an additional $500 for outpatient service per state fiscal year</td>
<td>No</td>
</tr>
<tr>
<td>Swimming Lessons (Drowning Prevention)</td>
<td>Children under age 21 can receive swimming lessons.</td>
<td>Space is limited.</td>
<td>Prior Approval Required</td>
</tr>
<tr>
<td>Art Therapy</td>
<td>Provided to members for cancer treatment, emotional abuse, behavioral health conditions, post-traumatic stress disorders (PTSD) and other chronic conditions based on medical necessity</td>
<td>Prior Authorization Required</td>
<td></td>
</tr>
<tr>
<td>Pet Therapy</td>
<td>Provided to members for autism, behavioral health conditions, cancer treatment, cerebral palsy, emotional abuse and other chronic conditions based on medical necessity</td>
<td>Prior Authorization Required</td>
<td></td>
</tr>
</tbody>
</table>

Questions? Call Customer Service at 1-866-334-7927 or TTY at 711 • 61
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Coverage/Limitations</th>
<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equine Therapy</td>
<td>Eligible members with cerebral palsy and autism can receive 10 free horse-riding sessions per year</td>
<td></td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>TDAP Vaccine</td>
<td>Members who are pregnant and age 21 and older can receive 1 TDAP vaccine per pregnancy.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Influenza Vaccine</td>
<td>Members can get unlimited influenza vaccines</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Shingles Vaccine</td>
<td>1 per year</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Pneumonia Vaccine</td>
<td>Unlimited</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Waived Co-payments</td>
<td>Staywell will waive co-payments for all services except non-emergency ER visits.</td>
<td></td>
<td>For non-pregnant members age 21 and over</td>
</tr>
<tr>
<td>Assessment/Evaluation Services</td>
<td>Provide the following services including, but not limited to the following: psychiatric evaluation, psychiatric diagnostic evaluation (with or without medical services), functional assessment, in-depth assessment, biopsychosocial assessment, psychological testing, mental health assessment, risk assessment and interpretation</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Coverage/Limitations</td>
<td>Prior Authorization</td>
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<tr>
<td>Behavioral Health Day Services/Day Treatment</td>
<td>For day treatment and adult day care services (per diem only)</td>
<td></td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Behavioral Health Screening Services</td>
<td>To determine if the member is experiencing symptoms of a mental health condition; Unlimited</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Behavioral Health Medical Services (Verbal Interaction)</td>
<td>For mental health and substance use disorder services; Unlimited</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Behavioral Health Medical Services (Medication Management)</td>
<td>Provided to ensure members are properly taking their prescription medications; Unlimited</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Behavioral Health Medical Services (Drug Screening)</td>
<td>For alcohol and other drug screening specimen collection</td>
<td></td>
<td>Prior Authorization May be Required</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Coverage/Limitations</td>
<td>Prior Authorization</td>
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<tr>
<td>Computerized Cognitive Behavioral Analysis</td>
<td>Including, but not limited to the following: health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires, health and behavioral interviews (individual, group, family (with or without the patient)) Unlimited with prior authorization</td>
<td>Prior Authorization Required</td>
<td></td>
</tr>
<tr>
<td>Medication Assisted Treatment</td>
<td>For substance use disorder services including methadone administration and/or service (provision of the drug by a licensed program)</td>
<td>Prior Authorization May be Required</td>
<td></td>
</tr>
<tr>
<td>Psychosocial Rehabilitation</td>
<td>For psychosocial rehabilitation services;</td>
<td>Prior Authorization May be Required</td>
<td></td>
</tr>
<tr>
<td>Therapy/Psychotherapy (Individual/Family)</td>
<td>Including, but not limited to the following: individual and family therapy, brief individual psychotherapy, mental health training and educational services for the patient (per session)</td>
<td>Prior Authorization May be Required</td>
<td></td>
</tr>
<tr>
<td>Therapy/Psychotherapy (Group)</td>
<td>Including, but not limited to the following: group therapy, brief group medical therapy</td>
<td>Prior Authorization May be Required</td>
<td></td>
</tr>
<tr>
<td>Service</td>
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<td>Coverage/ Limitations</td>
<td>Prior Authorization</td>
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<tr>
<td>Therapeutic Behavioral On-Site Services</td>
<td>Prevent members who have complex needs from requiring placement in a more intensive, restrictive behavioral health setting. Services are coordinated through individualized treatment teams and include therapy services, behavior management, and therapeutic support.</td>
<td>Prior Authorization May be Required</td>
<td></td>
</tr>
<tr>
<td>Targeted Case Management</td>
<td>Provide case management to adults with a serious mental illness and children with a serious emotional disturbance to assist them in gaining access to needed medical, social, educational, and other services.</td>
<td>Prior Authorization May be Required</td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>For stimulating certain points on the body, most often with a needle penetrating the skin, to alleviate pain or to help treat various health conditions.</td>
<td>Prior Authorization Required</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>For manipulation of the spine by a licensed chiropractor; Unlimited with prior authorization.</td>
<td>Prior Authorization Required</td>
<td></td>
</tr>
<tr>
<td>Service</td>
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<td>Prior Authorization</td>
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<tr>
<td>Massage Therapy</td>
<td>Manual manipulation of soft body tissues (muscle, connective tissue, tendons and ligaments) to enhance a person’s health and well-being Unl...</td>
<td>Unlimited with prior authorization</td>
<td>Prior Authorization Required</td>
</tr>
</tbody>
</table>

If you are an SMI Specialty Plan member, you receive all of the expanded benefits listed above plus the benefit listed below.

| Home Allowance        | SMI Specialty Plan members can receive up to $2,500 per member per lifetime for housing assistance                                           | Up to $2,500 per member per lifetime                  | Approval Required                                        |

**Section 13: Long-term Care Program Helpful Information**

*(Read this section if you are in the LTC program. If you are not in the LTC program, skip to Section 15)*

**Starting Services**

It is important that we learn about you so we can make sure you get the care that you need. Your case manager will set up a time to come to your home or nursing facility to meet you.

At this first visit, you case manager will tell you about the LTC program and our Plan. She or he will also ask you questions about your health, how you take care of yourself, how you spend your time, who helps take care of you, and other things. These questions make up your initial assessment. The initial assessment helps us learn about what you need to live safely in your home. It also helps us decide what services will help you the most.
Developing a Plan of Care

Before you can begin to get services under the LTC program, you have to have a person-centered plan of care (plan of care). Your case manager makes your plan of care. Your plan of care is the document that tells you all about the services you get 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 you. Your plan of care will tell you:

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

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

- Walking for 10 minutes every day
- Calling a loved one once a week
- Going to the senior center 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 care) must sign your 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 plan of care. They will also share it with your other healthcare providers.
Updating your Plan of Care

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

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

Remember, if you have any problems getting your 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 them.

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.

If you have any questions about any of the covered long-term care services, please call your case manager or Customer Service.

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\[7\] 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
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<thead>
<tr>
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<th>Description</th>
<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Companion Care</td>
<td>This service helps you fix meals, do laundry and light housekeeping</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Adult Day Health Care</td>
<td>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.</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Assistive Care Services</td>
<td>These are 24-hour services if you live in an adult family care home or an assisted living facility</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>These are services that are usually provided in an assisted living facility. Services can include housekeeping, help with bathing, dressing, and eating, medication assistance, and social programs.</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Attendant Nursing Care</td>
<td>Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness, or injury</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Behavioral Management</td>
<td>Services for mental health or substance abuse needs</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Caregiver Training</td>
<td>Training and counseling for the people who help take care of you</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Service</td>
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<tr>
<td>Care Coordination/Case Management</td>
<td>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.</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Home Accessibility/Adaptation</td>
<td>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.</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>This service delivers healthy meals to your home</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Homemaker Services</td>
<td>This service helps you with general household activities, like meal preparation and routine home chores</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Hospice</td>
<td>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.</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Prior Authorization</td>
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</tr>
<tr>
<td>Intermittent and Skilled Nursing</td>
<td>Extra nursing help if you do not need nursing supervision all the time or need it at a regular time</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Medical Equipment and Supplies</td>
<td>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. 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.</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>Help taking medications if you can’t take medication by yourself</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Medication Management</td>
<td>A review of all of the prescription and over-the-counter medications you are taking</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Nutritional Assessment/Risk Reduction Services</td>
<td>Education and support for you and your family or caregiver about your diet and the foods you need to eat to stay healthy</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Prior Authorization</td>
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</tr>
<tr>
<td><strong>Nursing Facility Services</strong></td>
<td>Nursing facility services include medical supervision, 24-hour nursing care, help with day-to-day activities, physical therapy, occupational therapy, and speech-language pathology</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td><strong>Personal Care</strong></td>
<td>These are in-home services to help you with:</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td></td>
<td>• Bathing</td>
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<tr>
<td></td>
<td>• Dressing</td>
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<tr>
<td></td>
<td>• Eating</td>
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</tr>
<tr>
<td></td>
<td>• Personal Hygiene</td>
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<tr>
<td><strong>Personal Emergency Response Systems (PERS)</strong></td>
<td>An electronic device that you can wear or keep near you that lets you call for emergency help anytime</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td><strong>Respite Care</strong></td>
<td>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.</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td><strong>Occupational Therapy</strong></td>
<td>Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself, and using items around the house</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>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</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Prior Authorization</td>
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</tr>
<tr>
<td>Respiratory Therapy</td>
<td>Respiratory therapy includes treatments that help you breathe better</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>Speech therapy includes tests and treatments that help you talk or swallow</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
<tr>
<td>Transportation</td>
<td>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.</td>
<td>Services must be authorized and are based on your individual plan of care</td>
</tr>
</tbody>
</table>

**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 services. This means you get to choose your service provider and how and when you get your 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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Coverage/Limitations</th>
<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Allowance</strong></td>
<td>LTC members can get up to $250 per year for housing assistance to help you stay in your home; e.g., emergency payments for rent, water, electricity</td>
<td>Services and allowance (money) must be based on your individual plan of care; up to $250 per year</td>
<td>Approval Required</td>
</tr>
<tr>
<td><strong>Expanded Non-Medical Transportation</strong></td>
<td>Provides transportation for non-medical, non-urgent trips within your home county or local area, up to 3 round-trips per month if you are living in the community</td>
<td>Services must be based on your individual plan of care Not for residents in a nursing home or long-term care facility</td>
<td>No</td>
</tr>
<tr>
<td><strong>Assisted Living Facility/Adult Family Care Home - Bed Hold Days</strong></td>
<td>This benefit holds your place for up to 30 days per year if you have been living in an Assisted Living Facility or an Adult Family Care Home for at least 30 days and have to be admitted to the hospital</td>
<td>Service will be based on the dates of admission to the hospital Must be in an Assisted Living Facility or an Adult Family Care Home</td>
<td>Prior Authorization Required</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Coverage/Limitations</td>
<td>Prior Authorization</td>
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<tr>
<td>Transition Assistance - Nursing Facility to Community Setting</td>
<td>This benefit provides up to $5,000, per lifetime, to support you in setting up your home if you are leaving a nursing facility and moving back into an assisted living facility, adult family care home, or private home in the community</td>
<td>Up to $5,000 per lifetime and based on your individual plan of care</td>
<td>Approval Required</td>
</tr>
<tr>
<td>Individual Therapy Sessions for Caregivers</td>
<td>This benefit covers individual counseling for your caregiver to help address any mental health needs he or she may have (e.g., burnout, depression, high stress levels) to help your caregiver to continue caring for you</td>
<td>Must be a caregiver of a Staywell member receiving LTC services</td>
<td>Prior Authorization Required</td>
</tr>
</tbody>
</table>
Section 15: Member Satisfaction

Complaints, Grievances, and Plan Appeals

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

<table>
<thead>
<tr>
<th>What You Can Do:</th>
<th>What We Will Do:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you are not happy with us or our providers, you can file a Complaint</strong>&lt;br&gt;You can:&lt;br&gt;• Call us at any time.&lt;br&gt;1-866-334-7927 (TTY 711)</td>
<td><strong>We will:</strong>&lt;br&gt;• Try to solve your issue within 1 business day.</td>
</tr>
<tr>
<td><strong>If you are not happy with us or our providers, you can file a Grievance</strong>&lt;br&gt;You can:&lt;br&gt;• Write us or call us at any time.&lt;br&gt;• Call us to ask for more time to solve your grievance if you think more time will help.&lt;br&gt;WellCare Grievance Department&lt;br&gt;P.O. Box 31384&lt;br&gt;Tampa, FL 33631-3384&lt;br&gt;Phone: 1-866-334-7927</td>
<td><strong>We will:</strong>&lt;br&gt;• Send you a letter acknowledging receipt of your grievance.&lt;br&gt;• Review your grievance and send you a letter with our decision within 90 days.&lt;br&gt;If we need more time to solve your grievance, we will:&lt;br&gt;• Send you a letter with our reason and tell you about your rights if you disagree.</td>
</tr>
</tbody>
</table>
### If you do not agree with a decision we made about your services, you can ask for an Appeal

<table>
<thead>
<tr>
<th>What You Can Do:</th>
<th>What We Will Do:</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can:</td>
<td>We will:</td>
</tr>
<tr>
<td>• Write us, or call us and follow up in writing, within 60 days of our decision about your services.</td>
<td>• Send you a letter within 5 business days to tell you we received your appeal.</td>
</tr>
<tr>
<td>• If you call in your appeal, you must follow up in writing within 10 business days of the day you called</td>
<td>• Help you complete any forms.</td>
</tr>
<tr>
<td>• Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.</td>
<td>• Review your appeal and send you a letter within 30 days to answer you.</td>
</tr>
<tr>
<td>• Submit additional information during the appeal process; time is limited to submit additional information on an expedited appeal</td>
<td></td>
</tr>
<tr>
<td>• Request a copy of your appeal file any time during and/or after the completion of the appeal review free of charge</td>
<td></td>
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</tbody>
</table>

**WellCare Medication Appeals**  
PO Box 31398  
Tampa, FL 33631-3398  
Phone: **1-866-334-7927**  
Fax: **1-888-865-6531**

**WellCare Medical Appeals**  
PO Box 31368  
Tampa, FL 33631-3368  
Phone: **1-866-334-7927**  
Fax: **1-866-201-0657**

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Questions? Call Customer Service at 1-866-334-7927 or TTY at 711 • 77
<table>
<thead>
<tr>
<th>What You Can Do:</th>
<th>What We Will Do:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you think waiting for 30 days will put your health in danger, you can ask for an Expedited or “Fast” Appeal</strong></td>
<td><strong>You can:</strong></td>
</tr>
<tr>
<td></td>
<td>• Write us or call us within 60 days of our decision about your services.</td>
</tr>
<tr>
<td></td>
<td><strong>WellCare Medication Appeals</strong></td>
</tr>
<tr>
<td></td>
<td>PO Box 31398</td>
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<tr>
<td></td>
<td>Tampa, FL 33631-3398</td>
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<td></td>
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<td>Fax: 1-888-865-6531</td>
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<td></td>
<td>Phone: 1-866-334-7927</td>
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<tr>
<td></td>
<td>Fax: 1-866-201-0657</td>
</tr>
<tr>
<td></td>
<td><strong>We will:</strong></td>
</tr>
<tr>
<td></td>
<td>• Give you an answer within 48 hours after we receive your request.</td>
</tr>
<tr>
<td></td>
<td>• Call you the same day if we do not agree that you need a fast appeal, and send you a letter within 2 days.</td>
</tr>
</tbody>
</table>

| **If you do not agree with our appeal decision, you can ask for a Medicaid Fair Hearing** | **You can:** |
| | • 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. |
| | **You must finish the appeal process before you can have a Medicaid Fair Hearing.** |
| | **We will:** |
| | • Provide you with transportation to the Medicaid Fair Hearing, if needed. |
| | • Restart your services if the State agrees with you. |
| | If you continued your services, we may ask you to pay for the services if the final decision is not in your favor. |
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 information]

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

- Your name
- Your member number
- Your 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:

<table>
<thead>
<tr>
<th>Agency for Health Care Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 60127</td>
</tr>
<tr>
<td>Ft. Myers, FL 33906</td>
</tr>
<tr>
<td>1-877-254-1055 (toll-free)</td>
</tr>
<tr>
<td>1-239-338-2642 (fax)</td>
</tr>
<tr>
<td><a href="mailto:MedicaidHearingUnit@ahca.myflorida.com">MedicaidHearingUnit@ahca.myflorida.com</a></td>
</tr>
</tbody>
</table>

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

**Continuation of Benefits for Medicaid Members**

If you are now getting a service that is going to be reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made for your Plan appeal or Medicaid fair hearing. If your services are continued, there will be no change in your services until a final decision is made.

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

To have your 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 services will be reduced, suspended or terminated
Section 16: Your Member Rights

As a recipient of Medicaid and a member in a Plan, you also have certain rights. You 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 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 diagnosis, the treatment you need, choices of treatments, risks, and how these treatments will help you
- Say no any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for your healthcare
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
- Receive treatment for any health emergency that will get worse if you do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
- Make a complaint when your rights are not respected
- Ask for another doctor when you do not agree with your doctor (second medical opinion)
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed
- Have your medical records kept private and shared only when required by law or with your approval
• Decide how you want medical decisions made if you can’t make them yourself (advanced directive)
• To file a grievance about any matter other than a Plan’s decision about your services.
• To appeal a Plan’s decision about your services
• Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan
• Receive information about the Plan, its services, its practitioners and providers and member rights and responsibilities
• To participate with practitioners in making decisions about your health care
• To a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
• Make recommendations regarding the Plan’s member rights and responsibilities policy
• Get care without fear of restraint or seclusion used for bullying, discipline, convenience, or revenge
• Exercise these rights without changing the way Staywell or its network providers treat you

LTC Members have the right to:
• Receive services in a home-like environment regardless where you live
• Receive information about being involved in your community, setting personal goals and how you can participate in that process
• Be told where, when and how to get the services you need
• To be able to take part in decisions about your healthcare.
• To talk openly about the treatment options for your conditions, regardless of cost or benefit
• To choose the programs you participate in and the providers that give you care
Section 17: Your Member Responsibilities

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

- Give accurate information about your health to your Plan and providers
- Tell your provider about unexpected changes in your health condition
- Talk to your provider to make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions 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 healthcare provider’s instructions
- Make sure payment is made for non-covered services you receive
- Follow healthcare facility conduct rules and regulations
- Treat healthcare staff with respect
- Tell us if you have problems with any healthcare staff
- Use the emergency room only for real emergencies
- Notify your case manager if you have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your safety
- Report fraud, abuse and overpayment

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 you live in a facility, like an assisted living facility or adult family care home. Patient responsibility is the money you must pay towards the cost of your 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 Customer Service 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 our 24-hour fraud hotline. The toll-free number is 1-866-678-8355. It’s also private. You can leave a message without leaving your name. If you do leave a number, we’ll call you back. We’ll call to make sure we have the information right.

Abuse/Neglect/Exploitation of People

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

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

If you have questions or need help, please call the National Domestic Violence Hotline 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 right to quality healthcare 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


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

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

If your provider is not following your advance directive, you can file a complaint with Customer Service at 1-866-334-7927 or the Agency by calling 1-888-419-3456.
Getting More Information

You have a right to ask for information. Call Customer Service 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
- Notice of Privacy Practices
- Your Member Handbook
- Your Provider Directory
- Qualified Sign Language interpreters
- Information in other formats (language line assistance, large print, audio, Braille, accessible electronic formats)

MyStaywell Mobile App

Staywell members can download our free “MyStaywell App”, which includes many helpful and educational resources, including:

- Our online provider directory and “Find a Provider” tool
- Participating urgent care centers that are close to you and open at the time you are searching on the app
- Reminders from Staywell about making appointments for services that will help you stay healthy

Our MyStaywell app is available on Apple and Android smart phone devices.

Evaluation of New Technology

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

- Make sure we’re aware of changes in the industry
- See how new improvements can be used with the services we provide to our members
- Make sure that our members have fair access to safe and effective care
We do this review in the following areas:

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

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.
STAYWELL HEALTH PLAN

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 ISCP works with the Statewide Long-term Care Ombudsman Program, the ADRC and the Agency to ensure that LTC members have many ways to get information and help when needed. For more information, please call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337) or visit http://elderaffairs.state.fl.us/doea/smmcltc.php.

Services Beyond Healthcare

Community Connections can connect you to services that help you live a healthier life.

Community Connections is Here for You

Everyone deserves to live their best life possible. Yet a lot of things can affect your ability to do that. A phone call to our Community Connections Help Line can match you with services. It is available for both Staywell members and non-members. Our Peer Coaches will listen to your needs. They can refer you to more than 490,000 resources – available across the nation or in your local area.

Program services vary depending on where you are in your life and what your needs are, but can include:

• Financial Assistance (utilities, rent)
• Medication Assistance
• Housing services
• Transportation

• Food assistance
• Affordable childcare
• Job/education assistance
• Family Supplies – diapers, formula, cribs, and more

Call for the help you need.
1-866-775-2192 (TTY: 711)
Section 20: Forms

Member Information Update Form

It’s important that we have your current contact information. That way we can get in touch with you when needed. Please use this form to update your address and phone number. You can also update it on our website. Simply go to www.wellcare.com/Florida.

Sometimes we may need to release your medical records. Please read the Notice of Privacy Practices you received when you enrolled in the plan. It explains why. Then sign the statement below and mail to: ATTN: Staywell Health Plan, PO Box 31370, Tampa, FL 33633-1437

Member ID Number: ________________________________________________________________

Member Name:

First                      Middle                      Last

Last Home Address:

__________________________________________

Street                   City                   ZIP

Mailing Address (if different than your home address):

__________________________________________

Street                   City                   ZIP

Phone: ________________________________

County You Live In: ______________________________________________________________

I allow Staywell to release my medical records as needed. I have read the Notice of Privacy Practices. I understand:

How this information may be used
When this information may be released
How I can get this information

Signature (or signature of parent or guardian if member is under age 21) ___________________________ Date ____________
Section 21: Welcome Rooms

Members can visit our 16 Welcome Rooms in Florida. Members, caregivers, and families can get help and support. You can also go to health and education events there. These are ways you can use our Welcome Rooms:

- Talk to us about your health plan
- Meet with a Staywell Care Manager about your Plan of Care
- Go to events like:
  - Baby showers
  - Children and adult reading classes
- Get info about things like:
  - Transportation
  - Food
  - Housing
  - Special needs resources
  - Financial help

Here is a list of the WellCare Welcome Rooms across Florida.
## REGION 1
Pensacola  
5007 Davis Hwy  
Suite 10  
Pensacola, FL 32503  
850-473-2801

## REGION 2
Tallahassee  
2525 South Monroe Street  
Tallahassee, FL 32301  
850-523-4300

## REGION 3
Spring Hill  
3280 Commercial Way  
Spring Hill, FL 34606  
352-263-2087

Ocala  
2724 NE 14th Street  
Ocala, FL 34470  
352-840-1101

## REGION 4
Jacksonville  
5115 Normandy Blvd.  
Unit 1  
Jacksonville, FL 32205  
904-346-0405

## REGION 5
Pinellas Park  
7870 US Highway 19  
Pinellas Park, FL 33781  
727-547-7610

New Port Richey  
5113 US Highway 19 N  
New Port Richey, FL 34652  
727-834-2300

## REGION 6
Tampa  
200 W Waters Avenue  
Tampa, FL 33604  
813-470-5651

Winter Haven  
1503 6th Street NW  
Winter Haven, FL 33881  
863-292-2700

## REGION 7
Kissimmee  
1060 N. John Young Parkway  
Kissimmee, FL 34741  
407-452-1200

Orlando  
6801 W Colonial Drive  
Orlando, FL 32818  
407-253-7601

## REGION 8
Ft. Myers  
4901 Palm Beach Blvd.  
Suite 80  
Ft. Myers, FL 33905  
239-690-1135

## REGION 9
West Palm Beach  
4278 Okeechobee Blvd.  
West Palm Beach, FL 33409  
561-337-3500

## REGION 10
Broward County  
Coming Soon 2019

## REGION 11
Miami Gardens  
4680 NW 183rd Street  
Miami Gardens, FL 33055  
305-628-7806

Palmetto Bay  
9552 SW 160th Street  
Miami, FL 33157  
786-573-7800

Questions? Call Customer Service at 1-866-334-7927 or TTY at 711
Discrimination is Against the Law

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

Staywell:

- 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, Braille, 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 Staywell at 1-866-334-7927 (TTY: 711), Monday–Friday from 8 a.m. to 7 p.m., for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for Staywell.

If you believe that Staywell 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:

Staywell, Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384; Telephone 1-866-530-9491; TTY number 711; Fax: 1-866-388-1769; OperationalGrievance@wellcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Staywell Civil Rights Coordinator 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, 1-800-537-7697 (TDD).


ATTENTION: If English is not your first language, we can translate for you. We can also give you info in other formats at no cost to you. That includes materials in other languages, Braille, audio, large print and provide American Sign Language interpreter services. Call us toll-free at 1-866-334-7927 (TTY 711) Monday–Friday, 8 a.m. to 7 p.m.
ATENCIÓN: Si el español es su lengua materna, podemos brindarle servicios de traducción. También podemos proporcionarle información en otros formatos sin costo para usted, que incluye materiales en otros idiomas, braille, audio, letra de imprenta grande y servicios de interpretación de lenguaje de señas americano. Llámenos sin cargo al 1-866-334-7927 (TTY 711), de lunes a viernes de 8 a.m. a 7 p.m.


ВНИМАНИЕ: Если русский Ваш первый язык, мы можем перевести для Вас бесплатную информацию в различных форматах, в том числе материалы на других языках, на шрифте Брайля, на аудионосителях, распечатанную крупным шрифтом, а также услуги по американскому сурдопереводу. Просто позвоните нам по бесплатному номеру 1-866-334-7927 (TTY 711) с понедельника по пятницу, с 8 утра до 7 вечера.


UWAGA: Jeśli język polski jest Twoim pierwszym językiem, możemy zapewnić Ci tłumaczenie. Możemy również udzielać informacji w innych formatach bez obciążania Ciebie kosztami. Obejmuje to materiały w innych językach, druk alfabety Braille’a, materiały dźwiękowe, duży druk oraz usługi tłumacza języka migowego. Zadzwoń do nas bezpłatnie. Możesz kontaktować się z nami pod numerem 1-866-334-7927. Numer dla osób korzystających z połączeń TTY to 711. Od poniedziałku do piątku w godzinach od 8:00 do 19:00.

注意：如果中文是您的母语，我们可以为您翻译。我们也可以免费提供其他格式为您提供信息，包括以其他语言提供的材料、盲文、音频及大字体，并提供美国手语翻译服务。请拨打免费电话 1-866-334-7927 (TTY 711) 联接我们，服务时间为周一至周五，上午8点至晚上7点。


तत्परता: यदि हिंदी आपकी मातृ भाषा है, हम आपके लिए अनुवाद कर सकते हैं। हम अन्य प्राप्तियों में भी आपकी जानकारी बिना किसी कीमत के दे सकते हैं। इसमें अन्य भाषाओं में सामग्री, ब्रैल, ऑडियो, बड़े प्रिंट और अमेरिकी साइन लैंग्वेज दुभाषिया सेवाएं प्रदान करना शामिल है। वस हमें टॉल-फ्री कॉल करें। आप 1-866-334-7927 पर हम से संपर्क कर सकते हैं। TTY के लिए, 711 पर रविवार से शुक्रवार, 8 सुबह से 7 शाम तक कॉल करें।

CHÚ Ý: Nếu Tiếng Việt là ngôn ngữ chính của quý vị, thì chúng tôi có thể thông dịch cho quý vị. Chúng tôi cũng có thể cung cấp cho quý vị thông tin ở các định dạng khác mà quý vị không phải trả tiền ví dụ như tài liệu ở các ngôn ngữ khác, chú nơi Braille, âm thanh, bản in cỡ lớn và cung cấp dịch vụ thông dịch Ngôn ngữ Kỹ hiệu Mỹ. Vui lòng gọi điện thoại cho chúng tôi theo số miễn phí 1-866-334-7927 (đối với TTY, hãy gọi 711) từ Thứ Hai đến Thứ Sáu, từ 8 giờ sáng đến 7 giờ tối.