Title 21

Member Handbook

"This information is available for free in other languages. Please contact our customer service number at 1-866-202-1132 (TTY/TDD 1-855-655-5303) Monday to Friday from 8:00am to 7:00pm EST."

Website: CMSPlan.floridahealth.gov

Thank you for choosing Children's Medical Services Managed Care Plan [CMS Plan (CCP)] as your new Managed Care Plan. You became a CMS Plan (CCP) member because you live in our service region and meet clinical eligibility. Because of where you live, your child falls under (CCP) service region. (CCP) works with Children's Medical Service Managed Care plan to help with your child's care.

This handbook tells you about CMS Plan (CCP). It tells you about your benefits. It answers most of your questions. You can get CMS Plan (CCP) information in other languages or formats. CMS Plan (CCP) can help you. There is no cost to you. If you would like this handbook in your language, call Member Services at 1-866-202-1132.

We can help if you speak another language. We can interpret over the phone. If you need help to speak to your doctor, call Member Services. This will not cost you anything.

The CMS Plan (CCP) keeps a list of all providers in our network. The list is called the Provider Directory. It is included in the package. The list can change. You can call Member Services for an updated list. Also, you can view it at: CMSPlan.floridahealth.gov

Also included in this packet:

- Medical Release Form
- Health Needs Questionnaire

It is very important that you fill out the Medical Release Form and Health Needs Questionnaire. **Return these forms in the stamped envelope with our return address right away. The stamped envelope is in the welcome packet.** They will be used to help your doctor provide you with good care and service.

We are here to help you. Call us with any question you have.

Thank you,
CMS Plan (CCP) Member Services Department

This information is available for free in other languages. Please contact our member services number at 1-866-202-1132 or TTY/TTD at 1-855-655-5303 between 8:00am to 7:00pm. Call if you need this in large print, video, audio, or Braille Rele nimewo telefon sa 1-866-202-1132 gratis si ou vle resevwa enfomasyon sa a en Kreyol. Por favor llamar si requiere esta información en español.

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What is Community Care Plan (CCP)?

CMS Plan (CCP) is a managed health care plan. CMS Plan (CCP) works with the Children's Medical Services program. CMS cares for children with special health care needs. CMS Plan (CCP) and CMS have a network of doctors and other providers to provide your child with the best care possible.

CCP is an entity owned by Broward Health and Memorial Healthcare System. Each has a long history of helping to make sure that everyone gets the right care, at the right time, in the right place. Community Care Plan was launched in 2000 as the first safety-net hospital-owned Provider Service Network. .

Our Role

Our goal is to see that your child receives the best health care services possible.
We know that children with special needs may need more care. We hope to make your life a little easier.

CMS Plan (CCP) works closely with the doctors and CMS Nurse Care Coordinators, (NCC). We will make sure your child gets the health care services he or she needs. This includes visits to various specialists, therapists, and hospital care.

We also want to make sure everyone works together. Communication is key. We want to hear from you. We want to know what you like about the care your child receives. We also want to know what changes you think will make it better. Our Member Services Department can answer your questions. We'll also listen to your suggestions. Call us at **1-866-202-1132** and let us know what you think! **Press 1** for **CMS Plan (CCP) Member Services.**

We can help you if you speak another language. We have people that can interpret over the phone. If you need information another way, such as Braille or through a TTY/TDD, let us know. You can also call Florida Relay service by dialing 7-1-1. If you need written materials in another language, we can give you these. Call Member Services at 1-866-202-1132 or your nurse care coordinator if you need these services. This will not cost you anything.

Your Doctor

Every child in CMS Plan (CCP) will have a Primary Care Physician or "PCP". Your PCP is normally a pediatrician or family doctor. He or she will coordinate all your child's health care needs. You may choose any doctor in the CMS Plan (CCP) network. Our Provider Directory lists all of our in-network physicians and can be found on our website at http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/for-members/index.html.

Your child's PCP will watch over your child's medical condition. He or she will make sure your child receives the special care needed for his/her well-being. Your PCP will get to know your child personally. He or she will provide regular check-ups and take care of routine problems. Your PCP will make referrals to specialists and other providers for the services your child needs. It is important to keep your PCP informed. That way, your child's medical services can be coordinated. This will ensure your child's care can be focused on his or her individual needs.

Always contact your PCP if you think your child needs medical treatment. Your PCP is responsible for referrals to other health care providers your child needs. **Do not schedule any appointments for health care without involving your Primary Care Physician.**

If you are out of town and think your child needs medical care, call your PCP. **Remember that any care, other than emergency care, will need to be approved by your doctor.**

If for any reason you want to change your child's PCP, call CMS Plan (CCP) Member Services at 1-866-202-1132. We will assign a new doctor as soon as possible and send you a new ID card.

Once you choose a new PCP, please contact his or her office so they can request your child's medical record. You'll also need to schedule an office visit for your child to meet with your new PCP.

Identification Card

You should have received a CMS Plan (CCP) Title 21 identification (ID) card. Check to make sure all the information is correct. If not, please call CMS Plan (CCP) Member Services so we can fix it. If you need to change something on the card, you should also call Florida KidCare at 1-800-821-5437.

You should always have the ID card with you. You will need to show it every time you want health care for your child. Do not let anyone else use your ID card. If you do, you may be responsible for their costs. You could also lose your eligibility for CMS.

Emergency Care

All doctors in the CMS Plan (CCP) network have agreed to help our families at any time you need them. If your child is sick and you are not sure what to do, call your PCP or Specialist. Your doctor will help you decide the best treatment. Your doctor may tell you what you can do at home or may suggest that your child needs to be seen immediately. You can also call CareNet after hours. Their number is 1-844-5143780. CareNet has nurses that can answer your questions. They can help you decide what to do.

If your doctor sends you to the emergency room, he or she should contact the hospital. He or she will tell them you are coming and describe the problem. Only when there is a medical emergency, should you take your child to an emergency room without contacting your doctor. An emergency is when your child is very sick or hurt. If your child is very sick like this, go to the nearest ER right away.

If you take your child to an emergency room, be sure to show them your child's CMS Plan (CCP) ID card so they will know how to contact us after the visit.

Please call your PCP within one day after taking your child to an emergency room. You'll need to notify him or her of the visit and arrange for follow-up care, if necessary.

Requesting a Second Opinion

You have the right to have a second opinion for care. CMS Plan (CCP) does cover it. There is no cost to you. You need an Okay from us to do this before you go. You will need to call your PCP. The PCP can help you get the okay. You can see an in network provider. Or you can see one who is not part of our network. The provider needs to be in our service region. The service region is the area where our plan provides services. It is the same process for behavioral health.

Covered Benefits

Below are services that are covered by Children's Medical Services Managed Care Plan (CMS Plan (CCP)). If you have questions about any services, call Member Services.

Benefit	Coverage	Limits
Behavior Analysis Services	Provide a way for a person to reduce unwanted behaviors and increase desired behaviors.	Up to 40 hours per week^
Child Health Check Up (CHCUP)	Services to enrollees under 19 years of age include: • Hearing, vision, and dental screening • Health and developmental history • Updating of routine immunizations • Referrals for more diagnosis and treatment as needed • Development and nutritional assessment	No Limit
Chiropractor	Must be CMS Plan (CCP) network providers. Authorization is not needed for enrollees age 19 or younger for the first ten (10) visits each Medicaid program year (up to 19 years of age).	24 Visits per year^
Clinic Services	Must be CMS Plan (CCP) network providers. Authorizations are not needed	No Limit
Dental Services	Children can get all dental services using our dental providers. Children get dental emergency care. There may be other benefits. This is based on what Medicaid allows. For some care, you will need to get an okay from us first.	No Limit
Diabetes Supplies and Education	Covers necessary equipment, supplies, and services used to treat diabetes. It includes outpatient self-management training and educational services if your PCP says you need it.	No Limit^
Durable Medical Equipment	This is medical supplies you need to help you get well or help you with daily living. Your doctor must arrange it. The supplies or equipment you get are based on what Medicaid allows.	No Limit^
Emergency Services	Emergencies are problems that need care right away. This includes emergency behavioral health services. If you think you have an emergency call 911 or go to the nearest emergency room. You can get emergency care without an okay. The emergency room doctor may think you don't need help right away. If the doctor thinks that, he/she will tell you before helping you. If it is not an emergency, you may need to pay for your care. The exam to see if you need care right away will be covered.	No Limit^

Benefit	Coverage	Limits
Family Planning Services	You can get these services without an okay from the CMS Plan (CCP). But they need to be from a CMS Plan (CCP) provider. Services for family planning include: • getting information; • education and counseling; • testing; • birth control; • help with spacing births; • sterilization if you need it for your health. Enrollees must get an okay from their parent or legal guardian. They do not need an okay when the enrollee is married, a parent, pregnant, or if their doctor thinks they need it for their health. Services for sterilization will not be given to enrollees: • less than 19 years old; • who are not mentally competent; • who are institutionalized in a correctional, penal, rehabilitative, or mental facility.	No Limit^
Hearing Service	Enrollees can get help for hearing problems. This may include testing, hearing aids and other treatment. The help you can get is based on what Medicaid allows.	One standard hearing aid every 3 years
Home Health	You can get help at home from nurses and others for medical and/or personal care. This would be from a home health care provider. You can get it when your doctor says you need it. Your doctor must also arrange it. The services you get are based on what Medicaid allows. This includes supplies your doctor says you need.	No limit^
Inpatient Hospital Care	CMS Plan (CCP) must give the okay for you to go to the hospital. You don't need an okay for an emergency. This is for both medical and behavioral health services. The okay includes the room, nurses, and supplies.	No limit
Lab and X-Ray Services	All covered labs and x-rays must be ordered by your PCP or specialist. They must be done at participating facilities.	No Limit^

Benefit	Coverage	Limits
Maternal Care	The CMS Plan (CCP) cares about our pregnant enrollees. The CMS Plan (CCP) has special programs for them. Call Member Services for more information. Pregnant enrollees can pick one of our OB doctors or nurse midwives. The doctor or midwife will help with care while you are pregnant. He/she will also be there to deliver your baby. He/she will also look for things in the blood that may make you or your unborn child sick. All pregnant women will be given help to keep them and their unborn baby well. They will get the Florida's Healthy Start Prenatal Risk Screening. They may also be able to get the local Women, Infant, and Children (WIC) program. Ask your doctor or call the CMS Plan (CCP) for information.	One visit per day
Outpatient Care	This would be at one of our hospitals or outpatient facilities. It can include tests and/ or procedures. It also includes behavioral health services. This would be done by one of our specialists.	No limit
Palliative Services: Partners in Care-Together for Kids (PIC-TFK)	(PIC-TFK) is a health program designed for children 20 years of age or younger. It enables children to receive curative care for potentially life limiting conditions and palliative services. Services must be provided by a hospice agency that has been approved to participate in the program. Services may include: expressive therapies for child and family, in-home and inpatient respite care, pain and symptom control, specialized personal care and therapeutic counseling for child and family.	Services are agreed to by the partnership and participating hospice agencies
Physician Services	Includes all regular and sick services and procedures rendered by a network provider.	One visit per day
Podiatrist	Enrollees can go to a podiatrist without calling the PCP for an okay. But the podiatrist must be a CMS Plan (CCP) network provider.	No Limit^
Prescribed Pediatric Extended Care (PPEC)	Includes nursing services, personal care, therapies and caregiver training.	Up to 12 hours per day^
Prescription Drugs	May use network pharmacy or mail order program. Must be on the CMS Plan (CCP) Formulary list.	No Limit^
Vision and optometric Care	You can have an eye exam and eye glasses.	Child: Limit 2 pairs of glasses/per year
Therapy Services: • Physical • Respiratory • Occupational • Speech	All therapy services are covered for enrollees less than 19 years of age as long as it is medically necessary.	No limit

Benefit	Coverage	Limits
Transportation	You can get a ride to the doctor or other provider. This is for when it is not an emergency. To ask for this you can call LogistiCare at their toll-free number 1-866-429-8529-. If it is an emergency, you should call 911.	No Limit

^ Prior authorization & other limits may apply.

Well Child Care

Children should receive health check-ups at:

- After birth
- 3-5 days of age
- By 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 month
- Once a year until they are 19 years old

A Well Child Check-up includes:

- Hearing screening
- Vision screening
- Dental screening
- Health and developmental history
- Developmental screening
- Age appropriate guidance
- Immunizations (when needed)
- Treatment as needed
- You may also request a well child visit at other times if you think your child needs it.

The listed services are covered services for recipients under the age of 21. The following applies to these covered services.

• Services are free
• No co-payment
• No limit on approved services
• No wait list for services
• No total coverage limit on approved services
• No limit on the number of visits to the doctor, therapist, dentist, or any other Medicaid provider
• Services may need a referral or prior approval
• Services that are covered now may not be after your child reaches the age of 21

Early and Periodic, Screening, Diagnosis and Treatment (EPSDT)

EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under the age of 21 years, as specified in Section 1905(a)(4)(B) of the Social Security Act (the Act) and defined in 42 U.S.C. § 1396d(r)(5) and 42 CFR 441.50 or its successive regulation.

The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible.

Health plans are required to comply with all EPSDT requirements for their Medicaid enrollees under the age of 21 years.

EPSDT entitles Medicaid enrollees under the age of 21 years, to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions. This requirement results in a comprehensive health benefit for children under age 21 enrolled in Medicaid

In addition to the covered services listed above, Medicaid must provide any other medical or remedial care, even if the agency does not otherwise provide for these services or provides for them in a lesser amount, duration, or scope (42 CFR 441.57)

Prior Authorization Services

Prior authorization is for services that must be approved by CMS Plan (CCP). We will review the request from your doctor before you obtain the service or procedure. CMS Plan (CCP) has policies and procedures to follow in making medical decisions. We will send you a letter if the services are denied or reduced. This is called a Notice of Action (NOA). The NOA will give you information on how to file an appeal. Also, if we make any major changes to Prior Authorization rules, we will let you know.

CMS Plan (CCP) must provide all medically necessary services for its members who are under age 19. This is the law. This is true even if CMS Plan (CCP) does not cover a service or the service has a limit. As long as your child's services are medically necessary, services have:

- No dollar limits; or
- No time limits, like hourly or daily limits.

Your provider may need to ask CMS Plan (CCP) for approval before giving your child the service. Call your nurse care coordinator or member services if you want to know how to ask for these services.

Your PCP will know how to request an authorization for services needed for your child. The authorization information needed by your PCP is on your child's member ID card. **If you have any questions about the authorization process, please contact your PCP or your CMS Nurse Care Coordinator.**

Right to Request an Appeal

If you don't agree, you can request an appeal. When you ask for an appeal, an Appeal Committee will review anything you send us.

How to Ask for an Appeal:

You can ask for an appeal in writing or by calling us. You can ask us to mail you an appeal request form. Your CMS care coordinator can help you with this. We must receive the written request within 90 days of the date of this letter. If you file by calling us we must receive a written request within 10 days of when you filed by phone. Here is where to call or send your request:

MAIL:
Community Care Plan UM Department

1643 Harrison parkway (H-200)
Sunrise, FL 33323
PHONE:
Telephone #: (866)202-1132

FAX:
(844) 806-0397

An appeal should include the following information:

- Your name
- Your member number
- A phone number where we can reach you or your legal representative

You may also include the following information:

- Why you think we should change the decision
- Any medical information to support the request
- Who you would like to help with your appeal

We will give you an answer within 45 days.

How to Ask for an Expedited (Fast) Appeal if Your Health is at Risk:

You can ask for an "expedited appeal" if you or your provider think that waiting 45 days for a decision could put your life, health, or your ability to attain, maintain, or regain maximum function in danger. You can call or write to us. Ask us to expedite the appeal. We may not agree to expedite the appeal but we will tell you. We will still process your appeal in 45 days. If we do need to expedite, you will get the answer within 72 hours. You can ask us to extend the time frame by up to 14 days.

How to Ask for your Services to Continue:

If you now get the services that were reduced, suspended or terminated, you can keep getting those services during the appeal. You must follow these time frames:
File the appeal with (CCP) no later than 10 days after this letter was mailed OR no later than 10 days after the first day our decision will take place, whichever is later. Tell us that you want your services to continue.
Your services will continue until the Appeal Committee makes a decision. If you do not win the appeal, you may have to pay for the services provided during the appeal.

Non-Emergent Transportation

We can help your child get to the doctor. Please call LogistiCare at 1-866-429-8529 if you need a ride. These rides are only for your child. These rides are only for doctor's visits. A parent or guardian will need to ride with your child. Tell LogistiCare if your child is in a wheelchair. Tell LogistiCare if your child uses other equipment. Call LogistiCare at least three (3) days before your appointment. If you are leaving a hospital, it may take some time. It could be three hours until a ride arrives. Please be patient. If you have questions call Member Services.

Getting Care When You Are Out of the Area

When you are not in the service area, you must get an okay before you get care. You need to also do this for behavioral health services. You must ask CMS Plan (CCP)) for the okay. This is only for non-emergencies. To get the okay, call your Care Coordinator or Member Services. You may need to pay for your care if you did not get the okay. This includes if you go outside of the USA. After you get care, call your CMS Plan (CCP)) doctor. This will help your doctor know your medical and follow-up needs. For emergencies, call 911 or go to the nearest emergency room. You can do this without an okay.

Paying Your Premium

Other than your monthly premium, there are no out of pocket costs for services covered by CMS Plan (CCP). It is very important that you pay your monthly premium to KidCare on time.

If you miss the payment deadline you may lose your health insurance and your CMS Plan (CCP) coverage. It takes a minimum of 30 days to be reinstated.

Please remember that your KidCare premiums are due by the 1st of the month for the following month's coverage. You must make your payment even if you have not received your coupon book. You can make your payment by any of the following methods:

- Mailing a check or money order with payment coupon to: Florida KidCare, PO Box 31105, Tampa, FL 33631-3105. Remember to write your child's member number on your check or money order.
- Over the internet at https://www.healthykids.org or
- By telephone, 24 hrs. a day, 7 days a week at 1-800-821-KIDS (5437).
  Select the prompt to "make an automated payment". Visa, MasterCard, and Discover are accepted. You also can make payments directly from your checking or savings account. The system will let you know if a fee will be charged.

If you are having trouble with your monthly payments, talk to your CMS Nurse Care Coordinator right away (see page 19). Don't lose this great opportunity to provide your children good quality health care!

CMS Plan will pay for all covered services as long as they are approved. If you seek medical care without involving your PCP, Nurse Care Coordinator, or CMS Plan (CCP), CMS may not be able to pay for the service. CMS Plan will not pay for medical services gotten outside the CMS Plan (CCP) program without a prior authorization.

If you obtain services outside of CMS Plan (CCP)'s provider network on your own, you may have to pay for these services yourself. If you take your child to the emergency department and the doctor says the situation is not an emergency, you should call your PCP for treatment.

Member Rights and Responsibilities

We want you to get the best medical care. We want to help you get the care you need. For that, you have rights and responsibilities. Certain rights are provided for you by law (42 CFR 438.100; 42 CFR 438.102; 45 CFR 164.524 and 45 CFR 164.526).

YOUR RIGHTS

- To be treated with respect, courtesy, and dignity.
- To protect your privacy.
- To ask questions and get answers you understand.
- To get the care and services covered by Medicaid.
- To get good medical care regardless of race, origin, religion, age, disability, or illness.
- To know about your treatment. To know what your options are. To decide about your care. You can refuse treatment.
- To ask for and get a copy of your medical records. To request your medical records be changed or amended. Changes can only occur as allowed by law.
- To get a second opinion from another doctor.
- To get service from out-of-network providers.
- To call 911 or go to the closest emergency room if you are having an emergency.
- To participate in experimental research.
- To refuse to participate in experimental research
- To get information about the credentials of providers
- To change providers at any time. You can ask for another primary care doctor (PCP) or specialist.
- To file a complaint, grievance or plan appeal.
- To not be restrained or secluded to make you act a certain way or to get back at you.
- To get information about Advanced Directives, if you are over 18.
- To exercise your rights and not have it affect the way you are treated.
- To get information from Children's Medical Services Managed Care Plan (CMS Plan (CCP)) in the format or language you need. Information like:
- How we approve services (authorization/referral process, medical necessity);

- How we make sure we keep getting better at what we do (Quality Improvement Program);
- How we measure the quality of our services (Performance Measures);
- The prescription drugs covered by CMS Plan (CCP));
- How we keep your information confidential;
- How we run the program. How we operate. Our policies; and
- If we have any provider incentive plans.

You can get this information at CMSPlan.floridahealth.gov or call Member Services.

YOUR RESPONSIBILITIES

- To call your PCPs) before getting care unless it is an emergency. To call your PCP when you get sick and need care.
- To listen to and work with your providers.
- To treat all health care providers and staff with respect, courtesy and dignity.
- To give them the information they need for your care.
- To talk to your doctor if you have questions or concerns
- To carry your ID card at all times.
- To call your doctor if you cannot make it to an appointment.
- To call the Department of Children and Families if your address or telephone number changes.
- To tell us or Medicaid if you suspect fraud.

You can get this information at CMSPlan.floridahealth.gov or call Member Services

Complaints and Grievances

COMPLAINTS

If you are not happy with our care or services, call Member Services at the number below. Please press 1 to speak to a person. We will try to resolve your issue. We will answer your questions. If you are still not happy, you can file a complaint. A complaint becomes a grievance after 24 hours if not resolved. You can file a complaint about many things. Here are a few examples:

- A doctor was rude to you.
- You are unhappy with the quality of care you received.
- You had to wait too long to see your doctor.
- You are not able to get information from the plan.
- You are concerned about your privacy or medical records.

GRIEVANCES

You can file a formal grievance orally or in writing. Your doctor can file it for you if you give your okay in writing. You may file your grievance at any time after the incident. Call Member Services if you need help**.** If you are deaf or blind, call our TDD line at 1-855-655-5303. Member Services is open between 8:00am and 7:00pm EST. You can talk with the Grievance Coordinator. Ask for a Grievance Coordinator from 8:00am to 7:00pm EST Monday to Friday.

You can mail a written grievance and any documentation you want to send with it to:

Community Care Plan Grievance Coordinator
1643 Harrison Parkway (H-200)
Sunrise, FL 33323
Fax: 954-251-4848
bnoel@ccpcares.org

We will send you a letter within five (5) days after we receive your grievance filed orally or in writing. If you request an expedited (fast) resolution, we will not send a letter. We will look at your grievance carefully. We have up to 90 days to take care of your grievance.

We might need more time if we need more information. We can take up to 14 more days to review if it is in your best interest. We will send you a letter telling you about this within two (2) days. The letter will include our reason for needing more time. If you need more time, you can ask for up to 14 more days. You can let us know in writing or by calling us. The extension is only for 14 calendar days in addition to the 90 days to review and resolve your grievance.

After we review your grievance, we will send you a letter with what we found. If you are not happy with what we told you, you can ask for a plan appeal or you may request a meeting with the Grievance Committee. This will allow you to discuss your issue and present your point of view. After this meeting, the decision of the Grievance Committee will be sent to you in writing. If you still are not satisfied with the response, you may appeal to the Statewide Children's Medical Services Network Grievance Panel. You can write to them at:

The Statewide CMS Grievance and Appeal Panel
4052 Bald Cypress Way, Bin #A06
Tallahassee, FL 32399-1707

If you would like the complete description of the complaint and grievance procedure, we will send it to you. Call Member Services at 1-866-202-1132. You can also write to us at:

CMS Plan (CCP)
1643 Harrison Parkway (H-200)
Sunrise, FL 33323

or ask your CMS Nurse Care Coordinator for help.

Coordination of Care

Your child will be assigned a Nurse Care Coordinator (Care Coordinator). Your Care Coordinator can help with appointments. Your Care Coordinator can answer questions you have. Your Care Coordinator is there to help your child get care. Please use your Care Coordinator whenever you need to. Call your CMS Area Office to speak with your Care Coordinator. Your CMS Area Office phone number is in the back of this handbook. CMS Plan (CCP) will let you know if your PCP or your PCP's office is no longer in our network. We will help you change your PCP. We will also let you know if a specialist you see regularly leaves our network. We will help you find another specialist. CMS Plan (CCP) will honor services that have been approved prior to joining our Plan.

Pharmacy (Prescription Drugs)

Prescription Drugs: Your doctor will give you a prescription and tell you where it can be filled. Please present your CMS Plan (CCP) identification card to the pharmacy. You may also need your child's social security number. We cannot give this number to you. Prescription drugs and infusion products are covered by CMS Plan. MedImpact Healthcare Systems helps pharmacies to fill your child's prescription. Pharmacy information is the back of the card. For any problems or special pharmacy issues, please call your child's CMS Nurse Care Coordinator. You may go to any pharmacy in the CMS Pharmacy Network. You can call the Medimpact Help Desk to find a pharmacy. Their telephone number is 1-800-788-2949, TTD/TYY 711.To find a pharmacy on the web, please click here: https://mp.medimpact.com/pharmacylocator/ActionServlet.

Cultural Competency

CMS Plan (CCP) believes that each person has worth. You should be treated fairly and with respect. Everyone deserves to be heard and understood. This is called cultural competence. If you feel that you have not been treated in this way by CMS Plan (CCP) staff or a CMS Plan (CCP) provider let us know. We can also provide you with our cultural competency plan. This can be found on our website. Click on: Cultural Competency. Or call Member Services at 1-866-202-1132. You can ask for a paper copy.

Important Phone Numbers

Children's Medical Services Managed Care Plan (CMS Plan (CCP)) Important Phone Number

(CCP) works with CMS Plan ((CCP)) in your area to help with your child's care	
CMS/(CCP) Enrollee Services	1-866-202-1132
Logisticare (Non-Emergency transportation) Reservation Ride Assistance/	 1-866-429-8529 1-866-251-9161
24/7 Nurse Help Line	1-844-514-3780
Medical, Dental, Vision,	1-866-202-1132
State Compliance Hotline	1-855-843-1106
Concordia-Behavioral or Mental Health (24 hours)	1-800-294-8642
Children's Medical Services Local Area Offices Miami-Dade Monroe Broward WPB-Palm Beach Naples-Collier Ft. Myers-Glades, Hendry & Lee Sarasota-charlotte, Desoto & Manatee	 1-866-831-9017 1-305-349-1330 1-800-204-2182 1-877-822-5203 1-239-624-6730 1-800-226-3290 1-800-235-9717
FLKidCare Help Line	1-800-821-5437
Medicaid Local Area Offices CMS Miami-Dade CMS Naples-Collier	 1-800-953-0555 1-800-226-6735
Aging and Disability Resource Centers Charlotte, Collier, DeSoto, Glades, Hendry, Lee & Sarasota Martin, okeechobee, Palm Beach, indian River & St. Lucie Broward Miami-Dade & Monroe	**1-800-963-5337** 1-866-413-5337 1-866-684-5885 1-954-745-9567 1-800-96-ELDER
OTHER IMPORTANT PHONE NUMBERS Department of Children & Families (FLKidCare eligibility) Social Security Administration (FLKidCare eligibility) Florida MPI Fraud & Abuse Hotline Abuse Hotline Subscriber Assistance Program	 1-866-762-2237 1-800-772-1213 1-888-419-3456 1-800-962-2873 1-850-412-4502

Suggestions for CMS Plan ((CCP)), please email us at CMSPlan@flhealth.gov or use the email link on our website CMSPlan.floridahealth.gov

Living Will and Advance Directive

Declaration made this _____ day of _____, 2_____, I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

_____ (initial) I have a terminal condition,
or _____ (initial) I have an end-stage condition,
or _____ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do _____, I do not _____ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal. In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name _____
Street Address _____
City _____ State _____ Phone _____

I understand that the full import of this declaration, and I am emotionally and mentally competent to make this declaration.
Additional instructions (optional):

_____
_____
_____
_____

(Signed) _____

Witness _____
Street Address _____
City _____ State _____
Phone _____

Witness _____
Street Address _____
City _____ State _____
Phone _____

At least one witness must not be a husband or wife or a blood relative of the principal.