

Standard Benefits

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Addictions Receiving Facility Services	Services used to help people who are struggling with drug or alcohol addiction.	We cover as medically necessary and recommended by CCP.	Plan OK needed.
Allergy Services	Services to treat conditions such as sneezing or rashes that are not caused by an illness.	We cover as medically necessary: <ul style="list-style-type: none"> • Blood or skin allergy testing • Up to 156 doses per year of allergy shots 	Plan OK needed.
Ambulance Transportation Services	Ambulance services are for when you need emergency care while being transported to the hospital or special support when being transported between facilities.	We cover as medically necessary.	No plan OK needed.
Ambulatory Detoxification Services	Services provided to people who are withdrawing from drugs or alcohol.	We cover as medically necessary and recommended by CCP.	Plan OK needed.
Ambulatory Surgical Center Services	Surgery and other procedures that are performed in a facility that is not the hospital (outpatient).	We cover as medically necessary.	Plan OK needed.
Anesthesia Services	Services to keep you from feeling pain during surgery or other medical procedures	We cover as medically necessary.	Plan OK needed.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Assistive Care Services	Services provided to adults (ages 18 and older) help with activities of daily living and taking medication.	We cover 365/366 days of services per year, as medically necessary.	No plan OK needed when services are rendered in an Assisted Living Facility, Adult family care home, or Residential treatment facility.
Behavioral Health Assessment Services	Services used to detect or diagnose mental illnesses and behavioral health disorders.	We cover, as medically necessary: <ul style="list-style-type: none"> • 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) 	No plan OK needed for initial 15 hours.
Behavioral Health Overlay Services	Behavioral health services provided to children (ages 0 – 18) enrolled in a DCF program.	We cover 365/366 days of including therapy, support services and aftercare planning, per year, as medically necessary.	Plan OK needed for certain services.
Behavioral Health Services – Child Welfare	A special mental health program for children enrolled in a DCF program.	We cover as medically necessary and recommended by CCP.	Plan OK needed for certain services.
Cardiovascular Services	Services that treat the heart and circulatory (blood vessels) system.	We cover the following as prescribed by your doctor, when medically necessary: <ul style="list-style-type: none"> • Cardiac testing • Cardiac surgical procedures • Cardiac devices 	Plan OK needed for certain invasive services.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Child Health Services Targeted Case Management	Services provided to children (ages 0 - 3) to help them get health care and other services OR Services provided to children (ages 0 – 20) who use medical foster care services.	Your child must be enrolled in the DOH Early Steps program Or your child must be receiving medical foster care services.	No plan OK needed.
Chiropractic Services	Diagnosis and manipulative treatment of misalignments of the joints, especially the spinal column, which may cause other disorders by affecting the nerves, muscles, and organs.	We cover, as medically necessary: <ul style="list-style-type: none"> • 24 patient visits per year, per member • X-rays 	Plan OK needed after 24 visits per year, up to a maximum of 37 visits.
Clinic Services	Health care services provided in a county health department, federally qualified health center, or a rural health clinic.	We cover as medically necessary.	No plan OK needed.
Dialysis Services	Medical care, tests, and other treatments for the kidneys. This service also includes dialysis supplies, and other supplies that help treat the kidneys.	We cover as prescribed by your treating doctor, as medically necessary: <ul style="list-style-type: none"> • Hemodialysis treatments • Peritoneal dialysis treatments 	Plan OK needed.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Durable Medical Equipment and Medical Supplies Services	Medical equipment is used to manage and treat a condition, illness, or injury. Durable medical equipment is used over and over again, and includes things like wheelchairs, braces, crutches, and other items. Medical supplies are items meant for one-time use and then thrown away.	We cover as medically necessary. Some service and age limits apply. Call 1-866-899-4828 for more information.	Plan OK needed for some Durable Medical Equipment and Medical Supplies Services.
Early Intervention Services	Services to children ages 0 - 3 who have developmental delays and other conditions.	We cover as medically necessary: <ul style="list-style-type: none"> • 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 	No plan OK needed.
Emergency Transportation Services	Transportation provided by ambulances or air ambulances (helicopter or airplane) to get you to a hospital because of an emergency.	We cover as medically necessary.	No plan OK needed.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Evaluation and Management Services	Services for doctor's visits to stay healthy and prevent or treat illness.	<p>We cover as medically necessary:</p> <ul style="list-style-type: none"> • One adult health screening (check-up) per year • Well child visits are provided based on age and developmental needs • One visit per month for people living in nursing facilities <p>Up to two office visits per month for adults to treat illnesses or conditions</p>	No plan OK needed.
Family Therapy Services	Services for families to have therapy sessions with a mental health professional.	We cover as medically necessary up to 26 hours per year.	No plan OK needed for up to 9 hours.
Gastrointestinal Services	Services to treat conditions, illnesses, or diseases of the stomach or digestion system.	We cover as medically necessary.	Plan OK needed for invasive procedures.
Genitourinary Services	Services to treat conditions, illnesses, or diseases of the genitals or urinary system.	We cover as medically necessary.	Plan OK needed for invasive procedures.
Group Therapy Services	Services for a group of people to have therapy sessions with a mental health professional.	We cover medically necessary up to 39 hours per year.	No plan OK needed for up to 9 hours.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Hearing Services	Hearing tests, treatments and supplies that help diagnose or treat problems with your hearing. This includes hearing aids and repairs.	We cover hearing tests and the following as prescribed by your doctor, when medically necessary: <ul style="list-style-type: none"> • Cochlear implants • One new hearing aid per ear, once every 3 years Repairs	Plan OK needed for cochlear implants.
Home Health Services	Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness, or injury.	We cover when medically necessary: <ul style="list-style-type: none"> • Up to 4 visits per day for pregnant recipients and recipients ages 0-20 Up to 3 visits per day for all other recipients	Plan OK needed.
Hospice Services	Medical care, treatment, and emotional support services for people with terminal illnesses or who are at the end of their lives to help keep them comfortable and pain free. Support services are also available for family members or caregivers	We cover as medically necessary.	Plan OK needed.
Individual Therapy Services	Services for people to have one-to-one therapy sessions with a mental health professional.	We cover as medically necessary up to 26 hours per year.	No plan OK needed.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
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 these inpatient hospital services based on age and situation, as medically necessary: <ul style="list-style-type: none"> • Up to 365/366 days for recipients ages 0-20 • Up to 45 days for all other recipients (extra days are covered for emergencies) 	Plan OK needed.
Integumentary Services	Services to diagnose or treat skin conditions, illnesses, or diseases.	We cover as medically necessary.	Plan OK needed for invasive procedures.
Laboratory Services	Services that test blood, urine, saliva, or other items from the body for conditions, illnesses, or diseases.	We cover as medically necessary.	Plan OK needed for genetic testing.
Medical Foster Care Services	Services that help children with health problems who live in foster care homes.	Must be in the custody of the Department of Children and Families.	No plan OK needed.
Medication Assisted Treatment Services	Services used to help people who are struggling with drug addiction	We cover as medically necessary.	No plan OK needed.
Medication Management Services	Services to help people understand and make the best choices for taking medication	We cover as medically necessary.	No plan OK needed.
Mental Health Targeted Case Management	Services to help get medical and behavioral health care for people with mental illnesses	We cover as medically necessary.	No plan OK needed.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Neurology Services	Services to diagnose or treat conditions, illnesses or diseases of the brain, spinal cord, or nervous system.	We cover as medically necessary.	Plan OK needed for some procedures.
Non-Emergency Transportation Services	Transportation to and from all your medical appointments. This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles.	We cover the following services for recipients who have no transportation: <ul style="list-style-type: none"> • Out-of-state travel • Transfers between hospitals or facilities Escorts when medically necessary	No plan OK needed.
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.	No plan OK needed.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Occupational Therapy Services	Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself, and using items around the house	<p>For children ages 0 - 20 and for adults under the \$1,500 outpatient services cap, we cover as medically necessary:</p> <ul style="list-style-type: none"> • One initial evaluation per year • Up to 210 minutes of treatment per week • One initial wheelchair evaluation per 5 years <p>For people of all ages, we cover, as medically necessary: Follow-up wheelchair evaluations, one at delivery and one 6-months later</p>	Plan OK needed.
Oral Surgery Services	Services that provide teeth extractions (removals) and to treat other conditions, illnesses or diseases of the mouth and oral cavity.	We cover as medically necessary.	Plan OK needed for some procedures.
Orthopedic Services	Services to diagnose or treat conditions, illnesses or diseases of the bones or joints.	We cover as medically necessary.	Plan OK needed for Invasive procedures and advanced imaging services (such as MRI or CAT scan).

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Outpatient Hospital Services	Medical care that you get while you are in the hospital but are not staying overnight. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you.	<p>We cover as medically necessary:</p> <ul style="list-style-type: none"> • Emergency services <p>Non-emergency services cannot cost more than \$1,500 per year for recipients ages 21 and over</p>	Plan OK needed for some invasive procedures and overnight hospital observation.
Pain Management Services	Treatments for long-lasting pain that does not get better after other services have been provided	We cover as medically necessary.	Plan OK needed for some invasive procedures.
Physical Therapy Services	Physical therapy includes exercises, stretching and other treatments to help your body get stronger and feel better after an injury, illness or because of a medical condition	<p>For children ages 0 - 20 and for adults under the \$1,500 outpatient services cap, we cover, as medically necessary:</p> <ul style="list-style-type: none"> • One initial evaluation per year • Up to 210 minutes of treatment per week • One initial wheelchair evaluation per 5 years <p>For people of all ages, we cover, as medically necessary:</p> <ul style="list-style-type: none"> • Follow-up wheelchair evaluations, one at delivery and one 6-months later 	Plan OK needed except for initial evaluation and re-evaluations.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Podiatry Services	Medical care and other treatments for the feet	We cover as medically necessary: <ul style="list-style-type: none"> • 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	Plan OK needed for invasive surgery.
Prescribed Drug Services	This service is for drugs that are prescribed to you by a doctor or other health care provider	We cover as medically necessary: <ul style="list-style-type: none"> • Up to a 34-day supply of drugs, per prescription Refills, as prescribed	Plan OK needed for some medications. No copay for covered medications.
Private Duty Nursing Services	Nursing services provided in the home to people ages 0 to 20 who need constant care.	We cover up to 24 hours per day, as medically necessary.	Plan OK needed.
Psychological Testing Services	Tests used to detect or diagnose problems with memory, IQ, or other areas.	We cover, as medically necessary, 10 hours of psychological testing per year.	No Plan OK needed.
Psychosocial Rehabilitation Services	Services to assist people re-enter everyday life. They include help with basic activities such as cooking, managing money and performing household chores.	We cover up to 480 hours per year, as medically necessary.	No Plan OK needed for up to 240 hours.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Radiology and Nuclear Medicine Services	Services that include imaging such as x-rays, MRIs, or CAT scans. They also include portable x-rays.	We cover as medically necessary.	Plan OK needed for advanced imaging such as MRI or CAT scans. No Plan OK needed for x-rays.
Regional Perinatal Intensive Care Center Services	Services provided to pregnant women and newborns in hospitals that have special care centers to handle serious conditions.	We cover as medically necessary.	No Plan OK needed.
Reproductive Services	Services for women who are pregnant or want to become pregnant. They also include family planning services that provide birth control drugs and supplies to help you plan the size of your family.	We cover family planning services, as medically necessary. You can get these services and supplies from any Medicaid provider; they do not have to be a part of our Plan. These services are free. These services are voluntary and confidential, even if you are under 18 years old.	No plan OK needed.
Respiratory Services	Services that treat conditions, illnesses or diseases of the lungs or respiratory system.	We cover as medically necessary: <ul style="list-style-type: none"> • Respiratory testing • Respiratory surgical procedures Respiratory device management	Plan OK needed for some invasive procedures and devices.
Specialty Psychiatric Hospitals	In lieu of Inpatient Psychiatric Hospital	We cover as medically necessary and recommended by CCP.	No plan OK needed.
Specialized Therapeutic Services	Services provided to children ages 0-20 with mental illnesses or substance use disorders.	We cover, as medically necessary: <ul style="list-style-type: none"> • Assessments • Foster care services Group home services	Plan OK needed.

SERVICE	DESCRIPTION	COVERAGE/LIMITATIONS	PLAN OK NEEDED?
Speech-Language Pathology Services	Services that include tests and treatments help you talk or swallow better.	<p>For children ages 0-20, we cover, as medically necessary:</p> <ul style="list-style-type: none"> • Communication devices and services • Up to 210 minutes of treatment per week • One initial evaluation per year <p>For adults, we cover, as medically necessary:</p> <ul style="list-style-type: none"> • One communication evaluation per 5 years 	Plan OK needed except for initial evaluation and re-evaluations
Statewide Inpatient Psychiatric Program Services	Services for children with severe mental illnesses that need treatment in the hospital.	As medically necessary for children ages 0-20.	Plan OK needed.
Transplant Services	Services that include all surgery and pre- and post-surgical care.	We cover as medically necessary.	Plan OK needed.
Visual Aid Services	Visual Aids are items such as glasses, contact lenses and prosthetic (fake) eyes.	<p>We cover as medically necessary when prescribed by your doctor:</p> <ul style="list-style-type: none"> • Two pairs of eyeglasses for children ages 0-20 • One frame every two years and two lenses every 365 days for adults ages 21 and older • Contact lenses <p>Prosthetic eyes</p>	Please call iCare at 1-877-296-0799 for OK.
Visual Care Services	Services that test and treat conditions, illnesses, and diseases of the eyes.	We cover as medically necessary.	Please call iCare at 1-877-296-0799 for OK.

Community Care Plan is a managed care plan with a Florida Medicaid contract in Brevard, Broward, Charlotte, Collier, Desoto, Glades, Hendry, Indian River, Lee, Martin, Miami-Dade, Monroe, Okeechobee, Orange, Osceola, Palm Beach, Sarasota, Seminole, and St. Lucie counties. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the Managed Care Plan. Limitations, copayments, and/or restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change.

Auxiliary Aids

ATTENTION: If you speak english, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-899-4828 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se dispone de forma gratuita de ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-899-4828 (TTY: 711) o hable con su proveedor.

ATANSYON: Si w pale Creole, sèvis asistans pou lang disponib pou ou pou gratis. Èd oksilyè ki apwopriye ak sèvis pou bay enfòmasyon ki nan fòm aksèsib yo disponib tou gratis. Rele 1-866-899-4828 (TTY: 711) oswa pale ak founisè w la.

Foreign Languages

This information is available for free in other languages. Please contact our customer service number at 1-866-899-4828, (TTY: 711) Monday through Friday from 8:00 AM a 7:00 PM EST.

Esta información está disponible gratis en otros idiomas. Por favor contacte a nuestro departamento de servicio al cliente al 1-866-899-4828, (TTY: 711) de lunes a viernes desde las 8:00 AM a 7:00 PM EST.

Enfòmasyon sa a disponib nan lòt lang yo. Tanpri kontakte depatman sèvis manm nou an nan 1-866-899-4828, (TTY: 711) Lendi jiska Vandredi de 8:00 AM a 7:00 PM EST.



Non-Discrimination Notice

Community Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Community Care Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Community Care Plan:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Jennier Nielsen.

If you believe that Community Care Plan 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: Jennifer Nielsen, Civil Rights Coordinator, 1643 Harrison Parkway Building H, Suite 200. Sunrise, Florida 33323, 1-866-899-4828, TTY/TDD 711, jnielsen@ccpcares.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jennifer Nielsen 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

This notice is available at Community Care Plan's website:
www.ccpcares.org/Nondiscrimination.