Your Child Welfare Prepaid Mental Health Plan

Enrollee Handbook for Enrollees in the Child Welfare Prepaid Mental Health Plan (CWPMHP)

The Community Based Care Partnership is Here to Help You

1-800-327-5542

Call us any time, any day, or visit www.MagellanofFlorida.com

The Community Based Care Partnership, Ltd. A Partnership between CBC of Central Florida, Inc. & Magellan Behavioral Health of Florida, Inc.

If you need an audio version of this handbook, please call us at 1-800-327-5542. If you are deaf or hard-of-hearing, please call us at 1-800-424-1694. 2013
WHO WE ARE AND HOW WE CAN HELP YOU

The Community Based Care Partnership Limited (The Partnership) is a partnership between the CBC of Central Florida, Inc. and Magellan Behavioral Health of Florida, Inc. (Magellan). These organizations have teamed together to offer mental health services to children and adolescents in the child welfare system who are Medicaid beneficiaries. The Partnership works closely with child welfare community based care agencies (CBCs) in most Florida counties to deliver these services. To see a list of counties covered in this program, read Appendix A on page 26 of this handbook. Young people and teenagers up to 18 years of age can be in the program.

Our program is called the ‘Child Welfare Prepaid Mental Health Plan,’ or ‘CWPMHP.’ We work with Florida’s Medicaid office to help children and adolescents with their mental health. Being mentally healthy means being at your best. What is best for one child might be different from what is best for someone else. We want to help each child and adolescent find his or her best. We are here for them any time, any day.

Getting help
You can call us at 1-800-327-5542, any time, any day to get help for your child. The Partnership’s phones are answered by a member of Magellan’s customer service team. We are here to help 24 hours a day, seven days a week. We are here on holidays and weekends, too. You can also call or take the child to one of our network providers without calling us. You will get a list of our providers in the mail or you can check it at www.MagellanofFlorida.com. For some services such as hospital care, the provider will call to get the service approved.

If you are deaf or hard of hearing
If you are deaf or hard of hearing, call us. Our number is 1-800-424-1694. That is our TTY phone number. We use the Florida Relay Service, too. That number is 711. Call day or night. For the Spanish Relay service, please call us at 1-877-955-8773. (Para el servicio Relay en español, por favor llámenos al 1-877-955-8773.)
What kind of help is included?

The Partnership wants to help children in the CWPMHP get the help that will meet their needs. We do not receive any money for keeping children from getting help. There are rules that we follow. These rules guide us to getting your child the type of help he needs. The rules also help us to decide how long the child will need to get that help. Our goal is to help children get better and to stay better.

The kinds of help in the program are called “covered services.” This means that your child can use them if our rules say that they are the kind of services he needs. The Partnership follows Medicaid limits to services.

To find out if any of these services will help your child, just call us at 1-800-327-5542 any time. Call day or night. We are here.

Covered services include:

- **Inpatient hospital mental health care**—This means that the child has been checked into a hospital for help.

- **Outpatient hospital mental health care**—This means that the child gets mental health care services in a hospital but does not stay there overnight.

- **Emergency room**—This means that the child has been taken to an emergency room for help. Please read page 5 of this handbook to see what an emergency is.

- **Crisis help and follow-up**—A crisis means that the child’s mental health problem has become more serious and he needs help as soon as possible. He/she may need to see a therapist right away, or he/she may need to go to a hospital. Follow-up services mean the help that a person gets after the crisis is over.

- **Comprehensive Behavioral Health Assessment Services**—A special therapist works with a child and family to decide what the child’s mental health needs are.

- **Physician services**—These are mental health services provided by a psychiatrist (a doctor) in a hospital.

- **Medical and Psychiatric Services**—Mental health services provided by a doctor, a psychiatrist or a psychiatric nurse. These services are provided in a community mental health center.
- **Individualized Treatment Plan development**—Working with the child, family members or guardians, and providers to develop a plan for the child’s services and treatment.

- **Mental health evaluation and assessment**—An evaluation means answering questions about the child’s mental health problem. An assessment is the doctor or therapist’s opinion about the child’s problem and how to help him.

- **Mental health counseling and therapy**—This is when the child goes to the provider’s office to talk about his problem.

- **Medication management**—Medication management is making sure the child is taking the right drugs at the right time, for as long as the doctor says he should.

- **Psychosocial rehabilitation**—These are services that help the child feel healthy and comfortable living at home or in the community. These services can help with things like finding new friends, doing better at school and getting along better with parents and caregivers.

- **Self-help and peer support**—This means ways the child can learn to feel better and stay better. It also means ways that other children or adolescents (“peers”) can help the child.

- **Therapeutic behavioral onsite services**—These are programs specially designed for kids. They can be given at home, at school, or at other places in the community.

- **Therapeutic Group Care Services**—These services are community-based psychiatric residential treatment services.

- **Psychiatric/Psychological testing**—The child answers questions about how he is feeling.

- **Psychiatric electroshock treatment**—This is a medical procedure used to treat depression.

- **Specialized Therapeutic Foster Care**—Many different kinds of help and support for children who are living in licensed foster homes.

- **Mental health targeted case management**—This is getting a lot of help and support designed just for the child or adolescent. A case manager he/she trusts to help.
Community service for enrollees involved with the Department of Juvenile Justice—Special services and supports for children and adolescents who have already been involved with juvenile justice (arrested) or who are in danger of being arrested because of their behavior.

Respite Care—Someone else takes care of the child for a short time for the parents or guardian. This may happen in the child’s home or in an overnight program.

There might be other services that could help your child that are covered by the program. Your doctor or therapist can talk with you about them.

If you have questions about the Covered Services, please call us at 1-800-327-5542. Call day or night. We are here.

Please also read page 6 of this handbook to learn more about how the Florida Kid Care Program might help if the child is no longer eligible for Medicaid services.

Getting help in an emergency

Is your child thinking about hurting himself or someone else? This is an emergency. For an emergency call us at 1-800-327-5542. Or call 911. Or go right to the closest hospital. It is important that you get help now.

Emergency help for your child is covered, even if he is in another city or state. The child should be taken to the closest hospital as soon as possible. The hospital will call The Partnership.

Services covered by the Medicaid Fee-for-Service plan

There are some things that the CWPMHP does not cover. We call these “non-covered services.” But the services may be covered by the Medicaid Fee-for-Service plan. If you have questions about what The Partnership covers call us. Our number is 1-800-327-5542.

If you have questions about what the Medicaid Fee for Service plan covers, call the Agency for Health Care Administration (AHCA) in your Area. These numbers are listed on page 26 of this handbook.
These services are not covered by The Partnership. They may be covered by the Medicaid Fee for Service plan:

- Drug or alcohol abuse services
- Behavioral Health Overlay Services (BHOS)
- Statewide Inpatient Psychiatric Programs (SIPP)
- Residential Treatment for children
- Prescription Drugs
- State Mental Health Facilities
- Long term care in institutions for the developmentally disabled
- Suitability Assessments for Children done by the Qualified Evaluator Network
- Transportation

Is your child getting mental health help? And is he getting help for drug or alcohol problems, too? Let us know. We can help your child get the most out of that help. If you are not sure which services The Partnership covers, call us. Our number is 1-800-327-5542. We can help answer questions. We can tell you how to get the services your child needs. We can do this no matter who is paying for the services.

**Florida KidCare Program**

**Who is eligible?**
This is the state’s health insurance program for uninsured children age 19 and under who do not qualify for Medicaid. You can apply for KidCare at any time of the year. It is made up of four parts.

- MediKids: this program offers low-cost health insurance coverage for children ages 1 to 5.
- HealthyKids: this is a public/private organization that offers quality health insurance to Florida’s low income children.
- Children’s Medical Services (CMS) network: this program is for children with special health care needs.
- Medicaid for children: this program is for low-income children who are not eligible for the other programs above.

When you apply, Florida KidCare will check which program your child may be eligible for.
**How to apply**

Do you need an application? Need help filling out an application? Do you have questions? Call 1-888-540-5437. This is a free call. If you are deaf or hard of hearing, call the TTY at 1-877-316-8748. Or you can log on to www.floridakidcare.org to apply online. Your local county health department can also tell you more about it. Enrollment is open all year.

**PLAN MEMBERSHIP**

**Becoming a member**

When your child is signed up for Medicaid and is in the Florida Safe Families Network (FSFN) System, he will be assigned to The Partnership for his mental health services. It is automatic. He will receive a Health ID card that tells others that the child is a member. That card also has our phone number on it. Please keep it with you. The Health ID card looks like this:

![Health ID card example]

**If this plan changes**

If anything about this plan changes, we will give all enrollees a new handbook. The new handbook will have the new information in it. The handbook will point out what has changed.

The Partnership will tell you 30 days before changes happen. These changes can include:

- Enrollment rules.
- Procedures.
- The enrollment cycle.
Picking a doctor or therapist (Providers)

We call doctors and therapists “providers.” We call the group of providers that enrollees can pick from a “network.” Your child must use providers who are in our network. But you can pick the provider you want from our network. You don’t have to call The Partnership if your child is using a provider in our network. You can call the provider yourself to arrange for an appointment for the child. Anytime you want to change providers, just call us at 1-800-327-5542. Remember, except for emergencies, your child must see providers who are in our network. Please read page 5 in this handbook to learn what an emergency is.

If the provider your child is seeing now isn’t in our network, there are several choices to pick from.

1. Your child can change to another provider in the The Partnership network. Call us at 1-800-327-5542 and we will help your child find a new provider. If you say it is okay, your child's current provider may call your new provider to share information to help your child.

2. You can ask us to try to get the provider your child is seeing now into our network.

3. Your child can continue to see the provider he is seeing now, but The Partnership will not pay for the services.

You may call The Partnership to find out about the “credentialing” of our providers. Credentialing is the way we make sure our providers have the correct:

- License.
- Education.
- Training.
- Certification.

This helps us make sure you are getting the best care.

Out-of-plan services

There might be times when your child can continue to see the current provider, even if he/she isn’t in our network. For example, this may happen if your child needs unusual or complicated treatment, or if we don’t have any providers near the child’s home. Call us at 1-800-327-5542
to find out more. Remember, you should always contact us before your child sees a provider who is not in our network. If you don’t, you may have to pay for the services yourself.

**Tell us what services your child needs**

We will work with your child’s providers to make sure he gets the care he needs. Sometimes we can approve and pay for a service that is not one of the Covered Services listed above. We call this a “downward substitution” because we think it will help more than the Covered Service. If you don’t want your child to use the “downward substitution” services, you and your child have the right to request the Covered Service. Call us at 1-800-327-5542 to discuss your child’s needs and concerns.

Members can ask for a second opinion if you do not agree with what your child’s provider has said. This can be done at no cost to you. Your child can go to any provider in our network. If you need to find another provider, you can call 1-800-327-5542. The Partnership will give you information about other providers. We can also help you make an appointment. Or, you can call the provider yourself.

**How membership can end**

Medicaid/Prepaid Mental Health Plan will stop your services if:

- The child or adolescent is not on Medicaid anymore.
- The child is not receiving services through a child welfare community based care agency.
- The child is admitted to a place like:
  - A state mental health hospital.
  - A hospice.
  - A residential treatment center.
- The child is sent to jail.
- The child is covered under another health plan.
- The child moves to a place that doesn’t have the Prepaid Mental Health Plan.

There are also other reasons. If you have any questions, call us at 1-800-327-5542. You can also call this number if you want your child to stop being a member.
Medicaid Options—helping you enroll or disenroll

To help you make Medicaid program choices, the state of Florida has created an enrollment and disenrollment helpline. Call to talk to an enrollment specialist. The toll-free number is 1-888-367-6554.

Specialists help you enroll in a Medicaid managed care plan. They can tell you what doctors are in the plan. They can help you understand the differences there are in the plans. They can enroll you in the plan of your choice. They can help you move from one plan to another plan. You can get written materials to help you decide what plan you want to be in.

Online Medicaid Enrollment Information:

You can go on the Internet to find out about your Medicaid managed care choices. Go to www.medicaidoptions.net.

OUR GROUP OF PROVIDERS (OUR “NETWORK”)

The Partnership works with many therapists who provide mental health services in the county where your child lives. Our provider list shows where therapist offices are and the kinds of services they provide. We can send a provider list to your child’s home.

QUALITY PROGRAM

The Partnership has a Quality program to improve services. The Partnership has an Enrollee, Family and Stakeholder Advisory Group (EFSAG). This group updates members on The Partnership’s Quality program and asks for feedback from members on how we can improve services. If you are interested in joining the group, call us at 1-800-327-5542.
PEER REVIEW PROCESS

Providers in our network have a “peer review process.” Here is how this type of process works:

- Providers who have the same type of experience look at treatment plans.
- These providers make sure the right treatment is being provided.

Please call 1-800-327-5542 if you have questions about this process.

IF YOU WANT TO SHARE A CONCERN OR MAKE A COMPLAINT (GRIEVANCE PROCESS)

We want to make sure that the help your child gets is right for him/her. We are here to help your child any time. If you or your child are not happy with anything we’ve done or said we won’t do, let us know. If you or your child are not happy with anything that a doctor or therapist has done, let us know. We will work with you to fix it. If we do not fix your complaint within 24 hours, we call your complaint a “grievance.” The way we handle the concern or complaint is called our “grievance process.” You will hear the words “filing a grievance.” That is what we call it when enrollees make a complaint or voice a concern. You have one whole year from the time it happened to tell us about it. Our staff can help you and your child if you need help in filing a grievance.

There are several ways to start the process. Pick the one that is best for you and your child:

- Call us. Our number is 1-800-327-5542. We will ask you and your child some questions. This makes sure that we get your concern to the right person at The Partnership. We try our best to solve the problem over the phone with you. By calling us, you and your child can get an answer more quickly, sometimes before hanging up the phone.
- You can tell a Partnership/CBC staff person you see at a meeting.
- You can send us a letter and tell us your grievance. Our address is: Magellan Health Services P.O. Box 523881 Miami, FL 33152
You might want to tell your child’s provider about your concern. Then he or she can talk to us about it. That is fine, too. If you are deaf or hard of hearing, we have a TTY service. That number is 1-800-424-1694. We also use the Florida Relay Service, 711, so your call is easy to make. (Para el servicio Relay en español, llámenos por favor al 1-877-955-8773.) We have interpreters if you speak in a language other than English.

Please be sure to note on your letter, fax or e-mail that it should go to the **Grievance & Appeals Coordinator**. That way, we can solve the problem more quickly. You will get a letter back from us. It will describe the grievance. Is it all correct? If so, you do not need to do anything with the letter. If we did not understand the concern, please contact us right away to fix it.

If you call us about a grievance, we will try to fix it while we talk to you. If you have sent us a letter—or we can’t fix it over the phone—we will look into it right away. We will send you a letter letting you know what we’ve done. We might call you, too. You will almost always get the letter within 30 days from when you called us or from when we got your letter. If we can’t fix the problem in 30 days, we will get an answer to you no later than 90 days after we got your call or letter.

**State Fair Hearing**

You or your child can ask the Office of Appeal Hearings to help with a grievance at any time—before you contact The Partnership or after. This is called a “State Fair Hearing.”

You can file for a “State Fair Hearing” if:

- You or your child aren’t happy with how we answered your concern
- You or your child don’t think that we answered you fast enough
- You or your child would rather have the Agency resolve the grievance

All you need to do is write to the Agency at:

Department of Children and Families
Office of Appeal Hearings
Building 5, Room 255
1317 Winewood Blvd.
Tallahassee, FL 32399-0700
Sometimes we need to answer the grievance faster, such as if your child’s health or safety is at risk. In this case, we will resolve the grievance in 3 working days or fewer. You may not get a letter from us saying we have the grievance. But you will always get a letter from us with our answer. Sometimes, we will call you so you get your answer faster.

The Partnership will not take action against you or your child if you file a grievance. We will not take action against your child’s provider who files a grievance for him, or if the provider agrees with you and your child. This is your child’s right. We respect and support it.

**IF YOU WANT SERVICES THAT WE DIDN’T APPROVE (APEAL PROCESS)**

Do you or the provider want your child to get help one way? And The Partnership thinks it can be done in another way? If you disagree with us, you can file an Appeal. Or the provider can file an Appeal. The Partnership will handle all Appeals for the CWPMHP.

An “Appeal” is having a person look at what The Partnership did, like:

- Denying or limiting an asked for service. This includes a type or level of service.
- Reducing or stopping or ending a service that was approved.
- Denying payment for all of the services or part of the services.
- Not giving services in what the State says is a timely manner.
- Not acting within the time frames given by the State.

An Appeal is almost always about services you did not or could not get.

If The Partnership does not approve what you or your child want, we will send you a letter. It will tell you our decision. If you don’t agree with us you can appeal. If your child’s provider doesn’t agree with us, he or she can appeal. You need to appeal within 30 days of when you get our letter. If we don’t send a letter, you have up to one year to file the Appeal.
Here is how the Appeal Process works:

- You or your child’s provider will contact us. This needs to happen within 30 days of when you get our letter. There are many ways to do this. Pick the one that is best for you:
  - You can call us. Our number is 1-800-327-5542. After you have talked to us about your concern, you must send us a letter to make your appeal.
  - You can also send us a letter to make your appeal without talking to us first. Our address is:
    Magellan Health Services
    P.O. Box 523881
    Miami, FL 33152

- You might want to tell your child’s provider about the concern. Then he or she can talk to us about it. That is fine, too. If you are deaf or hard of hearing, we have a TTY service. That number is 1-800-424-1694. We also use the Florida Relay Service, 711, so your call is easy to make. (Para el servicio de Relay en español, llámenos por favor al 1-877-955-8773.) We have interpreters if you speak in a language other than English.

- The Appeal will be given to a Partnership staff person. This will be a person who wasn’t involved in the case before.

- We will look at more information. Then a decision will be made on the Appeal. You and your child can give us more information in person. You can do it in writing. Or you can ask your provider to do this. You can ask to see all documents on the Appeal any time before the date of the Appeal.

- The Partnership will decide on the Appeal within 30 days from when we get it. We will tell you what we decided in 30 days. We may take up to 14 days longer if you tell us it’s OK to take more time. We may take this extra time if we think it will be better for your Appeal. We will send you a letter if we think the extra time is needed.

- Urgent Appeals: Sometimes we need to get an answer to the Appeal more quickly. We would do this if your child’s health or safety is at risk. You can ask for an “Expedited” Appeal. Or your child’s provider can ask for it. This means we will need to get an answer to the Appeal quickly. The most time we can take is 3 days after you and your child talked to us.
You can ask that your child’s care still be covered during the Appeal or even through the State Fair Hearing. This is called “continuation of benefits.” Your child’s care can still be covered when all of these points are true:

- It is for reducing or stopping or ending services we said were OK before.
- The authorization time has not run out.
- You asked for the benefits to keep going.
- Services are asked for by an approved provider.
- The Appeal is filed on time, that is:
  - In ten (10) days of the letter date. Add five days if the letter is sent via U.S. mail.
  - OR the intended effective date of our proposed Action.

We will send you a letter on our decision. It will include the date of the Appeal decision.

If you don’t get all you asked for, the letter will talk about:

- Your right to ask for a State Fair Hearing.
- How to get in touch with the Florida Agency for Health Care Administration (AHCA) Area Office. They can help you file for the State Fair Hearing.
- Information on how to ask for a State Fair Hearing. It will include the address.
- Information on how to keep getting benefits during your appeal.

You can ask that your child’s care still be covered during the Appeal or even through the State Fair Hearing. This is called “continuation of benefits.” When you ask that your child’s care continue during the Appeal, we will do so until one of these things happens:

- You or your child take back the Appeal.
- It has been ten days since we called with the decision. And you haven’t asked for a State Fair Hearing.
- Or, it has been 10 days since we sent you the decision. Add five days if the letter was sent via U.S. mail in the mail. And you haven’t asked for a State Fair Hearing.
- A State Fair Hearing says our decision is OK.
- The approval runs out or the amount of care that has been approved for your child runs out.
Appeal Decisions
- What happens if the Appeal or State Fair Hearing does not agree with The Partnership? We will approve the services you asked for. We will also pay for them.
- What happens if the Appeal or State Fair Hearing agrees with The Partnership? You may have to pay for the services provided to your child. We may also ask you to pay for the services that were given while the Appeal was going on.

State Fair Hearing
Any time during the Appeal, you can ask for a State Fair Hearing. If you are not happy with our answer, you can ask for a State Fair Hearing. Or your child’s provider can ask for one. Write to:

Department of Children and Families
Office of Appeal Hearings
Building 5, Room 255
1317 Winewood Blvd.
Tallahassee, FL 32399-0700

You have to ask for a State Fair Hearing in writing. You must ask in 90 days from the date of our answer to you.

Neither Magellan nor The Partnership will take action against you or your child if you file an appeal. We will not take action against your child’s provider who files an appeal for you. We will not take action if the provider agrees with you. This is your child’s right. We respect and support it.

FRAUD, WASTE & ABUSE

What Are Fraud, Waste and Abuse?
- Fraud is a false action that is used to get something of value.
- Waste is the misuse of services.
- Abuse refers to overused or unneeded services.

The Community Based Care Partnership is committed to doing business in a legal way. We are committed to preventing, finding and reporting fraud, waste and abuse.
The State of Florida Bureau of Medicaid Program Integrity also wants to stop these things from happening. They check on anyone who may be trying to commit fraud, waste or abuse against the Medicaid program. This can include individuals receiving Medicaid services, providers or vendors. They also:

- Get overpayments back.
- Give warnings.
- Send possible fraud cases to be looked into.

**Examples of Fraud, Waste and Abuse**

- Medical services that are not needed.
- Billing for services that were not provided.
- Billing for services not covered by Medicaid.
- Billing two times for the same service.
- Using a billing code to get extra payments.
- Using the identity of another person to get Medicaid services.
- Making false documents by changing:
  - The date of service for a claim.
  - Prescriptions.
  - Medical records.
  - Referral forms.
- Paying or taking a bribe.

**What You Can Do**

You may get a form asking if you received the services your provider was paid to give you. There will be an envelope you should use to return your answers. An address will already be written on the envelope. The postage on the envelope will already be paid for. The Partnership will look into it if you tell us that you did not get the services we paid your provider to give to you. We will also report it to the Florida Agency for Healthcare Administration (AHCA).
You can choose how you want to report fraud, waste and abuse. You can:

- **Tell The Community Based Care Partnership**
  - **Report it to our Corporate Compliance hotline**
    This hotline is available 24 hours a day and seven days a week. It is handled by an outside company. Callers do not have to give their names. All calls will be looked into and will stay private.
    - Compliance Hotline: 1-800-915-2108
    - Compliance Email: Compliance@MagellanHealth.com
  - **Report it to our Special Investigations Unit (SIU)**
    - SIU Hotline: 1-800-755-0850
    - SIU Email: SIU@MagellanHealth.com

- **Tell an Oversight Agency.** You can do this by contacting one of the agencies listed below.

  - **Florida Agency for Health Care Administration Bureau of Medicaid Program Integrity**
    You can take one of the following actions.
    - Call the Consumer Complaint Hotline for free at 1-888-419-3456
    - Fill out a Medicaid Fraud and Abuse Complaint Form. This is available online at https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx
  - **Florida Office of the Attorney General Medicaid Fraud Control Unit**
    - Call this office for free at 1-866-966-7226. Those who call may get a reward if they report a criminal case that results in a fine, penalty or loss of property. You can find out if you are eligible for a reward. But you do not have to give your name in order to make a report.
  - **U.S. Department of Health & Human Services Office of the Inspector General**
    You can contact this office in one of three ways.
    - Phone: 1-800-447-8477
    - Email: HHSTips@oig.hhs.gov
    - Mail: Office of Inspector General
      Department of Health & Human Services
      ATTN: HOTLINE
      PO Box 23489
      Washington, DC 20026
Please visit one of these websites for more information.
- http://oig.hhs.gov/fraud/

**OUR PRIVACY PRACTICES FOR PREPAID MENTAL HEALTH PLAN ENROLLEES**

There is a Federal law that keeps health records private. The law is called the “Health Insurance Portability and Accountability Act.” It is called “HIPAA” for short. The law is very clear. Health records must be safe guarded. If you have any questions about HIPAA, call us. Our number is 1-800-327-5542.

The help your child gets from us and how much it costs is called “Protected Health Information.” It is called “PHI” for short. We get PHI from:
- Your child
- Your child’s caregiver(s).
- Your child’s doctor or therapist (we call them “providers”).
- Your child’s group health plan.
- Other health insurance companies your child uses.

We make sure that only people who need to look at your child’s PHI see it. By “need to,” we mean that they are helping you and your child. Other people who need to see it are those who pay the provider.

There are times when we might ask you to let us share your child’s PHI with other people. If we ask for this, we will explain why and we will ask you to give us your okay in writing. If you don’t tell us in writing that it’s okay, we can’t share it. If you say it’s okay then change your mind, then we have to stop.
There are other times that we may share the child’s PHI:
- To respond to a valid subpoena or court order.
- To prevent harm to the child or others.

**YOUR CHILD’S RIGHTS AND RESPONSIBILITIES**

As an enrollee in our program, there are things we must do for your child and ways we must treat him/her. These are called rights. Your child’s rights are listed here. Please read them. If you or your child have any questions about these rights, call us. Our number is 1-800-327-5542.

**Enrollees Have the Right To:**
- Be treated with courtesy, respect and dignity. They have the right to privacy.
- Prompt and fair answers to questions.
- Know who is providing services and who is in charge of their care.
- Know what support services there are. And know if there are interpreters if enrollees do not speak English.
- Know what rules and regulations apply to how enrollees act.
- Be told what problem they may have. What care is planned. What other kind of care is available. What are the risks. What are the outcomes (results).
- Refuse care. Unless the law says care must be given.
- Tell us if they are not happy with anything we’ve done or said we won’t do. These types of concerns or complaints are called “grievances.”
- Information and counseling on how to pay for care.
- Know before any care is given if the provider or facility takes Medicaid.
- Get an estimate of how much it will cost before care is given.
- Get a clear and easy to understand bill. Have the bill explained.
- Get help no matter their race, where they were born, religion, handicap, or how they can pay.
- Help with any emergency problem that will get worse if help is not given.
- Know that the treatment is for experimental research. Know that they can say yes or no to take part in it.
- Get easy to follow information on the care options. And what other kinds of care there is.
- Take part in decisions on their care. They have the right to say no.
- Be sure that methods such as seclusion and restraint are not used to make enrollees do something they don’t want to do.

There are things we ask enrollees to do for us and ways we want them to treat us. These are called ‘responsibilities’. They are listed here. Please read them. If you have any questions about these responsibilities, call us. Our number is 1-800-327-5542.

Enrollees Are Responsible For:
- Telling their provider—the best they can—all they know about their problem. What sicknesses have they had in the past? Have they been in a hospital before? What medicine do they take? What other things about their health should the provider know?
- Telling their provider about any changes in how they feel.
- Letting the provider know that they understand what care they are going to get. And that they understand what they are supposed to do to help themselves.
- Making sure they follow their care plan.
- Not missing appointments. Calling to tell the provider if they can’t make the appointment.
- What happens if they refuse help or do not follow the care plan.
- Following all rules on patient care and conduct.
TRANSPORTATION SERVICES

We can help your child get a ride if he is having an emergency. Call us at 1-800-327-5542.

You may also be able to get a Medicaid car to take your child to his therapist and bring him back again. On page 26 of this handbook, you’ll find the telephone numbers to call for transportation for the counties in our program.

INFORMATION ABOUT LIVING WILLS AND ADVANCE DIRECTIVES

All people have rights under Florida law.

As the parent or caregiver—that is, the legal guardian of your enrolled child—you have the right to tell us what kind of treatment you want or don’t want for the child when there’s a special, serious medical or mental health situation. This happens when your child can’t speak for himself. You can complete a form ahead of time so that doctors know what you want and don’t want for your child. This form is called an “advance directive” form.

It lets you tell people what kinds of care you want and don’t want for your child before your child actually needs those services. Advance directives can also be used to name another person to make those choices for your child if you can’t. An advance directive is a written or spoken statement that you make in front of other people. These people are called “witnesses.” It tells doctors what they can and can’t do to help your child if he becomes seriously ill or hurt. There are two types of advance directives. They are:

- A living will.
- A health care surrogate designation.

A living will explains the kind of medical care you want or don’t want your child to have. It is used if your child can’t make his own decisions. It is called a living will because it takes effect while your child is still living.
There is a form that Florida suggests you use to write a living will. You can use it, or you can use another living will form. You might want to talk with a lawyer to make sure you’ve filled it out right. Or you can ask your child’s doctor or therapist about it. It’s important that you make sure that people reading the form know what you want and don’t want.

There is also a form that Florida suggests your child use to name another person to make decisions for your health care decisions. We call this person your child’s “surrogate.” You can name anyone your surrogate. Many people name their husband, wife, child or a close friend. You might want to list two people as your child’s surrogate, in case the first one isn’t available. The surrogate only makes decisions for your child if he can’t make them himself. You can also say what kinds of care you want or don’t want your child to get.

You can use the Florida form or you can use another similar form. You might want to talk with a lawyer to make sure you’ve filled it out right. You can also ask your doctor or therapist about it.

If you have any concerns that your advance directive was not followed, call 888-419-3456 or write to:

Consumer Assistance Unit
Agency for Health Care Administration
2727 Mahan Drive
Fort Knox Building, Room 339
Tallahassee, Florida 32303

**IF YOU GET A BILL**

Your child should not get a bill for any approved services from one of our providers. If this happens, please call us. Our number is 1-800-327-5542. Or you can send it to us. We will look into it and get back to you. Magellan handles all billing questions for The Partnership. The address is:

- Magellan Health Services
  P.O. Box 523881
  Miami, FL 33152
EXPLAINING TERMS (GLOSSARY)

**Advance Directives:** This is a form that you complete ahead of time so doctors know what you want and don’t want in the way of treatment when there’s a special, serious medical or mental health situation. This kind of situation would be where you can’t speak for yourself. There are two types of Advance Directives. They are:

- **Living Will:** A living will usually explains the kind of medical care you want or don’t want. It is used if you can’t make your own decisions. It is called a living will because it takes effect while you are still living.
- **Health Care Surrogate Designation:** You can name anyone to be your surrogate. Many people name their husband, wife, child or a close friend. You might want to list two people, in case the first one isn’t available. Your surrogate only makes decisions for you if you can’t make them yourself. You can also say what kinds of care you want or don’t want.

**Agency:** The “Agency” is the Agency for Health Care Administration (AHCA).

**Appeal:** An Appeal is almost always about services that have been denied. If you don’t agree with a decision, you may file an “Appeal.” That means a group of people will look at your request again.

**Behavioral Health Overlay Services (BHOS):** A program or facility that provides special mental health and substance abuse care for young people involved in the Juvenile Justice system. The young person lives at the place where the services are provided.

**Community Based Care Partnership Limited:** A legal organization in which Magellan’s managed care organization works together with the CBC of Central Florida, Inc. and other Florida Community Based Care Organizations (CBCs) that serve children.

**Child Welfare Prepaid Mental Health Plan:** This is the name of the state of Florida Medicaid mental health plan for child and adolescent enrollees (up to age 18) in all counties except the following: AHCA Area One (Escambia, Okaloosa, Santa Rosa, Walton) and Area Six (Hardee, Highlands, Manatee, Polk)
Complaint/Grievance: If you are not happy with anything that your doctor or therapist has done, let us know. We will work with you to fix it. These types of concerns are called “complaints” or “grievances.”

Comprehensive Behavioral Health Assessment Services: A special therapist works with a child to decide what mental health care or drug and alcohol services the child should get.

Covered services: Mental health care services that members can get through the Prepaid Mental Health Plan.

Crisis help and follow-up: A crisis means that your mental health problem has become more serious and you need help as soon as possible. You may need to see a therapist right away, or you may need to go to the hospital. Follow-up services mean the help that you get after the crisis is over.

Electroshock treatment: This is a medical procedure used to treat depression.

Emergency: Are you thinking about hurting yourself or someone else? Are you feeling so ill that you think you might have a serious illness? Have you been injured? These are emergencies. For an emergency call 911. Or go right to the closest hospital. Or call us at 1-800-327-5548. It is important that you get help now.

Florida KidCare Program: This is the state’s health insurance program for uninsured children (not eligible for Medicaid) under age 19.

HIPAA: There is a Federal law that keeps health records private. The law is called the “Health Insurance Portability and Accountability Act.” It is called “HIPAA” for short.

Inpatient hospital mental health care: This means that you have been checked into a hospital for help.

Institutions for the developmentally disabled: Homes where people with developmental disabilities (like autism or Down’s syndrome) can get housing, support and care.

Magellan Behavioral Health of Florida, Inc.: This is the health care company that is providing services for the Child Welfare Prepaid Mental Health Plan, as part of the CBC Partnership.
Medication management: Medication management is making sure you are taking the right drugs at the right time. It means making sure you take them for as long as the doctor says to.

MediPass: This is the state of Florida managed care program in charge of health care services for eligible members. It is operated by the Agency for Health Care Administration (AHCA).

Mental health evaluation and assessment: An evaluation means answering questions about your problem. An assessment is your doctor or therapist’s opinion about your problem and how to help you.

Mental health targeted case management and intensive case management: This is getting a lot of help and support designed just for you. A case manager you trust helps you.

Network: The group of providers that you can pick from is a “network.” You must use providers that are in our network, but you can pick the provider you want from our network. Remember, except for emergencies, you must see providers who are in our network.

Outpatient counseling and therapy: This is when you go to the provider’s office to talk about your problem. Some of our providers go to schools, homes or other locations to provide outpatient counseling and therapy.

PHI: The help you get from us and how much it costs is called “Protected Health Information,” or “PHI” for short.

Prescription Drugs: Medicines that are only available with a provider’s prescription and through a pharmacy.

Providers: The doctors and therapists you see are called your “providers.”

Psychological testing: This is answering questions about how you are feeling.

Psychosocial rehabilitation: These are services that help you feel healthy and comfortable living in your community. These services can help with things like finding new friends, taking classes that interest you, and looking for a job.

Residential Treatment for Children: Mental health care for children provided in a special program. The child lives at the place where the care is provided.
Respite Services: Someone else takes care of the child for a short time for the parents or guardian. This may happen in the child’s home or in an overnight program.

Self-help and peer support: Self-help means learning to help yourself feel better and stay better. Peer support means that other people who are in similar situations can help you.

Specialized Therapeutic Foster Care: Mental health care you get in a foster parent’s home. The foster parent is trained to work with children who have special needs.

State Fair Hearing: You can file for a “State Fair Hearing” if you aren’t happy with how we answered your concern; you don’t think that we answered you fast enough or; you would rather have the Agency resolve the grievance.

State Mental Health Facilities: Hospitals that provide mental health care to people who have a severe mental illness and who are over 18 years old.

Statewide Inpatient Psychiatric Programs: Mental health care for young people under the age of 18 with a serious emotional disturbance. You stay at the hospital while getting care.

Suitability Assessments for Children: A therapist works with a child to decide if he or she should get mental health care in a special program called a ‘residential treatment program.’

Therapeutic Group Care Services: Group homes where children with a serious mental illness can get different kinds of mental health care and support. Services are provided by specially trained staff. Young people continue to go to school while living in a group home.
IF YOU HAVE A QUESTION

Call us if you have questions about what is in this handbook. Our number is 1-800-327-5542. Call us if you have questions about your program. Call day or night. We are here on holidays and weekends. You can also visit us at www.MagellanofFlorida.com.

If you are deaf or hard of hearing, call us at 1-800-424-1694. We use the Florida Relay Service, too. That number is 711. For the Spanish Relay service, please call us at 1-877-955-8773. (Para el servicio Relay en español, por favor llámenos al 1-877-955-8773.)
APPENDIX A: TELEPHONE NUMBERS FOR AHCA AND TRANSPORTATION SERVICES

You can contact your local AHCA (Medicaid) office and access transportation services at the numbers below.

<table>
<thead>
<tr>
<th>County</th>
<th>Local AHCA Office</th>
<th>Transportation Contact Number</th>
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<tbody>
<tr>
<td>Alachua County</td>
<td>1-800-803-3245</td>
<td>1-352-375-2784 ext 1000</td>
</tr>
<tr>
<td>Baker County</td>
<td>1-800-273-5880</td>
<td>1-904-259-9315</td>
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<td>Bay County</td>
<td>1-850-872-7690</td>
<td>1-850-785-0808</td>
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<td>Bradford County</td>
<td>1-800-803-3245</td>
<td>1-904-964-6696</td>
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<td>Brevard County</td>
<td>1-877-254-1055</td>
<td>1-321-635-7815 ext 236</td>
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<td>Broward County</td>
<td>1-866-875-9131</td>
<td>1-954-357-8494</td>
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<td>Calhoun County</td>
<td>1-850-487-2272</td>
<td>1-850-674-4496</td>
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<td>Charlotte County</td>
<td>1-800-226-6735</td>
<td>1-941-575-4000</td>
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<td>Citrus County</td>
<td>1-877-724-2358</td>
<td>1-352-527-5420</td>
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<td>1-800-953-0555</td>
<td>1-305-267-6305</td>
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<td>1-863-382-6004</td>
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<td>1-800-273-5880</td>
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<td>Franklin County</td>
<td>1-800-699-7068</td>
<td>1-850-653-2400</td>
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<td>1-352-799-1510 ext 15</td>
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<td>Hillsborough County</td>
<td>1-813-350-4800</td>
<td>1-813-253-3618</td>
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<td>Holmes County</td>
<td>1-800-699-7068</td>
<td>1-850-547-3689</td>
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<td>Indian River</td>
<td>1-800-226-5082</td>
<td>1-772-569-0903</td>
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<td>Jackson County</td>
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<td>1-850-482-7433</td>
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<td>Levy County</td>
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<td>1-772-283-1814 ext 881</td>
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