



# Enrollee Handbook

**Title 19 – BROWARD**

T19-04/2011



Dear Family Member,

Welcome to the Children's Medical Services Network for Broward (CMSN-BROWARD). CMSN-BROWARD works with Children's Medical Services (CMS) and Medicaid. We care about you/your child and your health/your child's health. We want you/your child to get the best care you need.

Here is information to help you with the benefits and services you get from CMSN-BROWARD. Please read this information. It is important for you to know how your child's health plan works.

The list of doctors is in this packet. Doctors may change. Check with the doctor before you make an appointment. Make sure they are in the CMSN-BROWARD network. To see a specialist, you must get a referral. Your primary care doctor (PCP) will give you a referral when you/your child need it.

CMS has Care Coordinators who are Registered Nurses. CMS also has social workers that can help. We all work together to help get you/your child the care you/your child need. We will work with your doctors/your child's doctors. We will help if your child needs to see a specialist or get therapy.

We are glad you chose CMSN-BROWARD.

If you have questions, call us at **1-866-209-5022**. Ask for Enrollee Services. If you are deaf or blind call Florida Relay 711.

Sincerely,

The CMSN-BROWARD Staff

Estimado miembro de la familia,  
Si usted querria una version espaniola de la Guia de Enrolado o si usted tiene calquier pregunta o necesita ayuda con cualquiera de la informacion contenida en este paquete, contacta por favor nuestro Departamento del Servicio de Enrolado en 1-866-209-5022 tiempo entre 8am y 7pm, el lunes por el viernes.  
Sinceramente,  
CMSN-BROWARD

Rele nimwo telefon sa 1-866-209-5022 gratis si ou vle resewva enformasyon sa a en kreyol.

# TABLE OF CONTENTS

Welcome to CMSN-BROWARD.....	2
What is CMSN-BROWARD?.....	5
CMS Mission .....	5
History of the Program .....	5
CMSN-BROWARD.....	5
What you get .....	5
Enrollee Services .....	5
Help with Communication.....	6
Care Coordination .....	6
Family-to-Family Support .....	6
Clinic Services .....	6
Special Need Shelter.....	6
When You Sign Up.....	7
Enrollee ID Card.....	7
Enrollment.....	7
Open Enrollment .....	7
Disenrollment .....	7
Re-Enrollment (Reinstatement).....	8
Newborn .....	8
Change in Address.....	8
Your Child's Doctor .....	8
The CMSN-BROWARD Network .....	9
Provider Directory.....	9
Changing Your Doctor.....	9
Doctor's Appointments .....	10
Specialists .....	10
Payments .....	10
Authorizations.....	10
Referrals.....	11
Out Of Area Use.....	11
Protecting Your Information (HIPAA) .....	11
Advance Directives and Living Wills .....	11
Things to Remember .....	12
What is Covered?.....	13
Behavioral and Mental Health .....	14
Care Coordination .....	14
Child Health Check Ups .....	14
Chiropractor.....	15
CMS Clinics .....	15
Dental Services .....	15
Diagnostic Tests.....	15
Doctors (Primary Care and Specialists).....	15
Durable Medical Equipment (DME).....	15
Emergency Services .....	15
Enhanced Benefits .....	15
Family Planning.....	16
Hearing Services .....	16
Home Health .....	16
Hospital Care (Inpatient and Outpatient).....	16
Immunizations (Shots).....	16
Lab/X-Ray .....	16

Maternity Care .....	16
Medical Transportation .....	17
Medications and Prescribed Drugs .....	17
Nutrition Services .....	17
Optometry.....	17
Organ Transplants.....	17
Podiatry .....	17
PPEC Services.....	17
Pharmacy and Prescription Drugs .....	18
Private Duty Nursing .....	18
Second Opinion.....	18
Therapy Services .....	18
Vision Care.....	18
Well Child Care .....	18
X-Rays.....	18
Complaints and Grievances .....	19
Complaints .....	19
Grievances .....	19
Grievance Coordinator .....	19
Appeals Procedure.....	20
Appeals Coordinator.....	20
To Continue Services .....	21
Fast Appeal .....	21
Medicaid Fair Hearing .....	21
Beneficiary Assistance Program (BAP).....	22
Enrollee Rights and Responsibilities.....	23
Medicaid Fraud.....	24
Be An Advocate.....	25
Helpful Numbers.....	26

# WHAT IS CMSN-BROWARD?

CMSN-BROWARD is the Children's Medical Services Network in Broward. CMSN-Broward provides services for CMS enrolled children and their siblings up to the age of 21. CMSN-Broward works to provide needed care to children with special health care needs.

## **CMS Mission**

Champion excellence in the delivery of health care for children with special health care needs through a comprehensive system of care; and

Provide a family centered, coordinated medically managed system of care for children with special health care needs and provide essential preventive, evaluative and early intervention services for children.

## **History of the Program**

The CMS program started in 1929. It was a State program for crippled children. There were only a few doctors and nurses at that time. The program has grown over the years. Now it helps all children with special health care needs and their families. It is a model of care for the rest of the country.

## **CMSN-BROWARD**

CMSN-BROWARD is run by Children's Medical Services (CMS), Memorial Healthcare System in South Broward and the North Broward Hospital District (Broward Health). Children with special health care needs sometimes take a lot of time and work. We want to help you care for them. We want to help increase your/your child's potential. We hope to make it easier to handle your/your child's medical condition.

We work with doctors, nurses and hospitals. We will help you with your/your child's doctor visits. We will help you/your child go to the hospital. We will help if you/your child need to see a specialist or get therapy.

CMSN-BROWARD is for children up to 21 years old. You can also get care for your/your child's brothers and sisters. At 21 years old, you/your child are no longer eligible. You will need to choose another plan for you/your child. Your Care Coordinator will help you/your child with this transition.

## **With CMSN-BROWARD, you get:**

### **Enrollee Services**

We have representatives to help you when you call. We care about your child and his/her health. We will answer your questions. If we don't know, we will find out. You can ask about the CMS program. You can ask about the services we pay for. We can help you find a doctor. You can ask about referrals and authorizations. We will take care of your grievances. We will take care of your appeals. Tell us how we are doing. We are always looking to do things better. If we do things well, tell us. We like to hear that too. Call us at **1-866-209-5022**. Ask for Enrollee Services. You can call Monday to Friday from 8:00 am to 7:00 pm.

## **Help with Communication**

We can help if you speak another language. We can interpret over the phone. If you need help to speak with us or your doctor, call us. Call 1-866-209-5022. Ask for Enrollee Services. You can call Monday to Friday from 8:00 am to 7:00 pm. If you need this book in another language, ask us. If you are blind or deaf, call Florida Relay 711. This will not cost you anything.

## **Care Coordination**

You will get help from a CMS Care Coordinator who is a Registered Nurse. You also get help from a Social Worker when you need it. We are here to help you with your/your child's health care. Your Care Coordinator will work with your/your child's doctors, nurses and therapists. They also work with the hospitals, clinics and your/your child's school. All to make sure you get the care you/your child need. Your Care Coordinator helps you with questions. They can help with referrals and authorizations.

Your Care Coordinators are very good advocates for your child. Your Care Coordinator represents you and your family.

You can choose not to have care coordination. If you do not want care coordination, call us. Call 954-713-3100. Ask for the Care Coordinator. You can call Monday to Friday, 8:00 am to 5:00 pm.

## **Family-to-Family Support**

Your Care Coordinator will help you get family-to-family support. CMS works with Family Health Partners. These are parents or family members of children with special health care needs. You can ask questions. The Family Health Partners often are able to put parents and families in touch with support groups related to their child's illness.

## **Clinic Services**

CMS holds clinics at their Broward office location. The clinics are run by doctors and specialists in the CMSN-BROWARD network. Your Care Coordinator is there when you come to the clinic with your child. The Care Coordinator knows you/your child. Your Care Coordinator can help you when you see the doctor at the clinic.

## **Special Needs Shelter**

CMS works with Broward County Emergency Management. We run a special hurricane shelter in Ft. Lauderdale. This shelter is only for children with special health care needs. It is only for CMS children and their families. It is the only one in the State of Florida. It is run by nurses and medical staff. You must register before you/your child can go to this shelter. Your Care Coordinator will help you register. Call 954-713-3100. Ask for the Care Coordinator.

# WHEN YOU SIGN UP

CMS decides if a Medicaid child can enroll in CMSN-Broward. CMS will determine if you/your child with special health care needs meet the criteria to enroll. You/your child must have Medicaid and must work with CMS to enroll in the CMSN-Broward.

If you have questions about signing up, call the Choice Counselor. Call 1-866-454-3959. If you are blind or deaf, call 1-866-467-4970 (TDD). You can call Monday to Friday from 8:00 am to 7:00 pm.

## Enrollee ID Card

When you sign up you/your child will get an enrollee ID card. The enrollee ID card comes with this packet. Make sure your/your child's name is right. Make sure your address is right. If it is not right, call us. Bring this card with you when you/your child go for medical care. Do not allow anyone else to use your/your child's ID card. If you lose your child's card, call us. We will send you a new card. Call Enrollee Services at 1-866-209-5022.

## Enrollment

If you are a mandatory enrollee required to enroll in a plan, once you are enrolled in CMSN-Broward or the state enrollees you in a plan, you will have 90 days from the date of your first enrollment to try the health plan. During the first 90 days, you can change health plans for any reason. After the 90 days, if you are still eligible for Medicaid, you will be enrolled in the plan for the next nine months. This is called "lock-in".

## Open Enrollment

If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called "open enrollment". You do not have to change health plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year you can change health plans during your 60 day open enrollment period.

## Disenrollment

If you are a voluntary enrollee, you can disenroll at any time. Call Choice Counseling at 1-866-454-3959. You will need your Medicaid ID number when you call.

If you are a mandatory enrollee and you want to change plans after the initial 90 day period ends or after your open enrollment ends, you must have a state-approved good cause reason to change plans. The following are state-approved cause reasons to change health plans:

1. The enrollee moves out of the county, or the enrollee's address is incorrect and the enrollee does not live in a county where the health plan is authorized to provide services. .
2. The provider is no longer with the health plan.
3. The enrollee is excluded from enrollment.
4. A substantiated marketing or community outreach violation has occurred.
5. The enrollee is prevented from participating in the development of his/her treatment plan.
6. The enrollee has an active relationship with a provider who is not on the health plan's panel, but is on the panel of another health plan.
7. The enrollee is in the wrong health plan as determined by the Agency.
8. The health plan no longer participates in the county.
9. The state has imposed intermediate sanctions upon the health plan, as specified in 42 CFR 438.702 (a)(3)

10. The enrollee needs related services to be performed concurrently, but not all related services are available within the health plan network or the enrollee's PCP has determined that receiving the services separately would subject the enrollee to unnecessary risk.
11. The health plan does not, because of moral or religious objections, cover the service the enrollee seeks.
12. The enrollee missed open enrollment due to a temporary loss of eligibility, 180 days or less for Reform populations.
13. Other reasons per 42 CFR 438.56(d)(2), including, but not limited to poor quality of care; lack of access to services covered under the contract; inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; lack of access to providers experienced in dealing with the enrollee's health needs; or fraudulent enrollment.

Some Medicaid recipients can change health plans whenever they choose, for any reason. For example, people who are eligible for both Medicaid and Medicare benefits and children who receive SSI benefits can change plans at any time for any reason. To find out if you can change plans, call the Choice Counselor at 1-866-454-3959

CMSN-BROWARD can disenroll you/your child without your permission if you/your child:

1. Move out of Broward County.
2. Lose your Medicaid Benefits.
3. Are admitted to a nursing home, enroll in hospice, or go to prison.
4. Do not use your identification card properly.
5. Sign up with Medicare or another health plan.
6. Do not follow the recommended plan of care.
7. Have one verbal and one written warning.
8. Behave in a disruptive or abusive manner.
9. Miss 3 appointments in a row within a six month period.
10. Turn 21 years old.

### **Re-Enrollment (Reinstatement)**

Sometimes, you/your child can lose Medicaid eligibility. If you get it back within 180 days, you will keep CMSN-BROWARD. When you are re-enrolled, you will get back the PCP you had. If you do not want the same doctor, you can pick another one from the list.

### **Newborn**

You need to let us know if you are pregnant or give birth. You must also tell your Department of Children and Families (DCF) caseworker. When we hear about the birth, we will put your newborn into CMSN-Broward. If you don't want your baby in CMSN-Broward, you need to tell us in a letter. If you want to disenroll your baby from the CMSN-Broward, call the Choice Counselor at 1-866-454-3959.

You need to choose a personal doctor for your baby. A CMSN-Broward Enrollee Service Representative can help you choose. Call Enrollee Services at 1-866-209-5022.

### **Change in Address**

If you move, tell Department of Children and Family (DCF). Call **954-467-4298**. Ask for your case worker. Give your case work your new address. You can go to the DCF Regional office at 201 Broward Blvd, #406, Ft. Lauderdale, FL 33311. This is the only way to make your change official.

### **Your Child's Doctor**

You must choose a doctor for you/your child. CMSN-BROWARD has a whole list of primary care doctors (PCP). The list is called the **Provider Directory**. A PCP is often a pediatrician or a family doctor. You can choose any PCP on the list as long as he/she takes new patients. Your Care Coordinator or Enrollee Services can help you find a doctor. You can keep the same primary care doctor (PCP) that your child had before signing up **as long as that doctor is with CMSN-BROWARD**. If the doctor you want is not in our network, tell us. We will work with him/her to see if he/she wants to join. **If you do not choose a PCP, CMSN-BROWARD will choose one for you.**

You can choose the same doctor (PCP) for your whole family. You can pick a different doctor for each of your children.

Once you pick a doctor, make an appointment to see him/her. Tell the doctor what is happening with you/your child. This will help the doctor identify your/your child's needs. Your child's PCP handles all of your/your child's medical care. Your/your child's doctor will work with your CMS Care Coordinator to get you/your child the care that is needed. The PCP will see you/your child for check-ups. The PCP will help you and your child with health problems. The PCP will set up appointments with other doctors when you/your child need it. The PCP will send you/your child to the specialists when it is needed. Always call your primary care physician (PCP) first when your child needs medical care. If you can't reach your doctor, call your CMS Care Coordinator. Even if you are out of town and you/your child need to see a doctor, call your PCP first. They need to approve care that is not an emergency.

Some doctors have office hours in the evening and on weekends. Some doctor's offices have a doctor on call. Talk to your/your child's doctor about what to do if you need him/her after hours. If you think you have an emergency, call 911. Go to the nearest emergency room.

### **The CMSN-BROWARD Network**

CMSN-BROWARD works with many kinds of health care providers. We work with doctors, nurses and therapists. We work with many specialists. We work with many hospitals and all sorts of centers. All these medical people are part of our network in BROWARD. We keep a list of all the providers in our network. It is called the **Provider Directory**. When you use a provider in the Provider Directory, you are "in network."

If the care you/your child needs is not available in network, we will set it up somewhere else. This is called "out of network." We will work with your doctor and your Care Coordinator. Care outside the network must be approved by CMSN-BROWARD.

### **Provider Directory**

CMSN-BROWARD keeps a list of all the providers in the network. The list is called the Provider Directory. It is in this package. The Provider Directory is also on our website. Go to <http://www.sfccn.org>.

In the Provider Directory you will find:

1. Primary care doctors (PCP).
2. Specialists.
3. Hospitals.
4. Dentists.
5. Community Mental Health Centers.
6. Ancillary Providers such as therapists, home health nurses and medical equipment companies.

You can use anyone in the Provider Directory as long as they take new patients. Some services need to be approved first. Specialists, Hospitals and Ancillary Providers must be approved first. Your Care Coordinator will work with your primary care doctor (PCP) to get approval (see "authorization").

Sometimes, the Provider Directory can change. Check with us before you make an appointment. We will check that the provider is in the network. Call 1-866-209-5022. Ask for Enrollee Services.

## Changing Your Doctor

You can change your child's primary care doctor (PCP) any time. You can pick any of the doctors (PCP) in the Provider Directory as long as that doctor takes new patients. The date of the change depends on when you ask. We will help you make the change. To change doctors, call us. Call 1-866-209-5022. Ask for Enrollee Services. You can call Monday to Friday from 8:00 am to 7:00 pm.

## Doctor's Appointments

After you sign up, make an appointment with your/your child's primary care doctor (PCP). Make it right away if this is a new doctor. When you call, the doctor will schedule you as soon as possible. The date and time of the appointment depends on your child's health care needs. It depends on the doctor's schedule. If you cannot keep your appointment, call the doctor as soon as possible. This will help you get a new appointment.

To make sure you get timely care, your child's doctor sets appointments this way:

- Urgent care cases will be seen within 24 hours.
- Sick-care cases will be seen within one week.
- Well-care cases will be seen within one month.

Tell us if you are having problems making an appointment. Call Enrollee Services or your CMS Care Coordinator. We will help you.

## Specialists

The primary care doctor (PCP) knows about your/your child's health. The PCP knows when you/your child need to see a specialist. The PCP knows which specialist is best for you/your child. Your/your child's PCP will work with your CMS Care Coordinator. They will send you/your child to a specialist when it is needed. This is called a "**referral.**"

The Provider Directory has many specialists to choose from. Check with us before you make an appointment with the specialist. We will check that the specialist is in the network. Call 1-866-209-5022. Ask for Enrollee Services.

## Payments

There is no cost to you for Medicaid services approved by CMSN-BROWARD. You don't have to pay for emergency care. You don't have to pay for family planning services. **If you go to a doctor or hospital not in the network, you may have to pay for the service. Your Care Coordinator needs to approve some drugs. If you do not get the approval, you may have to pay for the drugs.** You will not get a bill when you use doctors in the network. If you get a bill from a doctor or hospital, call us. Call 1-866-209-5022. Ask for Enrollee Services.

## Authorizations

Some services need to be approved first. Talk to your doctor about the services you/your child need. Show the doctor your CMSN-BROWARD ID card. Your doctor will call us to approve the service. This is called an **authorization**. Your Care Coordinator will work with your doctor to get authorizations. If you get care without authorization, you may have to pay for it yourself.

You do not need an authorization when:

1. You have an emergency. You need to go to the emergency room.
2. You see your primary care doctor (PCP).

3. You get treatment at your doctor's office.
4. You get lab work or x-rays.
5. You go to the CMS clinics.
6. You go to County Health Department.
7. You get family planning from any participating Medicaid provider.
8. You get eye tests, checkup or eyeglasses.

When your doctor asks for an authorization, we try to answer as quickly as possible. We will set up the authorization as quickly as you/your child need. It can take up to 1 week to get an authorization. If your doctor says it is urgent, we will do it quicker. You need to plan ahead to get authorizations.

For an authorization, call your CMS Care Coordinator. Call 954-713-3100. Or you can call Enrollee Services. Call 1-866-209-5022.

### **Referrals**

You need a referral to go to a specialist. Tell your doctor if you/your child need to see a specialist. We work with many kinds of specialists. Your doctor will set up the referral when you/your child need it. Your Care Coordinator can help you too. Call 954-713-3100.

### **Open Access**

You can go to the doctors below without calling the PCP for an okay. But they must be SFCCN network providers.

Chiropractor – for the first ten (10) visits each Medicaid program year

Podiatrist – for the first four (4) visits each Medicaid program year

Dermatologist – for the first five (5) visits each Medicaid program year

Obstetrician/Gynecologist – for an annual visit and any medically necessary follow-up care for a condition(s) detected at that visit

You will need to call your PCP to get more visits than allowed. Your PCP will give you the okay if they feel you need to go.

### **Out of Area Use**

The network area for CMSN-BROWARD is Broward County. You **must** get approval for you/your child to get care outside Broward. This is called an “**authorization.**” If you/your child need care outside of Broward, call your Care Coordinator or call your primary care doctor (PCP). Your Care Coordinator will help you get an authorization. Call 954-713-3100. If you do not get an authorization, you may have to pay for the services.

In case of emergency, go to the nearest emergency room. You can call 911. **You do not need an authorization to go to the emergency room, when it is an emergency.**

### **Protecting Your Health Information (HIPAA)**

We care about your privacy. We protect your/your child's Personal Health Information (PHI). Your/your child's medical record is confidential. We follow the HIPAA laws. This is the Health Insurance Portability and Accountability Act. This means that we only use information when we need it so you can get the care you/your child needs. The Notice of Privacy Practices in this package tells you more.

In this package, there is a form that you need to sign. This allows us to give your/your child's information to other doctors. We only give this information when it is needed to care for you/your child. Please sign the form and send it back to us. Send it in the envelope in the package. Call us if you have any questions. Call 1-866-209-5022. Ask for Enrollee Services.

### **Advance Directives and Living Wills**

If you are 18 years of age or older, you can decide now what medical and mental health care you do and do not want if you get very sick. You can tell your doctor what kind of care you want or don't want. You can ask not to have certain help. You can also ask not to be kept alive with special care. You can refuse some treatment. You can write your wishes. This is called a living will. You can also name someone to make health care choices for you. Speak to your doctor about this. Your doctor can tell you about the forms to fill out. If you have questions, call us. Call Enrollee Services at 1-866-209-5022.

Complaints about Advanced Directives and Living Wills can be filed with the State's Complaint Hotline at 1-888-419-3456.

## THINGS TO REMEMBER

1. Carry your child's CMSN-BROWARD ID Card.
2. Always call your child's primary care doctor (PCP) first unless it is an emergency.
3. If it is an emergency, call 911. Go to the nearest hospital or emergency room. You do not need an authorization when you have an emergency.
4. Make sure that the physician or facility is in the network before you make an appointment.
5. Tell your CMS Care Coordinator about all doctor's appointments.
6. If you have problems making a doctor's appointment, tell us. Or tell your CMS Care Coordinator. Call 954-713-3100.
7. If you have questions about CMSN-BROWARD, call us. Call 1-866-209-5022. Ask for Enrollee Services.
8. If you need help with another language, call us. Call 1-866-209-5022. Ask for Enrollee Services.

## WHAT IS COVERED?

CMSN-BROWARD gives you/your child everything you get with Medicaid. We pay for these services when you use a network doctor or hospital. If you are not sure if they are in the network, call us. Some services must be approved first.

- ❖ Mental and Behavioral Health
- ❖ Care Coordination
- ❖ Child Health Check-Ups
- ❖ Chiropractic
- ❖ Clinics
- ❖ Dental
- ❖ Diagnostic Tests
- ❖ Dialysis
- ❖ Doctors – Primary Care & Specialists
- ❖ Durable Medical Equipment & Medical Supplies
- ❖ Emergency Care
- ❖ Enhanced Benefits
- ❖ Family Planning Services
- ❖ Hearing Services
- ❖ Home Health
- ❖ Hospital Inpatient & Outpatient
- ❖ Immunizations (Shots)
- ❖ Laboratory
- ❖ Maternity Care & Birth Centers
- ❖ Medical Transportation
- ❖ Medications (Prescribed Drugs)
- ❖ Nutrition Counseling
- ❖ Optometry (Vision Care)
- ❖ Organ Transplants
- ❖ Podiatry
- ❖ PPEC
- ❖ Pharmacy (Prescribed Drugs)
- ❖ Private Duty Nursing
- ❖ Second Opinion
- ❖ Therapy (Occupational, Physical, Respiratory, Speech)
- ❖ Vision Care (Eye Exam, Eye Glasses)
- ❖ Well Child Care
- ❖ X-Rays

We will work with your doctor and your Care Coordinator to get you the services you/your child needs. If you need services not on this list, call us. Call 954-713-3100. Ask for your Care Coordinator, or call Enrollee Services at 1-866-209-5022.

## COVERED SERVICES

### Behavioral Health

This help is for a mental health problem. You must get this help from one of our providers. This could be a doctor, nurse, psychologist or social worker. Help for drug problems will be given to pregnant women. It will also be given to people when the courts tell us. You can get other services based on what Medicaid allows.

We work with the University of Miami Behavioral Health (UMBH). If you think your child has a behavioral health problem, but you are not sure, you can call UMBH at **1-800-294-8642**. You can call UMBH 24 hours a day, 7 days a week. You can also call your primary care doctor or your Care Coordinator.

Some things you feel may be behavioral health symptoms. It is possible this may include feeling helpless, hopeless, or worthless. It may include trouble concentrating, wanting to hurt yourself or others, or feeling angry or guilty. It is also possible that not being hungry or losing weight could be this type of problem.

There are many services you can get. This includes services in a hospital, out of a hospital, and services from a doctor or other special provider. You can get community mental health services. This includes:

- Treatment Plan Development and Modification
- Assessment Services
- Medical and Psychiatric Services
- Behavioral Health Therapy Services
- Community Support and Rehabilitative Services
- Therapeutic Behavioral On-Site Services for Children and Adolescents (TBOS)
- Services for Children Ages 0-5 Years (Behavioral Health Day Services and TBOS)
- Crisis Intervention Mental Health Services and Post-Stabilization Care Services
- Substance Abuse Services by Referral (available through fee-for service only)

You do not need to call your PCP for a referral. You can get inpatient or outpatient care if you need it. You can also get help from other doctors. You need to call UMBH first to get an okay to see our providers. You do not need our okay if it is an emergency or for a Community Mental Health Center. These centers are listed in your Provider Directory.

You will get case management services if you need it. This is called "intensive" or "mental health targeted" case management. UMBH has mental health case managers to help you get the care you/your child needs. You can ask for a different case manager any time.

If your child has a mental health emergency or crisis, call 911, or you can go directly to the nearest hospital or emergency room. This is for when you are in Broward County or anywhere else. **You do not need an authorization to get emergency care. You do not need an authorization for services to keep you stable after an emergency.** Tell your Care Coordinator about your emergency room visit.

### Care Coordination

You will get help from a CMS Care Coordinator, who is a Registered

Nurse. You also get help from a Social Worker when you need it. We are here to help families. We want to help with you/your child's health care. Your Care Coordinator will work with your/your child's doctors, nurse and therapists. They also work with the hospitals, clinics and your/your child's school. All to make sure you/your child gets the care needed. Your Care Coordinator helps you with questions. They can help with referrals and authorizations. Your Care Coordinator is a very good advocate for your child and will represent your family.

You can choose not to have care coordination. If you do not want care coordination, call us. Call 954-713-3100. Ask for the Care Coordinator. You can call Monday to Friday from 8:00 am to 5:00 pm.

### **Child Health Check-Up**

Children need to get check-ups often. Take your baby for a check-up within 4 days after discharge from the hospital. Take your child for a check-up when your doctor tells you. Your child needs a check-up at 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and 24 months of age. After that, your child needs a check-up once a year from age 3 to 21. You/your child will get his/her shots (immunizations) at these visits.

You/your child will get:

1. Hearing, vision and dental check-ups.
2. Health and developmental history.
3. Immunizations (shots).
4. Referrals for diagnostic and treatment as needed.
5. Therapy when your doctor says it is needed. The doctor must set this up.

### **Chiropractic**

CMSN-BROWARD pays for care by a Chiropractor covered by Medicaid. The Chiropractors are listed in the Provider Directory.

### **CMS Clinics**

CMS holds clinics at their Broward office location. The clinics are run by doctors and specialists in the CMSN-BROWARD network. Your Care Coordinator is there when you come to the clinic with your child. The Care Coordinator knows you/your child. Your Care Coordinator can help when you see the doctor at the clinic.

### **Dental Services**

We pay for dental care covered by Medicaid. We pay for routine exams or check-ups. Other services need to be approved. Your dentist must ask us about the other services you/your child needs. The dental providers are listed in the Provider Directory.

### **Diagnostic Tests**

Tests like blood work and x-rays are covered. Your primary care doctor will order the tests. You must get your tests completed in a network center. Some tests need an authorization. See Lab & X-Rays.

### **Doctors (Primary Care & Specialists)**

Visits to doctors are covered. You must see a doctor in the CMSN-BROWARD network. The doctors in the network are listed in the Provider Directory.

### **Durable Medical Equipment (DME)**

CMSN-BROWARD pays for the medical equipment covered by Medicaid. Your child's doctor must order the equipment. Your doctor will help you decide what DME you/your child need. The equipment must be approved by CMSN-BROWARD. In certain cases, some DME not covered by Medicaid may be covered by CMS. Talk to your doctor about the medical equipment you/your child need.

<b>Emergency Services</b>	<p>In case of emergency, call 911 or go directly to a network hospital or to the nearest emergency room. <b>You do not need an authorization for emergency care.</b> The emergency room is open 24 hours a day, 7 days a week.</p> <p>If the emergency room doctor says it's not an emergency, you can leave and see your primary care doctor (PCP) the next day, or you can stay and pay for the care in the emergency room.</p> <p>After you go to the emergency room, be sure to call your CMS Care Coordinator and your primary care doctor (PCP) the next business day. Tell them about the situation. Make an appointment with your child's primary care doctor (PCP) for follow-up care.</p>
<b>Enhanced Benefits</b>	<p>With CMSN-BROWARD, you/your child can earn credits in the Medicaid Enhanced Benefits Program. You can earn credits by taking part in healthy behaviors. Health behaviors are activities that help keep you/your child from getting sick, like shots for children, regular check-ups, dental check-ups, taking the drug(s) as prescribed by your doctor, stop-smoking programs and weight loss programs. You can get these credits for each healthy behavior you take part in. You can earn up to \$125 per year. You can use the credits to buy health-related items at Medicaid pharmacies. You can get items like: first aid supplies, cough and cold medications, dental supplies and many other over-the-counter items. Medicaid will keep track of your credits. If you have questions, call Enhanced Benefits at 1-866-421-8474. Or call Enrollee Services at 1-866-209-5022.</p>
<b>Family Planning</b>	<p>You/your child can get family planning from any provider in the network. You do not need an authorization. Your child must have your permission if she is under 18 years old. She does not need your permission if she is married, has children, is pregnant or the doctor says she needs it.</p>
<b>Hearing Services</b>	<p>We cover check-ups by a doctor in the network. CMSN-BROWARD pays for hearing aids covered by Medicaid.</p>
<b>Home Health</b>	<p>CMSN-BROWARD covers nursing care at home. Your/your child's doctor must ask us for this. You can get care from a nurse or a home health aide. You can get a private duty nurse. You/your child must meet all the rules for nursing care at home. We do not pay for Meals on Wheels, homemaker or sitters.</p>
<b>Hospital Care (Inpatient &amp; Outpatient)</b>	<p>CMSN-BROWARD pays for hospital care when your doctor thinks it is needed. You need to use a hospital in the network. We pay for your care as inpatient and outpatient. We cover room and board, hospital meals, nursing care and supplies. We also cover tests and treatments your doctor orders. You will need to follow up after you leave the hospital. Call your primary care doctor (PCP) and your Care Coordinator to set this up.</p>
<b>Immunizations (Shots)</b>	<p>Children need their shots (immunizations) to keep from getting sick. You/your child's doctor will know which shots you/your child needs. You do not need an authorization to get immunizations (shots). Your doctor will give you/your child shots when you go for a check-up.</p>
<b>Lab/X-Ray</b>	<p>CMSN-BROWARD covers lab and x-rays ordered by your child's PCP or specialist. These must be by a CMSN-BROWARD facility.</p>

**Maternity Care**

CMSN-BROWARD pays for all maternity care. You/your child can get maternity care until age 21. We pay for you/your child to see a pregnancy doctor. The doctor is called an "obstetrician." The obstetrician will look after you/your child during pregnancy until birth. You/your child will get counseling and help with your pregnancy. You/your child will get tested for diseases that may make the new baby sick. You/your child will get treatment when needed. After your child's baby is born, you will need to choose a plan. The baby will not be

Covered by CMSN-BROWARD after he/she leaves the hospital. Medicaid (not CMSN-BROWARD) covers the new baby until you choose a plan. (See Newborn, page 8)

**Medical Transportation**

We pay for ambulance rides when there is an emergency. In case of emergency, call 911. You can call 24 hours a day, 365 days a year. We can help if you need a ride to your medical appointment. We work with LogistiCare. They have special vans and they can pick you up. Call 1-866-250-7455. Ask for Reservations. You can call Monday to Friday from 8:00 am to 6:00 pm. You need to call LogistiCare in advance. Call at least 3 days before your appointment to the doctor.

If you have problems with the LogistiCare ride, call 1-866-251-9161 and ask for Ride Assistance.

**Medications & Prescription Drugs**

Your doctor can order any of the medications covered by Medicaid. You can go to any pharmacy that takes Medicaid. If you have problems getting your medications, tell your Care Coordinator. Call 954-713-3100.

**Nutrition Services**

You can talk to a nutritionist. This is a person who can help you/your child eat well and stay healthy. The nutritionist will work with your doctor if your child needs special foods. They can help you/your child with tube feedings and supplements. Your Care Coordinator will set this up through the CMS clinic. Call 954-713-3100. Ask for your Care Coordinator.

**Optometry**

Optometry means vision care. CMSN-BROWARD pays for the eye exams and eye glasses covered by Medicaid. You need to use an eye doctor who takes Medicaid.

**Organ Transplants**

CMSN-BROWARD pays for organ transplants covered by Medicaid. CMSN-BROWARD must authorize a transplant. We will work with your doctor and your Care Coordinator to set this up.

**Podiatry**

CMSN-BROWARD pays for visits to the foot doctor. You need to use a foot doctor in the network. Your primary care doctor (PCP) or your Care Coordinator will help you set this up.

**PPEC Services**

PPEC means Prescribed Pediatric Extended Care Services. This is a special center for children with special health care needs. CMSN-BROWARD works with several PPECs. This is for children who are too sick to go to day care or school. They take care of children from birth to age 20. The centers are run by nurses and therapists. Your/your child's primary care doctor (PCP) will order this when needed. When CMSN-BROWARD approves it, your child can go to PPEC up to 12 hours a day. There, your child will get nursing, special care and therapies. They can teach you how to take care of your child.

<b>Pharmacy &amp; Prescribed Drugs</b>	You can use any pharmacy that takes Medicaid. Show the pharmacist the child's Medicaid ID card. The pharmacist will check with Medicaid and fill the prescription. If the pharmacist cannot check and it is urgent, the pharmacy may give a 3-day supply of medication. You pay nothing when your doctor orders a medication on the Medicaid list. For pharmacy questions, call your Care Coordinator. Call 954-713-3100.
<b>Private Duty Nursing</b>	CMSN-BROWARD pays for a private duty nurse. Your doctor will order this when you/your child needs it. When we approve it, we will set this up with a company in the network.
<b>Quality Enhancements</b>	The CMSN-Broward can assist you in getting help with more than just medical care. This includes help to stay healthy. This includes programs to help you quit smoking or lose weight. It includes child care classes and support groups. We can also tell you how to get help if you are being abused or have a substance abuse problem. <b>Call our Enrollee Services staff if you need help.</b>
<b>Second Opinion</b>	You may want to see a second doctor for you/your child's illness. This is called a "second opinion." Ask your doctor to set up a visit to another doctor for a second opinion. Your doctor needs to tell us when you/your child need a second opinion. If the doctor you want to see is not in the network, they are "out of network." We have to approve visits to doctors that are out of network. After the second opinion, you need to get your/your child's care from doctors and hospitals in the network.
<b>Therapy Services</b>	CMSN-BROWARD pays for the therapies covered by Medicaid. We pay for physical therapies, respiratory therapies, speech therapy and occupational therapy. We work with many therapists. The therapists are listed in the Provider Directory. Your/your child's doctor will order therapies when needed. Therapies need authorizations.
<b>Vision Care</b>	CMSN-BROWARD pays for vision services. This includes eye check-ups and eyeglasses covered by Medicaid. You can get care from any eye doctor who takes Medicaid. The doctor who does eye check-ups is called an "optometrist."
<b>X-Rays</b>	CMSN-BROWARD pays for x-rays and tests covered by Medicaid. Some special tests and x-rays need to be approved. Your doctor will set this up when you/your child need it. You don't need to pay when you use a center in the network.

# COMPLAINTS AND GRIEVANCES

We want you to be happy with CMSN-BROWARD and the providers who take care of you/your child. If you are not happy with the care or services your child gets, you can file a complaint. Tell us if you don't like something that happened. Here is how to do that:

## Complaint Procedure

To file a complaint, call us. Call 1-866-209-5022. Ask for Enrollee Services. If you are deaf or blind, call Florida Relay 711. If you don't want to tell us, you can tell your Care Coordinator. We will try to resolve your issue. We will answer your questions. If you are still not happy, you can file a grievance.

## Grievance Procedure

You can file a grievance about many things. You can file a grievance orally or in writing. We will need the following information:

1. You/your child's name, address, telephone number and Medicaid ID#.
2. What the grievance is about.
3. What action you are looking for.

You can have someone help you file your grievance. It can be your child's doctor or someone you choose. CMSN-BROWARD can help you file your grievance if you need help. You must file your grievance within 1 year of the incident. Call Enrollee Services or send your grievance letter to:

The CMSN-BROWARD Grievance Coordinator

### Choose One

#### **NORTH:**

P.O. Box 460512  
Ft. Lauderdale, FL 33346

#### **SOUTH:**

2900 Corporate Way  
Miramar, FL 33325

You can talk with the Grievance Coordinator. Call 1-866-209-5022. Ask for the Grievance Coordinator. You can call from 8:00 am to 5:00 pm Monday to Friday. We will help you if you need help with another language.

We will send you a letter within 5 days of receiving your grievance. We will look at your grievance carefully. We may ask for more information from you. We may ask for more information from you/your child's doctor. You have the right to look at the information. We have up to 90 days to take care of your grievance.

If you need more time, you can ask for up to 14 more days. You will need to ask in a letter. If we need more time, we can take 14 more days to review your grievance. We will send you a letter telling you about this.

When we are done with our review, we will send you a letter. This is called a "Grievance Disposition" letter. The letter will say what we found and how we resolved your grievance.

Your/your child's enrollment does not change when you file a grievance. Your/your child's benefits do not change either.

If you are not happy with what CMSN-BROWARD told you, you can ask for a Medicaid Fair Hearing.

See **Medicaid Fair Hearing**.

# APPEAL PROCEDURE

If you are not happy with an “**Action**” from CMSN-BROWARD, you can appeal. An “action” means:

1. We do not approve (authorize) the service you asked for. This is also called a “denial.”
2. The service you have been getting is stopped, reduced or changed.
3. Medicaid will not pay for the service you asked for.
4. You did not get the services you need quickly enough, per the Florida law.
5. We did not act within 90 days after we got your grievance.

When we do an Action, we will send you a letter. When you get our letter, you have 30 days to send your appeal. You can appeal by phone. After you call us to appeal, you must write a letter. You can have someone help you write your appeal. It can be your child’s doctor or someone you choose. Your appeal must have:

1. You/your child’s name, address, telephone number and Medicaid ID#.
2. What the appeal is about.
3. What action you are looking for.

Send your appeal to: The CMSN-BROWARD Grievance Coordinator

*Choose One*

**NORTH:**

P.O. Box 460512  
Ft. Lauderdale, FL 33346

**SOUTH:**

2900 Corporate Way  
Miramar, FL 33325

We will start looking at your appeal when we get your letter. We will tell you when we get your letter. We will send you a letter within 10 days of getting your appeal.

We can help you with your appeal. If you have questions, call us. Call 1-866-209-5022. Ask for the Appeal Coordinator. If you are deaf or blind, call Florida Relay 711. You can call from 8:00 am to 5:00 pm Monday to Friday. We will help you if you need help with another language.

Your/your child’s enrollment does not change when you file an appeal. Your/your child’s benefits do not change either.

CMSN-BROWARD may ask for more information from you. You can give us more information to help your case. We may ask your/your child’s doctor for more information. Your file may have medical or other documents that we will use. You can look at your file while we make a decision.

The Appeal Committee will read your appeal carefully. There are many people on the Appeal Committee. The people on the Committee had nothing to do with the decision you are appealing. We will tell you when the Appeal Committee will meet, so you can be there, if you want.

We have up to 45 days to take care of your appeal. We will tell you our decision. We will send you a letter within 2 days of our decision. We will tell your doctor and your Care Coordinator. If you win the appeal, we will set up the service with your/your child’s doctor. We will set it up as quickly as you/your child need.

If you need more time, you can ask up to 14 more days. You will need to ask in a letter. If we need more time, we can take 14 more days to review your appeal. We will send you a letter telling you about this.

If you are not happy with what CMSN-BROWARD told you, you can ask for a Medicaid Fair Hearing.

See **Medicaid Fair Hearing**.

### **To continue services**

If we stop or reduce service and you don't want that, tell us. You can ask us to continue the service while you appeal. If you want the service to continue, tell us. Call Enrollee Services or send us a letter within 15 days of our Action letter. Write to:

The CMSN-BROWARD Grievance Coordinator

#### **Choose One**

##### ***NORTH:***

P.O. Box 460512  
Ft. Lauderdale, FL 33346

##### ***SOUTH:***

2900 Corporate Way  
Miramar, FL 33325

When you ask, the service will continue until:

1. You stop your appeal.
2. Stop the service.
3. You don't send in your appeal on time. You have 15 days from when you get our letter.
4. You don't win the appeal. The appeal decision is for us.
5. The authorization ends.
6. You had all the services you are allowed with Medicaid.

If you do not win the appeal, you may have to pay for that service.

### **Fast Appeal**

If the doctor thinks you/your child will get much sicker while waiting for a review, you can ask for a "Fast Appeal." If you need a Fast Appeal, call us. Call 1-866-209-5022. Ask for the Appeal Coordinator. You also need to send us a letter asking for a Fast Appeal. Write to:

The CMSN-BROWARD Grievance Coordinator

#### **Choose One**

##### ***NORTH:***

P.O. Box 460512  
Ft. Lauderdale, FL 33346

##### ***SOUTH:***

2900 Corporate Way  
Miramar, FL 33325

We will give you an answer within 72 hours. We will try to call you with the results right away. We will also send you a letter. We will tell your doctor and your Care Coordinator. If you win the appeal, we will set up the service with your/your child's doctor. We do this as quickly as you/your child need.

### **Medicaid Fair Hearing**

If you are not happy with what CMSN-BROWARD told you about your grievance or appeal, you can ask for a Medicaid Fair Hearing. You have 90 days from our decision letter to ask for a Medicaid Fair Hearing. For a Medicaid Fair Hearing, write to:

The Office of Appeals Hearing  
1317 Winewood Blvd.,  
Bldg 5, Room 203  
Tallahassee, FL 32399-0700

You will receive a letter telling you where the Medicaid Fair Hearing will be in Broward County. You can have a family member or your child's doctor speak for you at the hearing.

If we stop or reduce a service and you don't want that, tell us. You can ask us to continue the service while you appeal. If you want the service to continue, tell us. **See To Continue Services.**

If you do not win the appeal, you may have to pay for the services.

Medicaid will tell you their decision in a letter. If you win the appeal, we will set up the service with your child's doctor. We will do this as quickly as your child needs. The decision of the Medicaid Fair Hearing is final.

If you have questions about Medicaid Fair Hearings, call us. Call 1-866-209-5022. Ask for the Appeals Coordinator.

### **Beneficiary Assistance Program (BAP)**

When you get our letter, if you are not happy with what we told you about your grievance or appeal, you can ask for a review by BAP. BAP is the Beneficiary Assistance Program in Florida. They will listen to your issues. You can use BAP if you do not want a Medicaid Fair Hearing. If you had a Medicaid Fair Hearing, you cannot ask for a review by BAP. You have 1 year from the date you get our letter to go to BAP. BAP will review your case and make a decision. BAP will tell you their decision in a letter. The decision by BAP is final.

For a review by BAP, write to:

The Agency for Health Care Administration  
Beneficiary Assistance Program (BAP)  
2727 Mahan Drive  
Building 1, MS #26  
Tallahassee, FL 32308

If you have questions, call BAP. Call 1-888-419-3456. The other number is 1-850-412-4502.

If you have questions about filing a complaint, grievance or appeal, call us. Call 1-866-209-5022. Ask for Enrollee Services.

# ENROLLEE RIGHTS & RESPONSIBILITIES

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

## **You have the right to:**

1. Be treated with courtesy, dignity and respect.
  2. Protect your privacy.
  3. Ask questions and get answers you can understand.
  4. Get the care and services covered by Medicaid.
  5. Get good medical care regardless of race, origin, religion, age, disability or illness.
  6. Know about your child's treatment and what options there are.
  7. Take part in decisions about your child's health care. You can refuse treatment
  8. Ask for and get a copy of your medical records. Request your medical records be changed or amended. Changes can only occur as allowed by law.
  9. Get a second opinion from another doctor.
  10. Change providers at any time. You can ask for another primary care doctor (PCP) or specialist.
  11. File complaint or grievance.
  12. Work with and talk to your CMS Nurse Care Coordinator. You can talk to a social worker. You can ask to change your Care Coordinator.
  13. Get information about Advance Directives. Parents or guardians can do this for children under 18 years old. You can write instructions for his/her health care in case you become too sick to make decisions. This is called a living will or durable power of attorney.
  14. Get information from CMSN-BROWARD in a format or language suitable to your needs. Information like:
    - How we run the program. How we operate. Our policies.
    - How we approve services. (Authorization)
    - How we keep your/your child's information confidential.
    - 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 Medicaid.
- (You can get this information by calling Enrollee Services)**
15. Not have restraint or seclusion used against you as a means to make you act in a certain way or as a means to get back at you for something you did.
  16. Exercise your rights and not have it affect the way you are treated.

## **Your Responsibilities:**

1. Carry your/your child's enrollee I.D. card with you at all times.
2. Call your child's primary care doctor (PCP) if your child gets sick and needs care.
3. Call your child's PCP before getting care unless it is an emergency.
4. Tell your/your child's DCF case worker if you move. Call 954-467-4298. Give your new address and phone number.
5. Provide all information the health care staff needs to care for your child.
6. Follow the instructions from your child's health care providers.
7. Ask questions when you do not understand.
8. Talk to your child's CMS Care Coordinator about your/your child's care plan.
9. Tell us or tell Medicaid if you suspect fraud.

## Medicaid Fraud

You can help protect your Medicaid benefits and the CMS Program. You can help by reporting suspected fraud. You don't have to give your name, but it helps if you do. You don't have to be afraid to tell us if you suspect fraud. This will not change any of your benefits.

### Fraud is...

1. Billing for patients who did not really receive care
2. Billing for care or equipment that wasn't given or provided.
3. Billing for old items or things the patient did not need.
4. Overcharging for care and services.

The Bureau of Medicaid Program Integrity at the Agency for Health Care Administration audits and investigates providers suspected of overbilling and defrauding Florida's Medicaid program, recovers overpayments, issues administrative sanctions, and refers cases of suspected fraud for criminal investigation.

To report suspected fraud and/or abuse, you can:

1. Call us at 1-866-209-5022. Ask for Enrollee Services
- or**
2. Call the Florida Medicaid Consumer Complaint Hotline toll free at 1-888-419-3456.
- or**
3. Write to:

AHCA – The Inspector General  
2727 Mahan Drive, MS#4  
Tallahassee, FL 32308

**or**

4. Use the internet to complete a Medicaid Fraud and Abuse Complaint form, which is available on-line at:

[https://apps.ahca.myflorida.com/InspectorGeneral/fraud\\_complaintform.aspx](https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx)

If you report suspected fraud and your report results in a fine, penalty or forfeiture of property from a doctor or other healthcare provider, you may be eligible for a reward through the Attorney General's Fraud Rewards Program (toll free 1-866-966-7226 or 850-414-3990). The reward may be up to twenty-five percent (25%) of the amount recovered or a maximum of \$500,000 per case (Florida Statutes Chapter 409.9203). You can talk to the Attorney General's Office about keeping your identity confidential and protected.

# BE AN ADVOCATE

1. Believe in yourself and your child
2. Realize your child has rights. You and your child have equal rights under the law.
3. Be strong. Keep after what you want. Follow up.
4. Ask questions and get information. There are lots of resources in your community for you to use. Get explanations that are clear. Make sure you understand.
5. Ask for help. There are many support groups and organizations in the community. Find out who they are. Link up with advocate groups.
6. Talk about your concerns and issues. Talk directly with the person giving the service. Call, write or set an appointment.
7. Get the facts. Get things in writing. Write things down to help you remember. Ask for copies of policies, rules or regulations being cited to you.
8. Have a plan. Write down what you want to say. Stay calm. Talk clearly. Listen carefully. What you hear can be as important as what you say.
9. Use the chain of command. If you do not get the help you need from the person you talk to, ask for a supervisor or someone else with authority to help you. People sometimes settle for a quick answer over the phone. Don't settle for a quick decision that may not be right.
10. Learn how to file a grievance. Ask for information in writing. Find out the next step. Find out what agency is involved.
11. Follow up. Agencies must stick by the decision they make. You have the right to know. There may be other options.
12. Say "Thank You." It goes a long way.

## HELPFUL NUMBERS

Behavioral Health (University of Miami-Behavioral Health)	1-800-294-8642
Broward County Health Department:	
Family Planning	954-467-4938
HIV/AIDS	954-467-4807
Immunizations	954-467-4943
Teen Health	954-469-4790
Children's Diagnostic & Treatment Center (CDTC)	954-728-8080
Choice Counselor (Medicaid)	1-866-467-4970
CMSN-BROWARD Enrollee Services Department	1-866-209-5022
If you are deaf or blind call	Florida Relay 711
CMS Care Coordinator	954-713-3100
Department of Children and Families- Broward (DCF)	954-467-4298
Domestic Violence Hotline	1-800-500-1119
Easter Seals	954-792-8772
Early Steps, Early Intervention Program for Infants & Toddlers	
Broward Area	954-728-1083
Referrals through ChildFind, Brow. Cty School System	754-321-2204
Family Central	954-720-1000
First Call For Help	954-467-6333
Florida KidCare	1-888-540-5437
Healthy Start	954-563-7583
March of Dimes	954-772-0013
Area 10 (Broward) Medicaid Office	1-866-875-9131
Medicaid Fraud & Abuse Hotline	1-888-419-3456
Transportation – LOGISTICARE	1-866-250-7455 (Reservations)
	Or
	1-866-251-9161 (Ride Assistance)
School Board of Broward County	754-321-0000
Women in Distress	954-761-1133