

Due Process Rights and Your Right to a Hearing

You will always be consulted regarding the home and community-based services we provide.

There may be times when you disagree with a decision that we make on your behalf. These decisions can include:

- Reduction of service
- Denial of services
- Termination of service
- Change in the service authorized in your plan of care, or
- Suspension of Service

You will receive a "Notice of Decision" that will inform you of any changes being made, and the reasons for the change.

- You have the right to appeal any of the decisions listed above through the fair hearing process.
- You have twenty-one (21) days to request a hearing from the date of "Notice of Decision."
- If the "Notice of Decision" informs you that a decision has been made to terminate, reduce, or suspend Medicaid Waiver program services that you are presently receiving, those same services can continue until the hearing is held, if you request a hearing within ten (10) days of the date of such notice.
- Requests for hearings should be made in writing to this address:

**Office of Appeal Hearing
Bldg. 5, Room 203
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700
(850) 488-1429**

Clinics & Director(s)

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Phone: 866-875-5660 • Fax: 850-921-0499
Website: <http://www.doh.state.fl.us>**

Welcome to the Adult Cystic Fibrosis Medicaid Waiver



MISSION...

To provide Florida residents who are 18 years or older, Medicaid-eligible and have a medical diagnosis of Cystic Fibrosis, the opportunity to maintain and restore health and function ability to minimize the effects of illness and disability in order to delay or prevent hospitalization or institutionalization.



Your Community Support Coordinator (CSC) Is:

_____ *Print Name of Community Support Coordinator*

Telephone: _____

_____ *Area Code and Number*

Your Community Support Coordinator ... will oversee your care and will contact you on a month to month basis as required by this program. As with all Medicaid waiver services, you will be permitted to choose your CSC. During monthly contacts with your CSC, you should discuss your service needs, the quality of care you are receiving and any other health or services concerns you may have.

As a participant in this program, you have some responsibilities as well. They are:

- To be available at the agreed upon time to receive your Medicaid waiver service (s).
- To immediately contact your CSC if your services are not provided appropriately.
- To be sure that you understand that you may not give money or gifts to providers of your care.
- To inform your CSC when you are hospitalized or require home IV treatments.
- To notify your Medicaid Waiver Specialist immediately when you become Medicaid ineligible as this may affect your eligibility in the ACF program.

As a participant in this program, you will receive services based upon your assessed need. This is reviewed on a continuing basis by your CSC and Medicaid Waiver Specialist.

The following services are available under the Adult Cystic Fibrosis Medicaid Wavier (services must be medically necessary):

- Acupuncture
- Chore Service
- Counseling, Individual and Family
- Dental Services
- Exercise Therapy
- Homemaker Service
- Massage Therapy
- Nutritional Counseling
- Personal Care
- Personal Emergency Response Service
- Physical Therapy
- Prescribed Drugs
- Respiratory Therapy
- Respite Care
- Skilled Nursing
- Specialized Medical Equipment and Supplies
- Transportation
- Vitamins and Nutritional Supplements

You will be given an opportunity to choose from a list of enrolled service providers. All providers have been screened and are qualified to provide care.

How You Are Assessed for Care:

- All services are provided based upon your assessed need.
- Initial assessments are performed by the Adult Cystic Fibrosis Medicaid Waiver Specialist based on input from you, your physician, and your family.
- The assessment form and other documentation is kept in your case file maintained by your Medicaid Waiver Specialist. The Specialist will provide you and/or your legal representative with a copy, if requested.

- At a minimum, you will be reassessed annually, or when changes in your condition or needs make it necessary to do so. You will be consulted and informed of any changes in your plan of services.



Assurances:

- Medicaid Waiver Staff will always respect your privacy.
- Medicaid Waiver Staff will always attempt to provide the level of care required to ensure health and safety.
- Medicaid Waiver Staff will always provide freedom of choice of providers.
- Medicaid Waiver Staff will always require staff and providers to adhere to universal precautions.
- Medicaid Waiver Staff will always provide you the right to discuss any problems or concerns related to services with your CSC.