

Member Handbook

For Mental Health Services

Medicaid Area 3

Alachua, Bradford, Columbia,
Dixie, Gilchrist, Hamilton, Lafayette,
Levy, Putnam, Suwannee, Union,
Citrus, Hernando, Lake, Marion
and Sumter Counties

866-570-0895

www.nfbhp.com

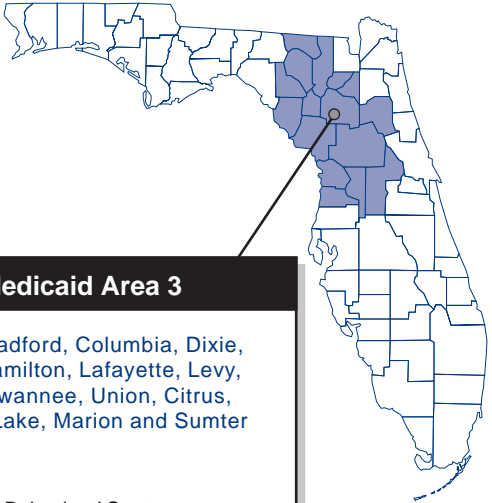
Providing Quality Mental Health Services
Through a Joint Venture of:



VALUEOPTIONS

And

**North Florida Behavioral
Health Network**



Medicaid Area 3

Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union, Citrus, Hernando, Lake, Marion and Sumter Counties.

- LifeStream Behavioral Center
- Meridian Behavioral Healthcare
- The Centers
- The Harbor Behavioral Healthcare Inst.

**Service Center:
866-570-0895**

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Notice of Privacy Practices

Welcome MediPass Member:

The **Health Insurance Portability and Accountability Act (HIPAA)** is a Federal law. It requires that your health information be kept private and protected. The law also requires that we provide you with this notice. This notice explains our legal duties and privacy practices regarding protected health information. This notice is effective as of April 14, 2003.

This notice describes how clinical information about you may be used and released. It also explains how you can get access to this information.

North Florida Behavioral Health Partners, Inc. (NFBHP) provides the behavioral health benefits for MediPass members in Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union, Citrus, Hernando, Lake, Marion and Sumter Counties.

ValueOptions, Inc. is the management organization for NFBHP. The mental health provider partner organizations include — LifeStream Behavioral Center, Meridian Behavioral Healthcare, The Harbor Behavioral Health Care Institute, and The Centers.

North Florida Behavioral Health Partners, Inc. is committed to ensuring the privacy of your health care information. Please read the following information carefully.

If you have any questions about HIPAA, please feel free to contact North Florida Behavioral Health Partners, Inc. at 866-570-0895.

ValueOptions' Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions, please contact ValueOptions at the phone number on the front cover of this handbook.

Who Will Follow This Notice.

This notice applies to the ValueOptions companies listed in the table below.

ValueOptions, Inc.
North Florida Behavioral Health Partners, Inc.

I. How We Safeguard Your Protected Health Information.

Your individual information about your past, present, or future health, the health care you receive, or the payment for the health care is called "Protected Health Information" ("PHI"). We are required to protect PHI that we have received or created, and to give you this Notice about our privacy practices. We may receive PHI from sources other than you through a paper or electronic inquiry to your group health plan or its business associates, your other health insurance companies, your providers, or other available databases. This Notice explains how, when and why we may use or share your PHI. In most cases, we must use or share only the minimum necessary PHI to accomplish a task. The law has special protections for some kinds of information, including substance abuse information.

We are required to follow the privacy practices described in this Notice, but **we may change our privacy practices and this Notice at any time**. If we make changes, we will put a new Notice on our website at:

www.nfbhp.com

or www.valueoptions.com.

You may request a copy of the new Notice by calling us at the phone number on the front cover of this handbook.

II. How We May Use Your Protected Health Information and Share It With Others.

We use PHI and share it with others for a variety of reasons. Examples of the types of persons who have access to your PHI are our customer service representatives, our care managers, our medical professionals, our claims administration staff, your group health plan if it complies with the law, and public authorities that are permitted access under the law. Sometimes we must have your written agreement to share PHI. Sometimes we are allowed by law to use or share your PHI without your written agreement. Here are examples of how we use and share PHI.

For Treatment: We may disclose your PHI to caregivers who are involved in providing your health care or Employee Assistance Program (EAP) services. For example, your PHI may be shared with the health professional that is treating you.

For Payment: We may use and share your PHI to pay claims from the health professionals who have provided services to you. We may also use and share your PHI to obtain payment for our services. For example, we may release portions of your PHI to a state Medicaid agency or to another insurance company that provides your coverage. We may also use your PHI, along with the PHI of many others, to set our premiums.

For Health Care Operations: We may use and share your PHI to operate our health plans, EAP programs, and other programs. For example, we may use your PHI in deciding whether you are eligible for specific services, or share your PHI with other professionals involved in your care. We may combine and analyze data from different sources so that your health plans and treating professionals can receive information about the products and services you are receiving in order to better coordinate your care. Unless you provide us with different directions, we may send appointment reminders and other similar information to your home. We may also send you information about treatment alternatives and health-related benefits. We may also use your PHI in studying the quality of the health care services provided, or share your PHI with our accountants or attorneys for audits or litigation. If we are providing health benefits to you under an employer-sponsored group health plan, we may disclose your PHI to the sponsor of the plan.

Individuals Involved in Your Care or Payment for Your Care: We may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

When Required by Law: We will share PHI about you when required by federal, state or local law. We may share PHI when a law requires us to report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity. We must also share PHI with authorities that monitor our compliance with privacy requirements.

For Public Health Activities: We may share PHI when we are required to collect information about disease or injury, or to report information to a public health authority.

For Health Oversight Activities: We may share PHI with an agency responsible for monitoring the health care system for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensing.

Relating to Decedents: We may share PHI relating to an individual's death with coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For Research Purposes: In certain circumstances, and under supervision of a privacy board, we may share PHI in order to assist medical or psychiatric research.

To Prevent Threats to Health or Safety: In order to avoid a serious threat to health or safety, we may share PHI with law enforcement or other persons who might prevent or reduce the threat of harm.

For Specific Government Functions: We may share PHI of military personnel and veterans in certain situations, with correctional facilities in certain situations, with other government programs for eligibility and enrollment, and for national security reasons.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at a hospital; and
- In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

By law we must have your written permission (an "authorization") to use or give out your PHI for any purpose that is not set out in this Notice. You may take back ("revoke") your written permission at any time, except if we or our subcontractors have already acted based on your permission.

III. Your Rights Regarding Your Protected Health Information.

You have the following rights relating to your PHI. You may exercise these rights by contacting ValueOptions at the number in your member materials.

To Request Restrictions on Uses or Sharing with Others: You have the right to ask us to limit how we use or share your PHI. We will consider your request, but we don't have to agree to it. If we do agree to restrictions, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the uses or sharing of information that are required by law.

To Choose How We Contact You: You have the right to ask that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To make a request regarding how we communicate with you, you must make your request in writing as indicated in your member

materials. We will agree to your request as long as it is reasonable for us to do so.

To Inspect and Copy your PHI: You have a right to see and copy your protected health information if you put your request in writing as directed in your member materials. We will respond to your request within the time required by law. If we deny your request, we will give you written reasons for the denial and explain your appeal rights. In certain situations, we may deny access to some parts of your PHI and you cannot appeal that decision. We will not provide access to psychotherapy notes, information we collect for legal actions, or any lab test information protected by law, and you can't appeal those decisions. If you want copies of your PHI, a charge for copying may be required, depending on your circumstances. You have a right to choose to get a summary instead of a copy of the whole record.

To Request Changes or Corrections of your PHI: If you believe that there is a mistake or missing information in your PHI, you may request that we correct or add to the record. You must submit your request in writing as indicated in your member materials, along with a reason that supports your request. We will respond within the time required by law. We may deny the request if we determine that the PHI: (i) is correct and complete; (ii) was not created by us and/or is not part of our records, or (iii) is a type of information that we cannot disclose. If we deny your request for changes, we will tell you in writing the reasons for denial and explain your rights to have your request and our denial, together with any statement of disagreement made part of your PHI. If we approve the request for changes, we will change the PHI, and tell you and others that need to know, about the change.

To Find Out What Disclosures Have Been Made: You have the right to get a list of the

disclosures we made of your PHI, including the date, the person receiving the PHI and the purpose of the disclosure. This list will not include disclosures for treatment, payment or health care operations, any release of information we made to you or to those you authorized, your family, or any release to national security or intelligence authorities. The list will not include any disclosures made before April 14, 2003 and may not include disclosures that law enforcement or health authorities asked us not to list. To request this list, you must send your request in writing as indicated in your member materials. We will respond to your written request for a list within a period required by law. You can request a list of disclosures going back up to six years but no earlier than April 14, 2003. There will be no charge for one list each year. There may be a charge for more than one list per year.

To Receive This Notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

IV. How to Complain about Our Privacy Practices.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to or changes to your PHI, you should follow the appeal instructions we will give you. You may file a grievance at the number listed in your member materials. You also may file a written grievance with the Secretary of the U.S. Department of Health and Human Services. We will not discriminate against you in any way because you file a grievance.

Introducing North Florida Behavioral Health Partners, Inc.



You might have heard about “managed care.” Managed care programs help you find the right care from the right provider (a counselor, doctor, or hospital), as soon as possible.

Your Medicaid mental health program is managed care. It works with you and your provider to make sure you get the best mental health care.

The state of Florida has chosen North Florida Behavioral Health Partners, Inc. (NFBHP) to manage the mental health care for MediPass members in Medicaid Area 3.

NFBHP is a joint venture between our partner providers:

- LifeStream Behavioral Center
- Meridian Behavioral Healthcare
- The Harbor Behavioral Health Care Institute
- The Centers

and **ValueOptions**, a national managed care company.

An easy way to get mental health care is to call or visit your local network provider. There is a list of network providers at the end of this handbook.

You can also call our NFBHP Information Line 24 hours a day at **866-570-0895**.

How to Enroll

If you are eligible for Medicaid mental health benefits from NFBHP, you will be enrolled automatically by Medicaid. You will receive a letter with this handbook that contains the effective date of your NFBHP coverage. The letter will also tell you to refer to this handbook to find a network provider in your Medicaid Area. There is a list of network provider locations at the end of this handbook.

Disenrollment

Medicaid will disenroll members from MediPass and NFBHP if they lose their Medicaid eligibility or are admitted to a state mental health hospital or a nursing home.

If you move out of an area served by NFBHP:

And your benefits are determined by the Department of Children and Families, Office of Economic Self-sufficiency, please notify the DCF, Office of Economic Self-sufficiency in your new county of your change of address. This department will now be determining your eligibility for cash, food stamps, and Medicaid benefits.

Or your benefits are determined by the Social Security Administration, please notify the Social Security Administration in your new county of your change in address – phone **1-800-772-1213.**

Your Medicaid benefits need to be transferred to the county of your new address so there will be no delay in receiving services.

You have a right to choose which Managed Mental Health Care Plan is right for you. If you would like to disenroll from NFBHP and MediPass, choice counseling can help you. For more information call 888-367-6554 (8 am – 7 pm, EST, Monday-Friday). If you have a question about NFBHP, please call 866-570-0895.

HMO Transfer



ou may transfer to a Medicaid HMO unless you live in a county that does not offer an HMO as a managed care option. If you enroll in an HMO, you will no longer receive your medical care from MediPass. Medicaid HMOs are responsible for both medical and mental health care.

Other Insurance Plans



f a child loses Medicaid eligibility he/she may qualify for insurance coverage under the Florida Kid Care Program. A family member can request a Florida Kid Care application at a local county health department or call 888-540-5437 (8 am to 7 pm, Monday through Friday).

How to Get Mental Health Care

1. Call or visit a network provider in your Medicaid Area where you can talk with a counselor and get help. Network Provider locations are listed at the back of this handbook. Also, you can call 866-570-0895 to obtain assistance in locating a network provider.
2. Call NFBHP at the number listed above,

24 hours a day, 7 days a week. NFBHP counselors will help you find the care that you need.

Network Providers

Our Network Providers are mental health treatment centers where you can:

- Walk in and talk with a counselor who will help you get the right kind of care.
- Learn about other services in the community.
- Receive treatment for most types of mental health problems.

A Network Provider Locations List has been included at the end of this handbook. You can also call 866-570-0895 for the location of the network provider nearest to you.



**Call for the location of
the network provider
nearest to you.**

North Florida Behavioral Health Partners, Inc. Mental Health Services

As an NFBHP member, certain required mental health services including emergency and post-stabilization services, must be there for you when you need them.

These may include:

- Inpatient Hospital Care for Psychiatric Conditions
- Outpatient Hospital Care for Psychiatric Conditions
- Psychiatric Physician Services
- Community Mental Health Services
- Mental Health Targeted Case Management
- Mental Health Intensive Targeted Case Management
- Psychosocial Rehabilitation Services
- Clubhouse Services
- Therapeutic Behavioral On-Site Services
- Self-Help/Peer Services
- Crisis Intervention Mental Health Services and Post-Stabilization Care Services

Other additional services may be offered to you by your NFBHP provider. These services may be discussed with you during your treatment planning. They include crisis stabilization, partial hospital, overlay, residential treatment, drop-in centers, supported employment, and supported housing.

Services that are not included in the plan include:

- Specialized Therapeutic Foster Care
- Children's Residential Treatment
- Short Term Intensive Psychiatric Program (SIPP) or Therapeutic Group Care Services (TGCS)

- Transportation
- Medical/Surgical Interventions associated with a psychiatric problem.
- Florida Assertive Community Treatment Services (FACT).
- Substance Abuse Treatment Services
- Prescribed Drug Services
- Comprehensive Assessment Services
- Qualified Evaluator Services
- Behavioral Health Overlay Services (BHOS)
- Long-Term Care Institutional Services including Nursing Home, Institution for the Developmentally Disabled, State Mental Hospital

Members are required to receive prior authorization only when they receive services from out-of-network and inpatient service providers such as hospitals (with the exception of emergency care/treatment). Adult members are limited to 45 days of mental health inpatient hospital services during the fiscal year (July-June). There are no mental health inpatient hospital limitations for children under the age of 21.

All other covered services are available and accessible as medically necessary with no arbitrary restrictions imposed. As an NFBHP member, you have the right to request one of the covered services when the plan offers another service, not covered by the contract as a downward substitution.

If you do not agree with the services offered to you or wish to request another service when a downward substitution is offered, please contact a NFBHP Care Manager at 866-570-0895.

Choosing Providers

When you are enrolled in NFBHP, you will be directed to the network provider who is located nearest to you; this is usually determined by your home address zip code. If you have concerns about this, or need a network provider that is closer to where you live, please contact the NFBHP service center for assistance.

You have the right to choose your mental health provider from within the NFBHP provider network. You can also change your provider by contacting your network provider or the NFBHP Service Center. Except for emergencies, you must see providers within our network.

If your current mental health provider is not part of North Florida Behavioral Health Partners, Inc., their services will not be paid for by Medicaid. Your provider will be instructed to call NFBHP at 866-570-0895 to discuss your care. NFBHP will help you find a provider who is part of our network.

You may call the NFBHP Service Center or call or go to your Network Provider for help with any questions.

Emergency Care

A mental health emergency is when you feel like hurting yourself or someone else or when you are not able to care for yourself because of a mental health problem. If you have a mental health emergency, you should:

1. Call the nearest Network Provider Emergency Service Program (see list at back of handbook); or
2. Call the Service Center at 866-570-0895; or

- 3. Call 911** or go to the nearest hospital emergency room and ask them to call NFBHP.

Out of Area Care

Out of area care is mental health services given when you are outside the Medicaid area served by North Florida Behavioral Health Partners, Inc.

Emergency care is covered when you are out of this area. If you go to a hospital for emergency care, you or a family member should tell the hospital that you are enrolled with North Florida Behavioral Health Partners, Inc. The hospital will call us to tell us you are there. When your emergency care is completed, NFBHP will work with the hospital to transfer your care back to a network provider.

Prevention, Education & Outreach

The best time to take care of a problem is before it gets so big that you need to see a doctor. In other words, prevention is the best medicine.

NFBHP has lists of support groups and community services. We also have tip sheets to help you deal with everyday problems like anger, stress, and parenting. All of these materials are available on our website at www.nfbhp.com.

If you want a tip sheet on a special subject or more information regarding Diagnosis and Treatment Guidelines, please call us at 866-570-0895.

Consumer Affairs

Sometimes being able to talk to someone who knows just how you feel is very important. Peer Support and Education can make a difference in your treatment. Our Consumer Affairs Program provides education and opportunities for you to meet other peers who may be experiencing the same things you are. For more information about our Consumer Affairs Program or support groups in your area, please call us at 866-570-0895 and ask for our Consumer Affairs Coordinator.

Grievances

If you are unhappy with any of your mental health services, you may file a grievance with the Member Services Representative at the place where you are receiving services or at the NFBHP Service Center. You can either call or send a letter telling us about your grievance. A first level grievance may be filed up to one year from the date of the occurrence.

An answer to your first level grievance will be offered in a letter. This should take no longer than 30 days. If the first level grievance cannot be resolved within 30 calendar days, an additional 14 calendar day extension can be provided if requested by you or NFBHP has justified upon request to the Agency for Health Care Administration a need for additional information and how the delay is in your best interest. If there is a delay you will be notified of the delay in a letter.

If you are not happy with the answer to your first-level grievance you can file a 2nd level grievance. A 2nd level grievance must be filed within 90 days of the first level grievance.

Grievances may be made to your Network Provider or the NFBHP Grievance and Appeals Coordinator. You will normally receive a written decision on your 2nd level grievance within 30 calendar days after receipt of your 2nd level grievance.

The entire grievance process should take no longer than 90 days.

If you are not satisfied with our decision, you may file a 3rd level grievance with the Agency for Health Care Administration by contacting:

Area 3a Medicaid Office:

(Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwanne and Union Counties)

14101 N.W. Hwy. 441, Suite 600

Alachua, FL 32615-5669

Phone: (386) 418-5350

Area 3b Medicaid Office:

(Citrus, Hernando, Lake, Marion and Sumter Counties)

2441 W. Silver Springs Blvd.

Ocala, FL 34475

Phone: (352) 732-1349

You are also able to ask for a Fair Hearing. A Fair Hearing can be asked for at any time.

A member can request a fair hearing if their request for a service has been denied or they believe that their request was not acted upon in a timely manner. A provider may act on the member's behalf with their written consent.

To request a fair hearing, please contact the Department of Children and Families at the following address:

**Office of Public Assistance
Appeals Hearings**

1317 Winewood Blvd.
Building 5, Room 203
Tallahassee, FL 32399-0700

You may also contact the Agency for Health Care Administration (AHCA) Statewide Agency Call Center if you wish to file a grievance against a health care facility, report Medicaid fraud, obtain information about AHCA or request a publication. The number for the ACHA Statewide Agency Call Center is **888-419-3456**.

If a grievance is filed or a State Fair Hearing is requested, NFBHP will continue to provide covered services until a final grievance decision or State Fair Hearing decision is issued under the following conditions:

1. The current level of services was ordered by the NFBHP treating physician or another NFBHP physician;
2. The physician is authorized by NFBHP to order the services; and
3. The enrollee requests continuation of the services.

You may be requested to pay the cost of services furnished while the level three grievance is pending if the final decision is not in your favor.

NOTE: If your case is extremely urgent, an expedited review may be requested. If an expedited review is necessary to ensure the well being of the member, the services will be completed within 72 hours.

Filing a Grievance

To file a grievance:

1. Call your Network Provider and ask to speak to the NFBHP Member Services Representative.

LifeStream Behavioral Health Care

352-315-7500 or 866-355-9394

Meridian Behavioral

352-374-5600 or 800-330-5615

The Centers

352-291-5455

Putnam Behavioral Healthcare Inc.

386-329-3780

Camelot Community Care

352-671-7884 or 352-589-0622

The Harbor

866-762-1743

or

2. Call or write to us at:
Grievance & Appeals
Coordinator

**North Florida
Behavioral Health
Partners, Inc.**

8906 Brittany Way
Tampa, FL 33619

866-570-0895



If you have any questions about filing a grievance, need more information, or need any assistance filing a grievance including oral interpretation, call your Network Provider or the NFBHP Service Center.

Telephone services for the hearing impaired are provided through the **Florida Relay Center**.

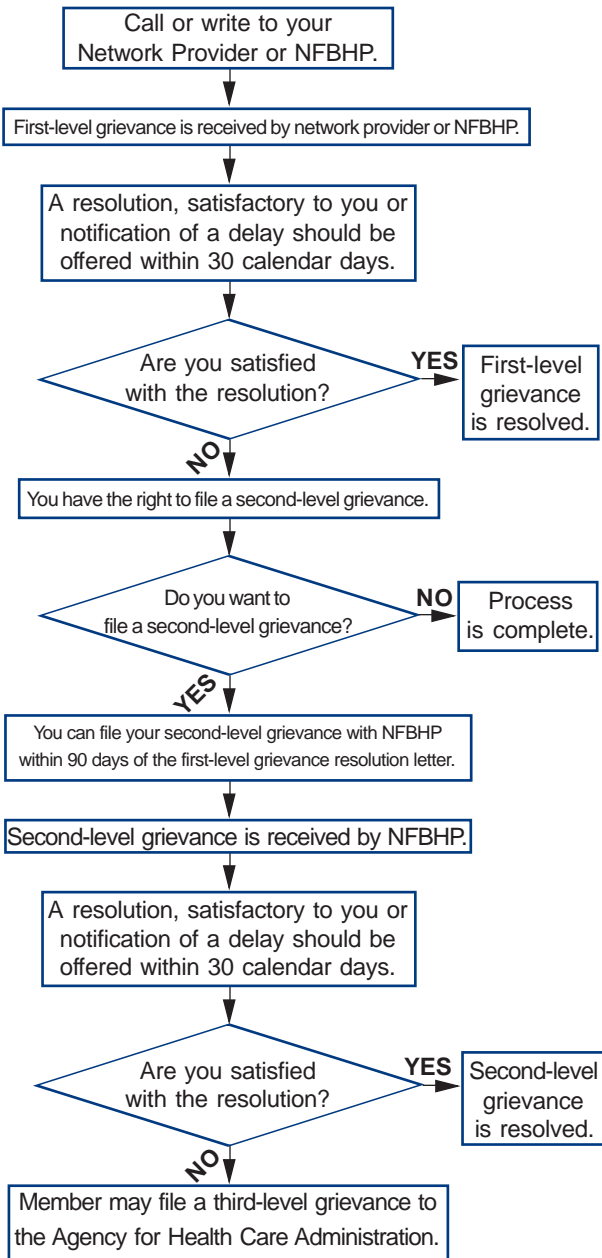
Text Telephone Customers
(TTY ASCII): 1-800-955-1339

Text Telephone Customers
(TTY Baudot): 1-800-955-8771

Appeals

If a decision has been made to deny services, you or your provider can file an appeal. To file an appeal please contact the NFBHP Grievance and Appeals Coordinator at 866-570-0895.

NFBHP Member Grievance Process



NOTE: A member may request a Fair Hearing at any time during this process. It is the right of all members to be able to file a grievance without fear of losing services or benefits, and without fear of being treated badly or differently.

Your Rights

1. You have the right to be treated with respect by your counselor, doctor, and all other staff.
2. You have the right to know about and understand your illness.
3. You have the right to participate in making treatment plans with your direct service provider before treatment begins and during the course of treatment.
4. You have the right to say you do not want treatment to the extent of the law.
5. You have the right to expect that your records and conversations with your provider will be kept private (confidential).
6. You have the right to choose your own direct service provider from your Network Provider. If you wish, NFBHP will choose a provider for you.
7. You have the right to choose a Network Provider that is located closest to where you live.
8. You have the right to get mental health services without a long wait.
9. You have the right to make a first-level grievance regarding your rights or when you are not satisfied with your services. You also have the right to receive an answer about how your first-level grievance is being handled.
10. You have the right to understand how NFBHP and your mental health benefits work.
11. You have the right to know about mental health services covered by NFBHP and medical services covered by MediPass.
12. You have the right to know about living wills and advance directives.

- 13.** You have the right to request your own mental health records in accordance with applicable state laws and regulations.
- 14.** You have the right to request an Advocate to help you understand your rights. For advocacy help, call the Florida Local Advocacy Council Hotline: 1-800-342-0825.
- 15.** You have the right to be treated with respect. A member may ask for and receive any of the rights described in this section without fear of losing services or benefits, and without fear of being treated badly or differently.
- 16.** You have the right to make suggestions regarding NFBHP policies on member rights and responsibilities.
- 17.** You have the right to ask questions and receive answers to them.
- 18.** You have the right to know about support services (including interpreters) that are available.
- 19.** You have the right to know the rules that apply to your behavior and any consequences that may occur as a result of your behavior.
- 20.** You have the right to be given information about other funding or resources available to you.
- 21.** You have the right to receive treatment regardless of race, national origin, religion, physical handicap, or source of payment.
- 22.** You have the right to receive treatment for emergency medical conditions.

Your Responsibilities

1. You have the responsibility to treat your direct service provider with respect.
2. You have the responsibility to fully inform your direct service provider about your mental health problems and ask questions.
3. You have the responsibility to participate in the choice of treatments or medications before they are provided and during the course of treatment.
4. You have the responsibility to consider what may happen if you refuse the treatment your direct service provider recommends.
5. You have the responsibility to help your direct service provider get your previous mental health care records or fill out new ones.
6. You have the responsibility to keep your appointments and be on time, or call your direct service provider when you are going to be late or can't keep the appointment.
7. You have the responsibility to state your grievances, concerns, and opinions in a polite way.
8. You have the responsibility to seek mental health service from a NFBHP direct services provider.
9. You have the responsibility to abide by health care and facility rules regarding your behavior and actions.
10. You have the responsibility to let your provider know if you understand your treatment plan and what is expected of you.
11. You have the responsibility to participate in your treatment plan and work with your provider to develop treatment goals that you both agree to.

Transportation Services

If you are having an emergency or if you can't get to a Network Provider or to an appointment with your mental health provider, we can help you arrange a ride from a Medicaid transportation provider. Call your Network Provider for help, or call Medicaid at 866-570-0895.

For routine outpatient transportation during regular business hours, your local Medicaid Transportation Contact Numbers are:



Alachua

MV Transit: 352-375-2784

Bradford, Dixie, Gilchrist & Lafayette

Suwannee River Economic Council
386-294-2202

Citrus

Citrus County Transit: 352-527-7630

Columbia, Hamilton, Suwannee

Suwannee Valley Transit Authority
386-362-5332

Lake

Lake County Program Analysis and
Contract Management: 352-326-2278

Levy

Nature Coast Transit—Levy County Board
of County Commissioners: 352-486-3485

Marion

Martion Transit Services: 352-620-3071

Putnam

ARC Transit, Inc.: 386-325-9999

Sumter

Sumter County Board of County
Commissioners: 352-568-6683

Union

A & A Transport, Inc.: 386-496-2056

Advance Directives & Living Wills

All adult individuals in health care facilities such as hospitals, nursing homes, hospices, home health agencies, and health maintenance organizations, have certain rights under Florida law.

You have a right to fill out a paper known as an advance directive. The paper says in advance what kind of treatment you want or do not want under special, serious medical conditions. These are conditions that would stop you from telling your doctor how you want to be treated.

What is an Advance Directive?

An advance directive is a written or oral statement which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made. Two forms of advance directives are:

- a Living Will and
- a Health Care Surrogate Designation

An advance directive allows you to state your choices about health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. An advance directive can enable you to make decisions about your future medical treatment.

What is a Living Will?

A living will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living.

Florida law provides a suggested form for a living will. You may use it or some other form. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way so that your wishes will be understood.

What is a Health Care Surrogate Designation?

A health care surrogate designation is a signed, dated and witnessed paper naming another person such as a husband, wife, daughter, son or close friend as your agent to make medical decisions for you, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Florida law provides a suggested form for designation of a health care surrogate. You may use it or some other form. You may wish to name a second person to stand in for you, if your first choice is not available.

Which is Better?

You may wish to have both or combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you should you be unable to make decisions for yourself.

Do I have to write an advance directive under Florida law?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive or designated a health care surrogate, health care decisions may be made for you by a court-appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend in that order. This person would be called a proxy.

What should I do with my advance directive if I choose to have one?

Make sure that someone such as your doctor, lawyer or family member knows that you have an advance directive and where it is located. Consider the following:

- If you have designated a health care surrogate, give a copy of the written designation form or the original to the person.
- Give a copy of your advance directive to your doctor for your medical file.
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your purse or wallet which states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your doctor, lawyer and/or family member has the latest copy.

Can I change my mind after I write a living will or designate a health care surrogate?

Yes, you may change or cancel these documents at any time. Any changes should be written, signed and dated. You can also change an advance directive by oral statement.

What if I have filled out an advance directive in another state and need treatment in a health care facility in Florida?

An advance directive completed in another state, in compliance with the other state's law, can be honored in Florida.

For further information call your Network Provider or call North Florida Behavioral Health Partners at 866-570-0895.

If You Receive a Bill



ou should not have to pay for any services covered by your Medicaid mental health plan. If you get a bill for any of these covered services, you should send it to the Service Center:

Grievance & Appeals Coordinator
**North Florida Behavioral Health
Partners, Inc.**

8906 Brittany Way
Tampa, FL 33619

Conclusion



f you need help understanding this handbook, have any questions about what you have read, or if you have need of special assistance due to a physical limitation or disability in order to access your mental health services, please:


1. Call us at 866-570-0895 for more information
- or*
2. Call or visit your Network Provider.

Telephone services for the hearing impaired are provided through the

Florida Relay Center

Text Telephone Customers
(TTY ASCII): 1-800-955-1339

Text Telephone Customers
(TTY Baudot): 1-800-955-8771

North Florida 
Behavioral Health Partners



NFBHP
Information Line
866-570-0895

8906 Brittany Way
Tampa, FL 33619

Glossary

Agency for Health Care Administration (AHCA): The State Medicaid Agency.

Consumer Affairs: Services that may include peer support, empowerment and self-help group activities.

Direct Service Provider: A counselor, doctor, or other mental health treatment professional.

Grievance: (First Level): A verbal or written statement expressing your unhappiness with a decision or service from NFBHP or your Network Provider.

Grievance: (2nd Level): A verbal or written statement of unhappiness about a first-level grievance that you have already made to us that has not been addressed to your satisfaction.

Grievance: (3rd Level): A formal request, verbal or written to reconsider the previous 2nd-level resolution. This grievance level is referred to the Agency for Health Care Administration.

Grievance & Appeals Coordinator: A representative at the North Florida Behavioral Health Partners, Inc. Service Center who will help you file and resolve a grievance.

Managed Care: A “managed care” program helps you find the right care from the right provider (a counselor, doctor, or hospital), as soon as possible.

Member Services Representative: A representative at the NFBHP Service Center or at your local Network Provider's office who will answer your questions and help you with your mental health care needs.

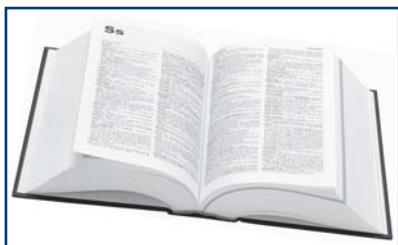
Network Provider: A North Florida Behavioral Health Partners, Inc. mental health treatment center where you can call or walk in and talk with a counselor who will help you get the right kind of care.

NFBHP Information Line: The toll-free number you can call to get mental health care help or information about this plan.

PE&O: Prevention, Education, & Outreach. A program that teaches you to make healthy choices and deal with problems before they become serious.

Primary Care Physician: A MediPass doctor you have selected to provide your medical health services.

Providers: The group of mental health care practitioners and facilities, including doctors, hospitals, therapists, and treatment centers, who have agreed to provide mental health services through the NFBHP program.

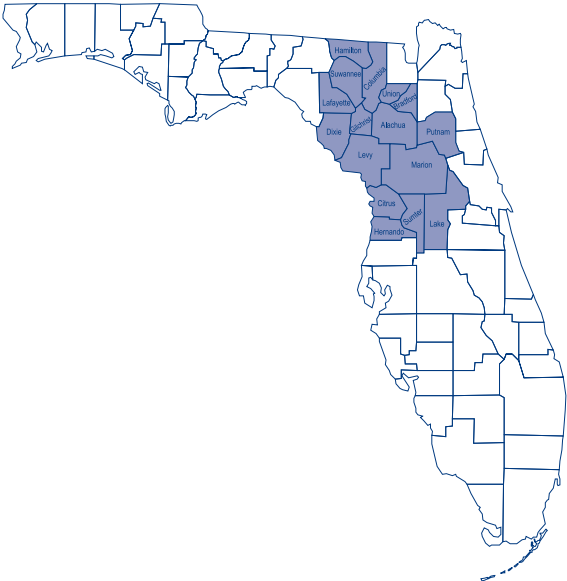


NFBHP Provider Directory

The following pages list the Network Providers who are available for services that you might need. Find your county in the list and look for the Network Provider in your area. Staff at your Network Provider will help you find one or more direct service providers that are appropriate to your needs. You may also request a specific direct service provider. That person will be assigned to you as long as he/she has the appropriate experience for your needs.

You may request to change your direct service provider at any time. However, we encourage you to discuss any dissatisfaction that makes you want to change providers. Ask to speak to the Network Provider Member Services Representative or call the NFBHP Service Center at 866-570-0895 and ask to

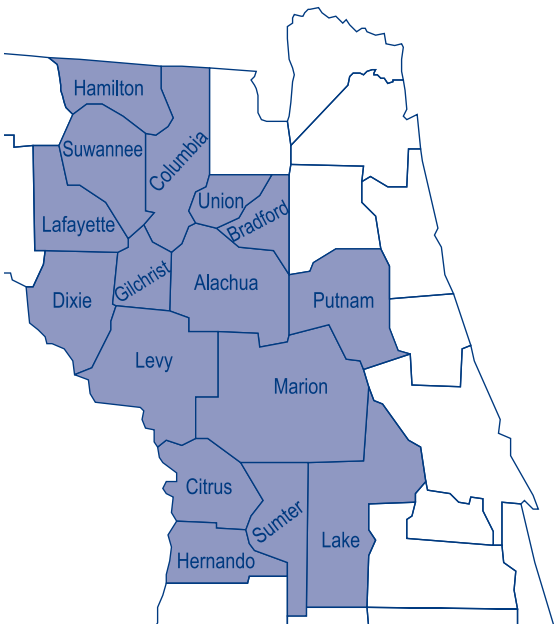
Area 3 - State Map



Speak to the NFBHP Grievance and Appeals Coordinator. We want you to get the services you need and to be satisfied with your direct service providers. The appropriate Network Provider clinical manager will meet with you to discuss why you want to change direct service providers and help you find another direct service provider who is appropriate for your treatment needs.

If you need an interpreter to help you communicate with your direct service staff provider, please contact your Network Provider prior to your appointment at the numbers listed on the following pages.

Area 3 - County Map



Emergency Service Providers and Locations

The Centers

Counties: Citrus & Marion

Adult and Child Crisis Stabilization Unit and Emergency Intake

**5664 Southwest 60th Avenue
Ocala, FL 34474**

Emergency Svcs. Marion: 352-291-5522

24-hour Crisis Line Marion: 352-629-9595

24-hour Crisis Line Citrus: 352-726-7155

The Harbor

County: Hernando

Children's Crisis Stabilization Unit and Emergency Intake for Adults and Children

**7074 Grove Road
Brooksville, FL 34609**

Phone: 352-544-6233

Hernando Receiving Facility

The Harbor

Crisis Stabilization Unit and
Emergency Intake

**8002 King Helie Boulevard
New Port Richey, FL 34653**

Phone: 727-841-4430 or 727-841-4120

The Harbor

**8132 King Helie Boulevard
New Port Richey, FL 34653**

Phone: 727-841-4430 or 727-841-4120

LifeStream Behavioral Center

Counties: Lake & Sumter

Adult and Child Crisis Stabilization Unit and Emergency Intake

LifeStream Behavioral Center

2020 Tally Road

Leesburg, FL 34748

Phone: 352-315-7800

Meridian Behavioral Healthcare

Counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Levy, Lafayette, Putnam, Suwannee & Union

Adult and Child Crisis Stabilization Unit and Emergency Intake

Crisis Stabilization Unit

4300 Southwest 13th Street

Gainesville, FL 32608

Phone: 352-374-5600 or 800-330-5615

Outpatient Service Providers and Locations

Camelot Community Care

Lake & Sumter Counties

Access to Care

Phone: 352-589-0622

Lake County:

**2000 Prevatt Street, Suite A
Eustis, FL 32727**

Sumter County:

**2000 Prevatt Street, Suite A
Eustis, FL 32727**

Marion County

Access to Care

Phone: 352-671-7884

Marion County:

**1601 Northeast 25th Avenue #306
Ocala, FL 34470**

The Centers

Citrus & Marion Counties

Access to Care

Phone: 352-291-5455

Citrus County:

**3238 South Lecanto Highway
Lecanto, FL 34461**

Marion County:

**5664 Southwest 60th Avenue
Ocala, FL 34474**

— or —

**717 SW Martin Luther King Jr. Avenue
Ocala, FL 34474**

The Harbor

Hernando County
Access to Care
Phone: 866-762-1743

Hernando County:
7074 Grove Road
Brooksville, FL 34609

LifeStream Behavioral Center

Lake & Sumter Counties
Access to Care
Phone: 352-315-7500 or 866-355-9394

Lake County:
2020 Tally Road
Eustis, FL 32726
— or —
115 Citrus Avenue
Eustis, FL 32726
— or —
655 West Highway 50
Clermont, FL 34711
— or —
215 North 3rd Street
Leesburg, FL 34748
— or —
404 Webster Street
Leesburg, FL 34748
— or —
314 La Grande Boulevard
Lady Lake, FL 32159
— or —
101 South 11th Street
Leesburg, FL 34748

Sumter County:
119 North Market Street
Bushnell, FL 33513

Meridian Behavioral Healthcare

*Alachua, Bradford, Columbia, Dixie,
Gilchrist, Hamilton, Levy, Lafayette,
Suwannee & Union Counties*

Access to Care

Phone: 352-374-5600

Alachua County:

**4300 Southwest 13th Street
Gainesville, FL 32608**

Bradford County:

**945 Grand Street
Starke, FL 32091**

Columbia County Counseling:

**439 Southwest Michigan Street
Lake City, FL 32025**

Dixie County Counseling:

**836 Veteran's Road
Cross City, FL 32628**

Gilchrist County:

**728 Northeast 7th Street
Trenton, FL 32693**

Hamilton County:

**Virgie Cone
1105 Northwest US Highway 41
Jasper, FL 32052**

Lafayette County:

**Please visit Suwannee, Dixie or
Gilchrist County locations.**

Levy County:

**100 Northeast 90th Street
Bronson, FL 32621**

Suwannee County Counseling:
920 Northwest Noble Ferry Road
Live Oak, FL 32060

Union County:
Driggers Building
395 West Main Street
Lake Butler, FL 32054

Putnam Behavioral

Putnam County
Access to Care
Phone: 386-329-3780

Putnam County:
330 Kay Larkin Drive
Palatka, FL 32177

Additional information available upon request includes the following:


- Licensure and accreditation status of *ValueOptions* and providers;
- Education, board certification of health care professionals

If you have any questions about something you have read in this handbook or you need more information, please call:

NFBHP Information Line

866-570-0895


**8906 Brittany Way
Tampa, FL 33619**

North Florida 
Behavioral Health Partners

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North Florida
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**North Florida Behavioral
Health Partners, Inc.**
Service Center
8906 Brittany Way
Tampa, Florida 33619

***Sponsored by North Florida Behavioral
Health Partners, Inc. and the State of
Florida, Agency for Health Care
Administration***

Si usted necesita una copia de este manual
en Español, por favor llame 866-570-0895.