Welcome to Freedom 1st!

Thank you for choosing Freedom Health or Optimum HealthCare as your health plan. We are proud to have you as a member of our health plan. Freedom Health and Optimum HealthCare are Health Maintenance Organizations. Freedom 1st is our Medicaid Plan. We have a contract with AHCA (Agency for Health Care Administration) in Florida. Please know that your health is important to us. We want to give you the care and services you need to stay healthy. Freedom 1st is a plan that gives you choices. You can choose your primary care provider from our list of doctors in your area.

This handbook lists the services you can receive from the Plan. It tells you how to get the care you need and it was made to help answer your questions. Please read your handbook. Keep it handy!

You should have already received your new Freedom 1st ID card. Your ID card has important information on it to receive care. If you have not received your ID card, please call us at 1-877-655-2424 or TDD/TTY at 1-800-955-8771. If you find a mistake on your ID card, please call us. We will send you a new ID card.

Your ID card has the name of your primary doctor. If you would like to change your doctor, please call our friendly member services specialists that will help you choose your doctor. Make sure to bring your ID card with you to see your doctor, to the hospital, or to the pharmacy.

In addition to the Freedom 1st Medicaid benefits explained in this handbook, you also have Medicare benefits with Freedom Health or Optimum HealthCare as well, which you may review in your Freedom Health or Optimum HealthCare Medicare evidence of coverage. If you have any questions about your benefits, please call us at 1-877-655-2424 or TDD/TTY at 1-800-955-8771.

If your doctor or hospital also accepts Medicaid, the MMA plan may cover out-of-pocket expenses such as Medicare coinsurance, copayments, deductibles and premiums. The MMA plan covers health care services that Medicare may not cover, such as transportation, behavioral health and dentures.

We want to give you the care and services you need to stay healthy! Our network of doctors and benefits will help us to give you quality health care.

Sincerely,

Freedom Health, Inc.
Optimum HealthCare, Inc.
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Important Information
If you need help understanding this book, please call us! Our Member Services team is ready to help! If you do not speak English, we can still help you. Member Services has language services available. This service is free!

They can be reached at 1-877-655-2424. If you are hearing impaired, call our TDD/TTY phone number at 1-800-955-8771. Our Member Services team is available Monday – Friday 8am to 7pm. They will help you get the health care you need.

Additional Resources and Contact Information

Behavioral Health Services
Psychcare
1-888-273-3710

Vision Services
Argus Vision
1-877-655-2424
TDD/TTY: 1-800-955-8771

Dental Services
Argus Dental
1-855-445-9757
TDD/TTY: 1-800-955-8771

Chiro Alliance
1-877-655-2424
TDD/TTY: 1-800-955-8771

Hearing Services
Hear USA / HearX
1-800-333-3389

Aging and Disabilities resource Centers
1-800-963-5337

Area Medicaid Office
These offices can be called for any Medicaid services not covered under the Health Plan.
Area 3a - Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union, Phone (386) 462-6200 or (800) 803-3245
Area 3b - Citrus, Hernando, Lake, Marion, Sumter, Phone (352) 840-5720 or (877) 724-2358
Area 5 - Pasco & Pinellas, Phone (727) 552-1900 or (800) 299-4844
Area 6 - Hardee, Highlands, Hillsborough, Manatee, and Polk, Phone (813) 350-4800 or (800) 226-2316
Area 7 - Brevard, Orange, Osceola, Seminole, Phone (407) 420-2500 or (877) 254-1055
Area 8 - Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Phone (239) 335-1300 or (800) 226-6735
Area 9 - Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Phone (561) 712-4400 or (800) 226-5082
Area 10 - Broward, Phone (954) 958-6500 or (866) 875-9131
Area 11 - Miami-Dade, Monroe, Phone (305) 593-3000 or (800) 953-0555
To contact MMA Choice Counseling, please call the toll-free Help Line: 1-877-711-3662. Monday – Thursday 8 a.m. to 8 p.m. EST and Friday 8a.m. to 7p.m. TDD users ONLY call, 1-866-467-4970.

Claims Submission:
To submit claims, please send to:
Freedom Health, Inc., Medicaid Claims, P.O. Box 152729, Tampa, FL 33684

Enrollment
Freedom 1st Managed Medical Assistance Plan (MMA Plan) is designed specifically for people who have Medicare and who are also entitled to assistance from Medicaid and are diagnosed with a specific chronic disease. This plan is tailored to meet the specific needs of the specialty population.

You are enrolled in Freedom 1st MMA Plan because you get assistance from Medicaid and are enrolled in Medicare Advantage Chronic Special Needs Plan (MA-CSNP) offered by Freedom Health/Optimum Healthcare.

The Freedom 1st MMA Plan will provide additional health care services which are not usually covered under Medicare.

To maintain enrollment in Freedom 1st MMA Plan you must:
1. Continue to be eligible for Medicaid benefits
2. Have both Medicare Part A and Medicare Part B
3. Live in a county where your MA-CSNP and Freedom 1st MMA is authorized to provide services
4. You meet the MA-CSNP eligibility requirements

Upon enrollment you will be asked to complete a release form. This form authorizes Freedom 1st to release medical information to Federal and State governments or agents acting on their behalf. The form also authorizes release of current behavioral health care provider information.

Open Enrollment
Your enrollment in Freedom 1st is dependent upon your primary MA-CSNP enrollment. Therefore, you must follow the Centers for Medicare & Medicaid Services (CMS) guidelines for the Open Enrollment Period, called the Annual Enrollment Period. This is the time when you should review your health and drug coverage and make a decision about your coverage for the upcoming year; based on CMS guidelines you may also be eligible to leave the plan at other times of the year.
Disenrollment

All MA-CSNP members have the opportunity to leave the plan during the Medicare Advantage Annual Enrollment Period and Annual Disenrollment Period. In certain situations, you may also be eligible to leave the plan at other times of the year. However, you must follow the Centers for Medicare & Medicaid Services (CMS) guidelines. For additional information you may contact the following:

- Choice Counseling, toll-free Help Line: 1-877-711-3662 Monday-Thursday 8am to 8pm EST and Friday 8am to 7pm TDD users ONLY call 1-866-467-4970
- Member Services phone number listed on the back of your ID card
- You may also contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

Loss of Medicaid Eligibility

You could lose your Medicaid benefits even if you still qualify for Medicaid. If you move or fail to re-certify on time, you may lose your eligibility. If this happens, Freedom 1st MMA Plan is not responsible for your health care coverage until you become eligible for Medicaid again. If you become eligible for Medicaid again within the first 60 days of the enrollment period, your membership will start again and you will get a letter to welcome you back.

Termination of Benefits

Ending your membership in Freedom 1st MMA Plan may be voluntary (your own choice) or involuntary (not your own choice). There are limited situations where you do not choose to leave, but we are required to end your membership. We must end your membership if any of the following happens:

- Lose Medicaid eligibility
- Let others use your Freedom 1st ID card
- Fail to follow a proposed plan of medical care
- Move to a region where your MA-SNP and your Freedom 1st MMA Plan is not authorized to provide services
- Move out of your MA-SNP service area for more than six months

Enrollment Reinstatements

If you lose your Medicaid Eligibility temporarily, please contact DCF at 1-866-762-2237. If you are re-enrolled in Freedom 1st Medicaid Managed Care more than 60 days after losing your eligibility, we will send you a new member packet. If you lose Medicaid eligibility and regain it within 60 days you will be automatically reenrolled with Freedom 1st MMA Plan.
Membership ID Card

Your membership card has the following information on it:

Front
1. Your name
2. Your identification number
3. Your primary care doctor
4. Your PCP's phone number (so you can call to make an appointment).
5. Effective Date
6. Member Services toll free phone number
7. Pharmacy's toll free phone number

John A Doe
ID #: XXXXXXXX
Medicaid ID #: XXXXXXXX
Primary Care Physician: Jane Doe, MD
Phone: XXX XXX XXXX
Effective Date: XX/XX/200X
Rx Bin #: 610011  PCN #: IRX
Rx Group #: MPDFHM
Pharmacy: 1-888-407-9977
Member Services: 1-877-655-2424

Back
1. Important information about your card
2. Instructions for hospitals and providers
3. AHCA/Medicaid Consumer Hotline

FREEDOM HEALTH, INC.
Member: This card must be presented along with your Gold Card when requesting service. For emergencies go to the nearest E.R.; contact your Primary Care Physician as soon as possible.
Hospital: All emergencies and/or urgently needed services are to be administered immediately and Freedom Health, Inc. is to be notified as soon as possible at 1-877-655-2424.
Pharmacy: Member has Medicare Part D as Primary Coverage. For drug coverage, bill Medicare Part D Plan.
Provider: Send all claims to: Freedom Health Claims Department P.O. Box 152729, Tampa, FL 33684 Call 1-877-655-2424 for Billing Inquiries
This card does not prove membership nor guarantee coverage.
For verification of benefits, please call Member Services.
A.H.C.A. Consumer Compliant Hotline 1-888-419-3456.

Keep your Membership Card with you at all times.
Your Membership Card proves that you are a Freedom 1st member. You should always carry your Membership ID Card with you. You should also carry your Medicaid card with you. Your card is needed for record keeping.

Lost or Stolen Card
If you lose your card or if it is stolen please call Member Services right away. We will mail a new card out to you. Please call Member Services (toll free) at 1-877-655-2424. If you have a hearing problem, please call toll-free TDD/TTY at 1-800-955-8771.
Primary Care Physician (PCP)
You do not need to select another PCP since you already enrolled in the Freedom Health or Optimum HealthCare Advantage Plan.

Medical Records
Freedom 1st wants you to contact your PCP as soon as you join the plan. Your PCP may need to get copies of your prior medical records. Knowing your prior health issues will help your PCP plan for your care.

Personal Health Information
Medical records are personal. They should always stay private. Freedom 1st will keep your information private. Every employee attends a special privacy training class every year. The Plan also meets all Federal HIPAA (Health Insurance Portability & Accountability Act) laws.

HIPAA is a law that protects your information and governs the way the Plan can use your medical records and other healthcare information. The way we use and protect your personal health information (PHI) and records is important to the Plan. Here are some ways we protect your records:

- You sign a release for medical notes. This means you give us approval to get your medical notes when looking at a quality matter or medical care question.
- The Plan has on paper and has put into place rules and ways that keep the privacy of your data file. This type of file can only be given to a person or company that has been given the form that you signed allowing the release. A signed medical release form lets the Plan give medical notes to the Federal and State government.
- Contracts between the Plan and its doctors or other providers include information about the privacy of your records.

The Plan is committed to keeping the privacy of your records and data. If you have any questions about this, please contact the Member Services department.

Physician Incentive Plans
Some physicians may take part in special incentive plans. If you have any questions about incentive plans, please call us. This information is always available to our members upon request.

Update Your Address
If your address has changed, please call Freedom 1st. Member Services will update your records. You must inform the Dept. of Children and Families (DCF) about any changes to your address or phone number. The phone number for DCF is 1-866-762-2237.
How to Get Care

Call your PCP
Please make an appointment to see your PCP as soon as you come on the Plan. It is important for you to see your PCP within the first 60 days. Here are some reasons why you should make an appointment:

- To schedule a health screening
- Check-ups or shots
- To get needed medical care
- Medication refills or questions about medicines
- Referrals to see a specialist
- Needed hospital care or emergency care
- X-rays or blood tests
- You think you are pregnant

Direct Access Services
Your PCP will need to refer you to another doctor for some services. But, you will not need a referral for some services. You can see a participating doctor without a referral (there may be a limit on the number of visits) for the following services:

- Chiropractor
- Dermatologist
- Podiatrist or
- Obstetrician/Gynecologist

Please call us if you have questions.

Second Medical Opinion
You may want to get advice from another doctor. You have the right to get a second medical opinion. To get a second opinion you need to call your PCP. If you see a doctor that is not in our network, you may be responsible for the charges.

Appointments
When you call your doctor’s office for an appointment, they will ask you for your name. They will also ask you for your ID number. Your ID number is on your Membership ID Card. Please take your Membership ID Card with you to your appointment. It is always a good idea to keep your Medicaid ID Card with you.
After Hours

Your PCP has to make sure that you get medical care, even when the office is closed. This is called “after-hours coverage”. When you call for help after hours, you may reach an answering service or your call could be forwarded to another physician.

Cancellations

There may be times when you cannot go to the doctor for your appointment. Please call the doctor’s office right away to let them know you cannot come. It is best to call at least 24 hours in advance.

Referrals

Always stay in touch with your PCP. If you need to see another doctor, your PCP or behavioral health professional will help you. They will get approval, and they will help you make an appointment. They might send you to another doctor (a specialist) or they could send you to the hospital. They can also send you out for lab work or x-rays (ancillary care).

Provider Directory

For a copy of the provider directory, please call Member Services. The provider directory is also available on Freedom 1st website: www.FreedomHealth.com.

REFFERAL OR AUTHORIZATION

What is a Referral or Authorization?

A referral means you need your doctor’s approval to get services. Referrals may be written or by phone.
Your PCP will take care of any referrals you need. We want you to go get the care you need.

Some things that can happen are:

- **Prior authorization**: also called an approval. This means your PCP calls the Plan first. Then you can go to a Specialist or hospital.
- **Case Management**: this is when a trained clinical person works with you to teach you how to take care of your disease or illness; and works with your PCP to make sure you get the care you need. Case managers help to make it easier to get the care you need.

Use of Out-of-Plan Providers

As a member of Freedom 1st, you must get care from in-plan providers unless:

- The plan needs to make arrangements for you to get care from out of plan provider and authorizes that care.
• You are pregnant and already receiving care from an out of plan OB doctor. The Health Plan will authorize and cover your care until the delivery.
• You were seen in the hospital by an out of plan specialist and need follow-up care after going home. The Plan will cover your care with that doctor until your care is finished.

If you make your own appointment and see an out of plan doctor without authorization from Freedom 1st, the Plan will not be responsible for paying the cost of that care.

Services Provided

Obtaining Services
Since you are a Freedom 1st member, many services are free. Your PCP will help you with all your health care needs. Your PCP will help you with authorizations and referrals. Please make sure that you contact your PCP before you go to see a specialist. Here is a list of covered services:

• Advanced Registered Nurse Practitioner
• Ambulatory Surgical Center Services
• Assistive Care Services
• Behavioral Health Services
• Birth Center and Licensed Midwife Center
• Clinic Services
• Chiropractic Services
• Dental Services
• Immunizations
• Emergency Services
• Emergency Behavioral Health Services
• Family Planning Services and Supplies
• Healthy Start Services
• Hearing Services
• Home Health Services and Nursing Care
• Hospice Services
• Hospital Services
• Laboratory and Imaging Services
• Medical Supplies, Equipment, Prostheses and Orthoses
• Optometric and Vision Services
• Physician Assistant Services
• Physician Services
• Podiatric Services
• Prescribed Drug Services
• Renal Dialysis Services
• Therapy Services
• Transportation Services
Case Management Programs

As a Freedom 1st member, case and disease management services are available to you. Case and disease management staff includes care coordinators, nurses and social workers who may help you with medical and social needs. Some of the needs with which they can help you may include:

- Cancer
- Heart Health
- Diabetes
- Lung Diseases
- Having a baby
- Housing or food needs
- Educational and Care Coordination needs
- Other Health Issues

A nurse or social worker can work with you for a short or a long period of time. The Nurse or Social Worker will work with your doctor(s) to help with your needs. A Social Worker may also help you with community resources if you have financial needs. They can also send you helpful information. You can decide if you want the help when the time comes. You can change your mind at any time. To get in touch with a staff member, call 888-211-9913 between the hours of 8:00 am and 5:00 pm Monday – Friday.

Preventive Services

Preventive care is important. Regular check-ups can help find health problems before they get worse. Learn what you can do to stay healthy. Ask your doctor about health questions you have. Here are some examples of preventive health care services for adults:

Women:

- Breast Cancer Screening
- Cervical Cancer Screening (pap test)
- High Blood Pressure Screening
- Lipid Disorder Screening
- Obesity Screening and Counseling
- Osteoporosis Screening (for women aged 65 or older)
- Colorectal Cancer Screening (for women aged 50-75)
- Diabetes Screening

Men:

- High Blood Pressure Screening
- Prostate Cancer Screening
- Lipid Disorder Screening
- Obesity Screening and Counseling
- Colorectal Cancer Screening (for men aged 50-75)
- Diabetes Screening
If you have a health problem, it is best to know about it early. Finding health problems early will greatly reduce your risk of complications. Please talk to your PCP about preventive health care exams. Ask your PCP if it is time for your preventive screenings.

For more information on preventive services and guidelines, visit Freedom 1st's website: www.freedomhealth.com -> About Us -> Quality and Utilization Management -> Quality Management

**Family Planning**

Family planning services are available. Family planning services include:
- Planning and Referral
- Diagnostic Tests
- Education and counseling
- Initial Examination
- Laboratory Studies
- Contraceptives
- Follow-up care (to plan space between births)
- Sterilization (if medically necessary)

You do not need an authorization for family planning services, as long as you see a Medicaid family planning practitioner.

**Obstetrical Care**

Freedom 1st wants to help you get the best medical care if you have a baby while on our health plan. Call the Member Services Dept. at 1-877-655-2424 when you know that you are pregnant. If you are speech or hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771. We have an OB case manager who can work with you to help you get prenatal care. You must also call your Dept. of Children and Families caseworker to let them know you are pregnant.

**Maternity Care**

Maternity services are available. We can help you choose a participating OB (obstetrical) doctor or you may choose a certified midwife. Maternity services include:
- Care before your child is born (prenatal care)
- Advice about nutrition
- The birth of your child
- Care after your child is born (postpartum care)
- Counseling and testing (This includes blood tests. The tests look for diseases that could cause problems for the mother and baby)
If you are pregnant and are under the care of an OB doctor, please do call Freedom 1st’s Case Management Dept. to let them know you are pregnant and receiving care. If your OB doctor is not part of Freedom 1st’s network, we will continue your care under your doctor.

**Dental Services**
The following services will be provided by any Medicaid dentist:
- Diagnostic examinations
- Radiographs necessary to make a diagnosis
- Preventive services Restorations
- Endodontics/Periodontic treatment
- Dentures, complete and partial
- Oral and maxillofacial surgery and orthodontic treatment

Your dentist must be a Medicaid dentist. For help finding a Medicaid dentist in your area, please call your Area Medicaid Office. (These offices can be called for any Medicaid Services not covered under the Health Plan – Please refer to page 4 for a list of Area Medicaid Offices.

Adult dental services include:
- Oral exams 1 visit every 181 days
- X-rays as needed
- Cleanings – 1 every six months
- Fluoride treatment – 1 every six months
- Fillings: 1 surface / 2 surface filling – as needed
- Fillings: 3 surface fillings – 1 per year
- Panoramic X-Rays – Once every 3 years
- Simple Extractions – up to 4 per year
- Dentures, complete and partial
- Full mouth debridement – 1 every 2 years

Please call Argus Dental at 1-855-445-9757 for assistance. If you need TTY assistance please call 1-800-955-8771.

**Vision Care**
Vision care services are available. Vision care includes:
- Regular eye exams by a certified optometrist (eye doctor).
- Unlimited eye exams a year to get glasses.
- 2 pairs of glasses, without medical necessity a year
- You may also be eligible to receive additional glasses annually
- Polycarbonate lenses may be covered instead of plastic if medically necessary. Prior authorization required.

Please call Member Services for information at 1-877-655-2424. You do not need a referral for regular eye exams.
Hearing Care
You can get help with any hearing problems. Care includes:
- Exams to diagnose a hearing problem
- 1 hearing aid is supplied every year as medically necessary
- Hearing evaluations (for hearing aids)
- You may also be eligible to upgrade to a digital canal hearing aid (up to $500 limit)

Over-The-Counter Medicines and Supplies
- Full size Over-the-Counter items like aspirin, cough medicine, at no cost to you
- $25 value of items each month delivered directly to your home, at no cost to you
- Over-the-Counter items mailed to you each month when you call 1-877-655-2424

Home Health Care
Sometimes members need special help at home. Home health care can include:
- Part-time nursing services from an RN or LPN (services must be medically necessary)
- 4 Home Health visits per day as medically necessary

All services must be ordered by the PCP. Services can include approved medical supplies. Services can also include durable medical equipment (DME) for home-use.

Meals
- 10 Free Meals, post hospital discharge.

Durable Medical Equipment (DME)
Durable medical equipment (DME) is special equipment needed to treat you. (An example would be a walker). DME must be ordered by your PCP. Freedom 1st has the right to authorize all DME equipment.

Lab and X-Ray Services
Your PCP can order lab work and x-ray services. These services must be done at a facility that is part of the Freedom 1st network.

Inpatient Hospital Services
Inpatient hospital services must be approved by Freedom 1st. These services include:
- Room and board
- Nursing care.
- Medical supplies
- Diagnostic and therapy services
For all pregnant enrollees, Freedom 1st provides 365 days of health-related inpatient care, including behavioral health, for each fiscal year. For all non-pregnant adults, Freedom 1st provides up to 45 days of inpatient hospital services, including behavioral health. Freedom will provide for the first 45 days, and Medicaid will cover the remaining days of the inpatient stay.

Outpatient Services
Outpatient services are available. They include all diagnostic and therapeutic services. Services must be ordered and provided by a participating health professional, and they must be provided at a participating hospital.

Behavioral Health Services
Freedom 1st provides a variety of behavioral health services. Services include:

- Inpatient hospital care for psychiatric conditions
- Outpatient hospital care for psychiatric conditions
- Drug and/or alcohol treatment
- Psychiatric physician services
- Community mental health services
- Mental Health Case Management
- Substance abuse and/or alcohol treatment

Behavioral health services are provided by Psychcare. You will find contact information in this handbook. Psychcare will assign you to a behavioral health care provider. Assignment is based on:

- Your choice
- Feasibility
- The Providers qualifications
- Location of the provider’s office (how close the office is to your home)

Psychcare can arrange for outpatient services, or they can arrange for inpatient hospital stays. If you decide that you would like to see another provider, Psychcare can help you make that change. You can reach Psychcare 24 hours a day, seven days a week. They can be reached at 1-888-273-3710. You do not need a referral from your PCP to obtain behavioral health care. You can select an alternative behavioral health care coordinator or direct service behavioral health care provider within the plan, if one is available. You can receive services at:

- A hospital
- An outpatient clinic
- An office.
- At home or at school
You can receive services individually, in a group, or with family members. Targeted case management and community health services are also available. Your care will be provided by licensed mental health professionals, psychologists, psychiatrists, and specially trained nurses.

You can receive the following behavioral health services from Psychcare:
1. Planning and review
2. Evaluation and testing services
3. Counseling
4. Therapy and treatment services provided by a psychiatrist
5. Therapy and treatment services provided by a behavioral health care provider
6. Rehabilitation services
7. Day-treatment services

When to contact your behavioral health provider:
If you are having some, or all of the following feelings, please contact Psychcare right away:
1. Feeling sad and hopeless
2. Loss of interest in things you used to like.
3. Feeling guilty or worthless
4. Thoughts of suicide
5. Anxious
6. Trouble sleeping
7. Poor appetite or weight loss.

You should be able to see a behavioral health provider for:
- Urgent Care – within 23 hours
- Routine Patient Care – within one (1) week
- Well Care Visit – within one (1) month

Behavioral Health - Non-Covered Services
The following services are not covered by Freedom 1st, unless they are medically necessary:
1. Therapeutic group care services
2. Behavioral health overlay services
3. Community substance abuse services (there are some exceptions)
4. Residential care
5. Sub-acute inpatient psychiatric program services (SIPP)
6. Clubhouse services
7. Comprehensive behavioral assessments
8. Florida Assertive Community Treatment Services (FACT)

If you need any of the above services, please contact Psychcare. They will help to identify appropriate methods of assessment and referral. Psychcare is responsible for transitioning your care. They will refer you to an appropriate service provider.
Behavioral Health - Inpatient Hospital Services
Psychcare is responsible for coordinating all inpatient behavioral health care. Psychcare can be contacted at 1-888-273-3710. Your behavioral health care provider will set up all hospital services for your inpatient behavioral health care.

Behavioral Health - Outpatient Hospital Services
Psychcare is responsible for coordinating all outpatient behavioral health services. Psychcare can be contacted at 1-888-273-3710. Outpatient services can be provided by a licensed behavioral health group, a community health center, or a private behavioral health provider.

Behavioral Health - Emergency Services
Emergency behavioral health care services are coordinated by Psychcare 24 hours a day, 7 days a week. An acute crisis, resulting from a mental illness, can include any of the following symptoms:

- Likely danger to self and others
- Presents threat of substantial harm to his or her wellbeing
- So much functional harm that the person is not able to carry out actions of daily life
- Functional harm that will likely cause death or serious harm to himself or others

Members experiencing any of the above behavioral health symptoms, should proceed to the nearest Emergency Room or Mental Health facility. For assistance locating an emergency mental facility, call Psychcare at 1-888-273-3710. They will help you coordinate all care and services.

Emergency Services
A medical emergency is a sudden, severe and unexpected onset of illness or injury that would endanger the person’s life or health if immediate medical or surgical care were not received. Examples of emergency service include:

- Heart attack.
- Stroke
- Difficulty breathing
- Poisoning
- Broken bones.
- Excessive bleeding
- Cuts that need stitches.
- Unconsciousness
- Emergency mental health services for members having an acute crisis (resulting from a mental illness)
If you need emergency care, go to nearest licensed emergency facility. **You do not need an authorization from Freedom 1st to go to an emergency facility.** You have a right to use any hospital or other setting for emergency care. Emergency service includes a medical exam by an ER doctor. The ER doctor will decide if the condition is a medical emergency, and will also decide what type of care or treatment is needed. If you are not sure that the situation is really an emergency, call your PCP. Examples of conditions that are NOT emergencies are earaches, colds and sore throats. It is also important that you let your PCP know that you were treated for an emergency. All follow-up care must be provided or arranged by your PCP.

**Emergency Care Outside of the Service Area**

If you are out of town, or out of the state, you should still get the emergency medical care you need. Go to the nearest emergency facility. Please show them your Freedom Membership ID Card.

Make sure you contact your PCP as soon as possible. Your PCP needs to know that you received emergency care out of the service area. Your PCP is still responsible for setting up your follow-up care. If you are admitted to the hospital, make sure that the hospital contacts Freedom 1st at 1-877-655-2424. It is important that Freedom is notified as soon as possible (no later than 48 hours after your admission).

**Non-Emergency Care Outside of the Service Area**

If you need non-emergency medical services while you are out of town, or out of the state, you must get in touch with your PCP before you get these services. All out of service area non-emergency care must be approved. Payment will not be made for unapproved services. Freedom 1st is not responsible for non-emergency behavioral health care services you get from an out-of-network provider. Freedom 1st must approve all non-emergency behavioral health services.

**Prescription Drug Services**

Medicaid approved prescription drugs will be supplied to you at no cost. All prescription drugs must be ordered by one of Freedom 1st’s participating doctors. All prescriptions should be filled by a participating pharmacy. Please contact Member Services if you have any questions about selecting a pharmacy.

**Transportation Services**

Transportation is an important factor for access to health care services. Below is a list of things that you should be familiar with regarding transportation services. If you have any questions about transportation services, our Member Services agents will be happy to assist you.
Emergency Transportation Services
Freedom 1st covers emergency ambulance ground transportation to the nearest hospital for emergency care. Ambulance transportation from a healthcare facility to another healthcare facility is covered only when it is medically necessary. It also must be arranged and approved by a Freedom 1st network provider. If you have a medical emergency, please go to an emergency facility or call 911 immediately.

Non-Emergency Transportation Services
Non-Emergency Medical Transportation can be used when you do not have a way to get to your healthcare appointment without charge. If you need transportation for a planned medical visit, you can schedule a free ride with the TMS. You can contact TMS at 1-888-994-1545. You should call at least 72 hours before transportation is needed.

Post-Stabilization Services
Post-stabilization services are covered services you receive after being stabilized from an emergency medical situation. Post-stabilization services are designed to keep you in a stable condition. You DO NOT need prior authorization for post-stabilization services.

New Technology
We are always looking for ways to take better care of our members. We do this by reviewing new technology, which could be for medical procedures, drugs, or devices. Our clinical staff researches this new technology. Doctors may also review new technology. Doctors can let us know if they think the technology could be added as a new benefit. If approved, the new technology is added as a covered service. To be considered, the new technology must meet strict rules. For more information on new technology, call our Member Services Dept.

Quality Management Program
Freedom 1st’s Quality Management (QM) Program monitors the quality of care you receive. The QM Program also evaluates the services you use. The goal of the QM Program is to provide the best quality care and services to our members.

Call Member Services to request a paper copy of our QM Program. Call Member Services if you want any other information on our programs. Visit our website for more information on the QM Program:
Quality Performance

Each year, we evaluate the Quality Management program. This shows us the progress we have made toward meeting our goals. If you would like more information on Freedom 1st's quality performance, please visit the website:
http://www.floridahealthfinder.gov/

If you would like to obtain information on how Freedom 1st ranks on performance measures in specific areas of service, please visit the website:
http://www.floridahealthfinder.gov/

You can also request Freedom 1st's member satisfaction data by calling the Member Services Dept. at 1-877-655-2424. If you are speech or hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771.

Healthy Behaviors Programs

Freedom 1st offers special programs to help and reward you for healthy behaviors. The programs include:

- Smoking cessation program (how to stop smoking)
- Weight loss program
- Alcohol and substance abuse recovery program.

If you would like to know more about these programs, please contact the Member Services Dept. at 1-877-655-2424. If you are speech or hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771.

Quality Enhancements

Freedom 1st offers special programs to help keep you healthy. These programs include:

- Domestic Violence Prevention
- Pregnancy Prevention
- Prenatal/Postpartum Pregnancy Programs
- Behavioral Health Programs

If you would like to know more about these programs, please contact the Member Services Dept. at 1-877-655-2424. If you are speech or hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771.
Getting Other Help
To report abuse, neglect, or exploitation, please call toll-free 1-800-962-2873. The Abuse Hotline investigates allegations of physical, sexual and mental abuse, neglect, and exploitation of vulnerable persons.
If you or someone you know is a victim of domestic violence, please call the Florida Domestic Violence Hotline at 1-800-500-1119. You may reach someone at the hotline 24 hours a day, 7 days a week.

Complaint, Grievance and Appeals Process

Member Satisfaction
We hope you will always be happy with us and our providers. If you are not happy, please let us know. Freedom 1st has steps for handling any problems you may have. Freedom 1st offers all of our members the following ways to get member satisfaction:

- Complaint
- Appeal
- Internal Grievance Process
- Internal Appeal Process
- Access to State Fair Hearing

Concerns, Suggestions, and Complaints
If you have a question or concern about your coverage or wish to suggest ways to improve services, please call our Member Services Dept. at 1-877-655-2424. If you are speech or hearing impaired, call our toll-free TDD/TTY at 1-800-955-8771. A Freedom 1st representative will help to answer your questions. If you wish to make a complaint, a Member Services representative will fill out a Complaint Log that records the details of your problem.

Freedom 1st will do everything possible to solve complaints. Our Member Services staff is here to help you! As a member of the Plan, you have the right to file a grievance or appeal if you are not happy with the result and feel your complaint has not been resolved.

A grievance is used when you are unhappy with any services you are receiving. For example, you did not like the way a doctor treated you.
An appeal is used when a service you requested has been denied, limited or not performed timely. It is a request to have a service or authorization decision reviewed.
Grievance Process
If you have a problem with a provider; your care or Freedom 1st; you have a right to file a grievance with the Plan. You can file a grievance for many reasons. Here are a few examples:

- A doctor was rude to you.
- You are unhappy with the quality of care you received
- You had to wait too long to see your doctor.
- You are not able to get information from the Plan.

If you wish to file a formal grievance with Freedom 1st, you can do so in writing or by calling our Member Services Dept. at 1-877-655-2424. A member services representative will be able to help you with the filing process. Member Services representatives are available from 8am-7pm, Monday-Friday. Any grievance must be filed within 365 days (1 year) of the event that started the grievance. The letter or call should include the following information:

- Your name
- Your member ID number.
- Your address.
- Your telephone number
- A description of the grievance.
- Any actions you took to fix the issue (like dates of phone calls to the Plan)
- If writing to us, please include your signature and date in the letter.

Please send your signed and dated grievance letter to:
Appeals & Grievance Department
Freedom Health, Inc.
P.O Box 152727
Tampa, Florida 33684
Fax: 813-506-6235

A grievance coordinator will send you a letter within 5 business days. The letter will let you know that we received your grievance.

Grievance Resolution
The grievance process can take up to 90 days. We might need more time if we need more information and it is in your best interest. We can take up to 14 more days. We will let you know in writing if we need more time. The letter will let you know when we will make a decision. The letter will also explain what to do if you do not agree with the extra time.
We will send you a letter telling you the outcome of your grievance. If you do not agree, you have the right to ask for a Medicaid Fair Hearing. You have 90 calendar days after the decision to ask for a hearing.

Department of Children and Families
Office of Appeal Hearings
Building 5, Room 255
1317 Winewood Boulevard
Tallahassee, FL 3299-0700
(850) 488-1429
(850) 487-0662 (fax)
Appeal_Hearings@dcf.state.fl.us (email)

Appeals Process
If the Plan denied a service and you think it should be covered; you can file an appeal. If the Plan reduces services you have been getting, you can file an appeal. You can also file an appeal if you think the Plan is stopping services too soon. An appeal is a request for the Plan to review its action.

An appeal must be filed within 30 days of the Plan's action or decision. If you wish to file an appeal with Freedom 1st, you can do so in writing and by calling our Member Services Dept. at 1-877-655-2424. A member services representative will be able to help you with the filing process. If you call the Plan to file an appeal, you must also send a written request with your signature within 10 calendar days of your oral request.

The letter should include the following information:
- Your name
- Your member ID number
- Your address
- Your telephone number
- A description of the appeal
- Any actions you took to fix the issue (like dates of phone calls to the Plan).
- If writing to us, please include your signature and date in the letter.

Please send your signed and dated appeals letter to:
Appeals & Grievance Department
Freedom Health, Inc.
P.O Box 152727
Tampa, Florida 33684
Fax: 813-506-6235

An appeals coordinator will send you a letter within 5 business days. The letter will let you know that we received your appeal.
Expedited (Fast) Appeal
You can ask for an expedited (fast) appeal. We will give you a fast appeal if your doctor tells us that waiting will risk your life or health. A decision will be made and given to you (or your PCP) within 72 hours. If the expedited request is not approved, Freedom 1st will respond to your appeal within the normal timeframe.

Appeals Resolution
The appeals process can take up to 45 days. We might need more time if we need more information and it is in your best interest. We can take up to 14 more days. We will let you know in writing if we need more time. The letter will let you know when we will make a decision. The letter will also explain what to do if you do not agree with the extra time.

We will send you a letter telling you the outcome of your appeal. If you do not agree, you have the right to ask for a Medicaid Fair Hearing. You have 90 calendar days after the decision to ask for a hearing.

Department of Children and Families
Office of Appeal Hearings.
Building 5, Room 255
1317 Winewood Blvd.
Tallahassee, FL 32399-0700
Telephone: (850) 488-1429
Fax: (850) 487-0662
Email: Appeal_Hearings@dcf.state.us
Website: http://www.myfamilies.com/about-us/office-inspector-general/investigation-reports/appeal-hearings

If you ask for a Medicaid Fair Hearing, you give up your right to have a review by the Beneficiary Assistance Program (BAP). You can ask for a hearing from the Beneficiary Assistance Program. You have 365 days (1 year) from the date of the final decision from Freedom 1st to ask for a BAP hearing. You can ask for a hearing by contacting the Beneficiary Assistance Program.

Agency for Health Care Administration
Beneficiary Assistance Program
Building 3, MS #26
2727 Mahan Drive
Tallahassee, FL 32308
Telephone: (850) 412-4502
Toll-Free: (888) 419-3456

The BAP will not accept an appeal if you asked for a Medicaid Fair Hearing.
Continuation of Benefits
You may be able to still receive benefits during an appeal or hearing. If you lose the appeal or hearing, you may have to pay for the cost of services given to you.

To continue your benefits:
- The appeal must involve the ending or reduction of a previously authorized service
- The authorization must not have expired and
- The services must be ordered by an authorized provider

If you would like to receive your benefits during the appeals process you must file an appeal with the Plan:
- Within 10 days after the notice is mailed, or
- Within 10 business days after the intended effective date of the action, whichever is later.

We will continue your benefits until one of the following happens:
- You withdraw the appeal; or
- After 10 days from receiving this notice, you have not asked for a Medicaid Fair Hearing with continued benefits; or
- The Medicaid Fair Hearing office denies your appeal request; or
- The authorization has expired or the authorized days or visits are met.

Fraud and Abuse
Freedom 1st is serious about finding and reporting fraud and abuse. Our staff is available to talk to you about this.

What is health care fraud and abuse? It’s when a person gives false information to get medical services or items. It can also happen when doctors do not follow good medical practices. It can result in unnecessary costs to the health care system, improper payments, or services that are not medically necessary.

Here are some examples of possible fraud and abuse:
- A doctor bills for a service that you have not received
- A pharmacy bills for drugs or items that you have not received
- Someone uses your identification to get medical services or items
- Changing information on a prescription
- A doctor orders tests or gives you a prescription for a drug that you do not need
If you suspect fraud or abuse, please contact us. There are several ways you can report:

- **Compliance Hotline**: 1-888-548-0094
  This is a private line. You can leave a message without leaving your name. If you leave your name and phone number, we will call you back. We will do this to make sure we have all the information.
- **Compliance Email**: ComplianceReporting@freedomh.com
- **Compliance Fax**: 1-888-548-0092
- **Mail**:
  Freedom Health, Inc.
  Attn: Compliance Department
  P.O. Box 152137
  Tampa, FL 33684

Your information will be confidential. Reporting fraud and abuse will not affect the medical services you receive or your membership with us.

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at: 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 health care 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 (Section 409.9203, Florida Statutes). You can talk to the Attorney General's Office about keeping your identity confidential and protected.

Here are some tips to help prevent fraud:

- Never give your Medicaid number or identification card to anyone unless it is your doctor, clinic, hospital or pharmacy where you are receiving care
- Do not let anyone borrow or pay to use your Medicaid number or your identity
- Be careful of anyone who offers you free medical services or items and then requests your Medicaid number. If it's free, they do not need your number.
- Be careful about giving out your social security number
Advance Directives
Under Florida law, every adult has the right to make decisions about medical treatment. This law makes sure that your rights and personal wishes are to be respected; even if you are too sick to make decisions yourself. These decisions can include the right to withhold medical or surgical treatment that may prolong your life. In the event of a serious illness or condition, you have the right to choose whether to accept or refuse medical or surgical treatment. You have the right to formulate advance directives.

An advance directive is your spoken or written wishes about your future medical care; in case you are too sick to speak or write. There are three common types of advance directives: a living will, a health care surrogate, and an anatomical donation.

A Living Will lets your doctor and family know what kind of medical care you want (or would not want); if you are seriously ill and cannot make your own choices. A Living Will is your set of personal instructions about your medical care and how you would like to be treated medically.

A Health Care Surrogate will act on your behalf and make health care decisions for you; should you become unable to choose medical treatment for yourself. Your health care surrogate should be someone you trust to make choices about your health care.

An Anatomical Donation means donating all or part of your body in the event of death. You can become an organ or tissue donor. You can also donate your body to research.

The Living Will and Designation of Health Care Surrogate forms are available at the end of this handbook. Here are some other important pointers about advance directives:

a) If you have any complaints about non-compliance of the Health Plan with advance directive laws and regulations, you may file complaints with the state's complaint hotline 1-888-419-3456

b) You can get information about your rights to decide about your medical care. You can get this information from your doctors. Freedom has more information about advance directives on this website:

https://www.freedomhealth.com/advance_directives

c) Our network providers are not required to give treatment that conflicts with your advance directives.

d) All of your medical and case records must contain documentation that you were provided written information concerning your rights to file an advance directive. Your records must also include whether or not you have executed an advance directive.
e) You are not required to execute an advance directive. No one can force you to do so.

f) You will not be discriminated against if you do or do not file an advance directive.

g) Remember, this is a legal document. It is suggested that you fill these forms out with the guidance of an attorney. There should be at least two witnesses present when you fill these forms out.

h) Make sure your Health Care Surrogate is aware of and willing to accept this responsibility.

i) Keep a copy of your advance directives in a safe place and let trusted family members know this location in the event of an emergency. Give copies to the appropriate people.

j) Make sure to tell your doctors if you file an advance directive.

k) Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.

l) Keep your advance directives up to date. Give your doctor, attorney, and the significant persons in your life the latest copy.
Member Rights and Responsibilities
You have rights and responsibilities as a member of Freedom 1st Medicaid. Florida law requires doctors to enforce your rights. This law also explains how you should behave while you get health care. You may ask for a copy of this law. You can ask your doctor or health care facility. A summary of your rights and responsibilities follows:

Your Rights – As a member of Freedom 1st:

- You have the right to be treated with respect and dignity. You have the right to protection of your privacy.
- You have the right to get information about Freedom 1st. You have the right to get information about our providers and services.
- You have the right to ask about your rights and responsibilities. You also have a right to tell us your ideas about the member rights and responsibilities.
- You have the right to a quick and sound response to your questions. You have the right to a quick and sound response to your requests.
- You have the right to know who is giving you care. You have the right to know who is responsible for your care. You have the right to know what support services you can get. You have the right to ask if an interpreter is available if you do not speak English.
- You have the right to know what rules apply to you.
- You have the right to know all about your care. You have the right to know about your diagnosis. You have the right to know about your treatment. You have the right to know about any alternatives. You have a right to know about any risks.
- You have the right to help make decisions about your health care.
- You have a right to know about all of your treatment options. The cost of treatment should not affect your options. Your benefit coverage should not affect your options.
- You have the right to treatment for any emergency. You have the right to any treatment that is in your best interest. Your personal beliefs, race, age, or gender should not affect your treatment. Your payment method should not affect your treatment.
- You have the right to refuse treatment.
- You have the right to know if your treatment is being done for research. You have the right to agree or disagree to such research.
- You have the right to be free from any force to make a decision. You have the right to be free from needless restraint or seclusion. These acts may not be used as a form of discipline. These acts may not be used as a form of convenience or retaliation.
- You have the right to complain if any of your rights was denied. You can complain to your doctor or the facility that treated you. You can also complain to the state licensing agency.
- You have a right to appeal a decision by Freedom 1st. You also have a right to complain about any care you were provided. You have the right to complain about Freedom 1st.
You have the right to request full information about the payment for your care. You have the right to be given full information about payment for your care. You have the right to receive counseling about payment for your care.

- You have the right to know if your doctor accepts payment from Medicaid.
- You have the right to know about charges for medical care. You have the right to get a copy of your bill of charges. You have the right to have the bill explained to you.
- You have the right to your medical records. You have the right to ask to change or correct your medical records.

Your Responsibilities – As a member of Freedom 1st:

- You should tell your doctor everything about your health. You should let your doctor know about all past illnesses. You should also let your doctor know about any hospital stays or medicines you take. You should give your doctor the information needed to provide your health care.
- You should let your doctor know if anything unexpected happens with your health.
- You should help your doctor make your treatment goals. Make sure you agree with the treatment plan.
- You should let your doctor know if you do not understand your health problems or your treatment plan. You should also let your doctor know if you do not know what is expected of you.
- You should follow the treatment plan suggested by your doctor.
- You must be on time for your appointments. Let the doctor know well in advance if you cannot be on time.
- You need to explain your reasons if you do not follow the doctor’s treatment.
- You must make sure payment for your treatment is made as soon as possible.
- You must follow your doctor’s rules and the rules of the health care facility.
- You must tell Freedom 1st if you think someone else has used your ID card.
- You must tell Freedom 1st if you think a member or doctor broke the rules.

We hope this member handbook has answered your questions about your Medicaid Benefits. For more information, call Member Services at 1-877-655-2424 or TDD/TTY at 1-800-955-8771.
Living Will

Declaration made this _______ day of __________ , 2___ , I, _______________________, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

_____ (initial) I have a terminal condition,
or _____ (initial) I have an end-stage condition,
or _____ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do ___, I do not ___ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: ______________________________________________________
Street Address ___________________________________________________
City ____________________ State ________ Phone ___________________

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):
__________________________________________________________________________
__________________________________________________________________________

(Signed) ______________________________________________

Witness _______________________Witness _______________________
Street Address _____________________ Street Address _____________________
City ______________ State ________ City ______________ State ________
Phone _____________________________ Phone _____________________________
Designation of Health Care Surrogate

Name: ______________________________________________________

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name: ______________________________________________________
Street Address ________________________________________________
City _______________ State ________ Phone ________________

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name: ______________________________________________________
Street Address ________________________________________________
City _______________ State ________ Phone ________________

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name: ______________________________________________________
Name: ______________________________________________________

Signed: _____________________________________________________

Date: _______________________________________________________

Witnesses 1. _______________________________________________
2. _______________________________________________

At least one witness must not be a husband or wife or a blood relative of the principal.
Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts

(b) _____ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

____________________________________________________
____________________________________________________
____________________________________________________

(c) _____ my body for anatomical study if needed. Limitations or special wishes, if any:

____________________________________________________
____________________________________________________
____________________________________________________

Signed by the donor and the following witnesses in the presence of each other:

Donor’s Signature _________________________________ Donor’s Date of Birth _________________________________

Date Signed __________________________ City and State ________________________________________________

Witness ___________________________ Witness ___________________________
Street Address __________________________ Street Address __________________________
City ______________ State ________ City ______________ State ________

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver’s license or state identification card (at your nearest driver’s license office).
Health Care Advance Directives

I, ___________________________________

have created the following Advance Directives:

___ Living Will
___ Health Care Surrogate Designation
___ Anatomical Donation
___ Other (specify)

---------------- FOLD -----------------

Contact:
Name _______________________________
Address _____________________________
                              ____________________________
                              ____________________________
Phone _____________________________
Signature _________________ Date ______