The Statewide Medicaid Managed Care (SMMC) Program has two program components:
1. Managed Medical Assistance (MMA) and Long-Term Care (LTC)
2. Dental

A person eligible for Florida Medicaid can be enrolled in both the MMA and LTC program or just the MMA program.
Everyone receiving dental services from Florida Medicaid must be enrolled in the Dental program.

The SMMC program has five types of plans:
- Managed Medical Assistance: Provides MMA services to eligible recipients. This plan cannot provide services to recipients who are eligible for Long-term Care services.
- Long-Term Care Plus: Provides MMA services and LTC services to recipients enrolled in the LTC program. Cannot provide services to recipients who are only eligible for MMA services.
- Comprehensive: Provides MMA services and LTC services to eligible recipients.
- Specialty: Provides MMA services to eligible recipients who are defined as a specialty population.
- Dental: Provides dental services to all recipients in managed care and all and fully eligible fee-for-service individuals.

Who is required to enroll in the SMMC program?
- Most Medicaid recipients must enroll in the MMA program and in the Dental program. Individuals wishing to receive Medicaid covered Long-term Care services must enroll in the LTC program. These are both known as “mandatory.”
- Certain individuals, known as “voluntary”, can choose whether to enroll in MMA or LTC, and some, known as “excluded”, are not allowed to enroll in the MMA, LTC or Dental programs.

Who is required to enroll in the SMMC program?
- Recipients have a 120-day change period, in which they can change their plan, which begins on the effective date of their enrollment in the health plan listed in the letter.
- If no plan selection is made, the recipient will be enrolled in the Dental program. For recipients who are eligible for both MMA and LTC, the recipient will be enrolled in the LTC program, and you will receive information about available LTC plans from the choice counselor by mail.
- Because space is limited in the LTC program for individuals who want to receive services at home, if you are 18 years of age or older and live at home, in an assisted living facility, or in an adult family care home, you must be screened and placed on the LTC Program waitlist before being enrolled in the program. Contact your local Aging and Disability Resource Center (ADRC) to be placed on the waitlist. A list of the ADRC is available on the Florida Department of Elder Affairs' website at http://elderaffairs.state.fl.us/doea/arc.php.
- The ADRC will complete a short screening over the phone, which results in a score that is used to rank you on the waitlist. When enrollment is available, the ADRC will contact you to begin the enrollment process.

What region am I in?

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
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<tbody>
<tr>
<td>1</td>
<td>Escambia, Okaloosa, Santa Rosa, and Walton</td>
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<td>2</td>
<td>Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington</td>
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How do I enroll in the Long-Term Care program?
- If you meet LTC Program eligibility requirements and live in a nursing facility, you will be automatically enrolled in the LTC Program, and you will receive information about available LTC plans from the choice counselor by mail.

How do I choose a plan?
- Choice counselors are available to assist recipients in selecting a plan that best meets their needs. This assistance will be provided by phone by calling 1-877-711-3662. In-person visits are also available by request for recipients with special needs.
- Recipients can also enroll online at: www.flmedicaidmanagedcare.com.
- The Aging and Disability Resource Center (ADRC) is also available to assist LTC recipients with any questions you may have.

When will I be notified and be required to enroll?
- Once determined to be eligible for Medicaid, recipients or their designee will receive a letter within 5 days of their notification of eligibility.
- Recipients must choose a plan by the date listed in the letter that is sent to all recipients.
- If no plan selection is made, the recipient will be enrolled in the health plan listed in the letter.
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- Recipients must choose a plan by the date listed in the letter that is sent to all recipients.
- If no plan selection is made, the recipient will be enrolled in the health plan listed in the letter.
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What Health & Dental Plans are available in my region?

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<tr>
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*CCP = Community Care Plan    **Florida Community Care

What Speciality plans are available in my region?

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<tr>
<th>Plan Name</th>
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<th>2</th>
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<td>Magellan Complete Care (Serious Mental Illness)</td>
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<td>Staywell (Serious Mental Illness)</td>
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<td>Sunshine Health (Child Welfare)</td>
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</table>

What Medicaid covered services are provided under the MMA program?

**MMA Minimum Covered Services**

- Advanced registered nurse practitioner services
- Hospital Inpatient & Outpatient Services
- Ambulatory surgical treatment center services
- Laboratory and Imaging Services
- Assistive Care Services
- Medical supply, equipment, prostheses and orthoses
- Birthing center services
- Medical Foster Care
- Chiropractic services
- Mental health services
- Early Intervention Services
- Nursing care
- Early periodic screening diagnosis and treatment services for recipients under age 21
- Nursing facility services for enrollees not in the LTC program
- Emergency services
- Optical services and supplies
- Family planning services and supplies (some exception)
- Optometrist services
- Healthy Start Services (some exceptions)
- Hearing services
- Physical, occupational, respiratory, and speech therapy
- Home health agency services
- Podiatric services
- Hospice services
- Physician services, including physician assistant services
- Prescription drugs
- Rural health clinic services
- Renal dialysis services
- Transportation to access covered services
- Respiratory equipment and supplies
- Substance abuse treatment

**LTC Minimum Covered Services**

- Adult companion care
- Intermittent and skilled nursing
- Adult day health care
- Medical equipment and supplies
- Assisted living
- Medication administration
- Assistive care services
- Medication management
- Attendant care
- Nursing facility
- Behavioral management
- Nutritional assessment/ risk reduction
- Care coordination/ Case management
- Personal care
- Caregiver training
- Personal emergency response system
- Home accessibility adaptation
- Respite care
- Home-delivered meals
- Therapies: occupational, physical, respiratory and speech
- Homemaker
- Transportation, Non-emergency
- Hospice

What Medicaid covered services are provided under the Dental program?

**Dental Minimum Covered Services**

- Ambulatory Surgical Center or Hospital-based Dental Services
- Orthodontics
- Dental Exams
- Periodontics
- Dental Screenings
- Prosthodontics (dentures)
- Dental X-rays
- Root Canals
- Extractions
- Sealants
- Fillings and Crowns
- Sedation
- Fluoride
- Space Maintainers
- Oral Health Instructions
- Teeth Cleanings

What benefits not otherwise covered by Medicaid are available from plans?

- Health and dental plans cover expanded benefits which are offered in addition to the standard benefit package offered by Medicaid.

What if I have a complaint?

- We encourage any individual with a complaint or issue relating to the program to contact a Medicaid representative by phone at 1-877-254-1055.
- You may also complete the online complaint form created by the Agency to provide expedited handling: [http://ahca.myflorida.com/Medicaid/complaints/index.shtml](http://ahca.myflorida.com/Medicaid/complaints/index.shtml)

Where can I find more information?

- Visit our SMMC website at: [http://ahca.myflorida.com/SMMC](http://ahca.myflorida.com/SMMC)
- Keep up to date by signing up to receive program updates at [http://ahca.myflorida.com/SMMC](http://ahca.myflorida.com/SMMC). Click the red “Sign Up for Program Updates” box on the right hand side of the page.
- [Facebook.com/AHCAFlorida](http://Facebook.com/AHCAFlorida)
- [Twitter.com/AHCA_FL](http://Twitter.com/AHCA_FL)