



Freedom of Choice Certification

Florida Statewide Medicaid Managed Care (SMMC) Program

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|-------------------------|--|
| Enrollee name: | Authorized Representative ¹ : |
| Medicaid ID number: | Relationship to Enrollee: |
| Enrollee date of birth: | |

Has the Enrollee or their Authorized Representative received information on the full complement of Medicaid services available to the enrollee, including any Medicaid home and community-based service options (if applicable)?
☐ Yes ☐ No

If receiving services in a nursing facility, is the Enrollee or their Authorized Representative opposed to transitioning the enrollee to the community? ☐ Yes ☐ No If yes, explain:

Freedom of Choice Certification

1. My signature on this form certifies that I have read this form or the form has been read to me, and I understand the contents of this form. I understand that by signing this form, I agree with the choice checked below. I also understand that if I change my mind and want to make another choice, my plan case manager will provide me with another form to indicate my new choice.

2. My choice is indicated by the checked box.

- ☐ I want to receive services in the community.
☐ I want to live in a nursing facility (if assessed need exists).

I, _____ (Enrollee/Authorized Representative) agree to the case manager attesting to my choice specified on this form.

Enrollee/Authorized Representative signature

Date

Enrollee/Authorized Representative printed name

Plan Case Manager signature:

Date

Plan Case Manager Printed Name

¹Authorized representative must be determined in compliance with applicable federal and state laws (including, but not limited to, 42 CFR Part 435, and Chapters 709, 744, and 765 of the Florida Statutes).

Note: The original certification form shall be completed and signed by the plan member (enrollee/authorized representative) and maintained in the member's plan file.

Instructions for Freedom of Choice Certification

Within seven (7) days of initial enrollment and at least annually thereafter, the plan case manager shall review the Freedom of Choice Certification with the plan member (enrollee) and obtain the enrollee's signature on the completed certification.

In the enrollee information panel at the top of the form, enter the enrollee's:

- First and last name in the Enrollee Name field;
- Medicaid Identification (ID) Number; and
- Date of Birth (DOB).

If the enrollee has an authorized representative, provide:

- Representative's first and last name in the Authorized Representative field; and
- Representative's relationship to the enrollee.

If the enrollee does not have an authorized representative, enter "N/A" in the Authorized Representative and Relationship to Enrollee fields.

Determine if enrollee or his or her authorized representative has:

- Received information about Medicaid services available to the enrollee in the community; or
- Any opposition to transitioning the enrollee to the community.

If the enrollee or authorized representative responds that information about Medicaid services available in the community has **not** been received, then review the descriptions of home and community-based services and options for receiving Medicaid services in the community (as applicable) with the enrollee before completing the Freedom of Choice Certification.

Request that the enrollee or authorized representative read and review the Freedom of Choice Certification and indicate enrollee choice for receiving Medicaid services.

Obtain the enrollee's or enrollee authorized representative's signature above his or her printed name.

After the enrollee/authorized representative agrees to allow the case manager to attest to the choice indicated by the enrollee/authorized representative, the plan case manager shall sign and date the certification form and place it in the plan member's (enrollee) file.

A copy of the completed and signed certification shall be provided to the enrollee/authorized representative via hand delivery or mail within five (5) business days of the date of certification.



Discrimination is against the law

AmeriHealth Caritas Florida complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AmeriHealth Caritas Florida does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas Florida:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact AmeriHealth Caritas Florida at **1-855-355-9800 (TTY 1-855-358-5856)**. We are available 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas Florida has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Grievance and Appeals, P.O. Box 7368, London, KY 40742. **1-855-371-8078 (TTY 1-855-371-8079)**, Fax: **1-855-358-5847**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, AmeriHealth Caritas Florida Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>.

English: This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800 (TTY 1-855-358-5856)**, 24 hours a day, seven days a week. If your primary language is not English, or to request auxiliary aids, assistance services are available to you, free of charge.

Spanish: Esta información está disponible en otros idiomas de forma gratuita. Póngase en contacto con nuestro número de servicios al cliente al **1-855-355-9800 (TTY 1-855-358-5856)**, las 24 horas del día, los siete días de la semana. Si su idioma principal no es el inglés, o necesita solicitar ayudas auxiliares, hay servicios de asistencia a su disposición de forma gratuita.

Haitian Creole: Enfòmasyon sa yo disponib gratis nan lòt lang. Tanpri kontakte ekip sèvis kliyan nou an nan **1-855-355-9800 (TTY 1-855-358-5856)**, 24 è sou 24, sèt jou sou sèt. Si anglè pa lang manman w oswa si w ta renmen mande yon èd konplemantè, ou ka resevwa sèvis ki gratis pou ede w.

French: Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter notre équipe service clientèle au **1-855-355-9800 (TTY 1-855-358-5856)**, 24 heures sur 24, sept jours sur sept. Si l'anglais n'est pas votre langue maternelle ou si vous souhaitez demander une aide auxiliaire, des services d'aide sont gratuitement mis à votre disposition.

Russian: Эта информация доступна бесплатно на других языках и в других форматах. Звоните в Отдел обслуживания клиентов по тел. **1-855-355-9800 (TTY 1-855-358-5856)** — круглосуточно и без выходных. Если ваш родной язык не английский или вы хотели бы запросить дополнительную помощь, вы можете воспользоваться бесплатными услугами перевода.

Italian: Queste informazioni sono disponibili gratuitamente in altre lingue. Chiamate il nostro servizio clienti al numero **1-855-355-9800 (TTY 1-855-358-5856)** 24 ore al giorno, sette giorni su sette. Se la vostra prima lingua non è l'inglese, o per richiedere attrezzature di supporto sensoriale, sono disponibili servizi d'assistenza, gratuitamente.

Vietnamese: Thông tin này có sẵn miễn phí ở các ngôn ngữ khác. Vui lòng liên lạc bộ phận dịch vụ khách hàng của chúng tôi theo số **1-855-355-9800 (TTY 1-855-358-5856)**, 24 giờ một ngày, bảy ngày trong tuần. Nếu ngôn ngữ chính của quý vị không phải là tiếng Anh, hoặc để yêu cầu các thiết bị trợ giúp bổ sung, thì quý vị có thể sử dụng miễn phí các dịch vụ hỗ trợ.

Portuguese: Estas informações estão disponíveis gratuitamente em outros idiomas. Por favor, entre em contato com o nosso serviço de atendimento ao cliente pelo número **1-855-355-9800 (TTY 1-855-358-5856)**, 24 horas por dia, sete dias por semana. Se o seu idioma principal não for o inglês, ou se você precisar solicitar recursos auxiliares para deficientes, os serviços de assistência estão disponíveis gratuitamente para você.

Chinese Mandarin: 这些信息还免费以其他语言提供。请随时联系我们的客户服务电话 **1-855-355-9800 (TTY 1-855-358-5856)**，该电话每周 7 天、每天 24 小时全天候提供服务。如果您的母语不是英语，或者需要请求辅助设备，您可以免费获得援助服务。

Chinese Cantonese: 這份資訊還免費以其他語言提供。請隨時聯絡我們的客戶服務電話 **1-855-355-9800 (TTY 1-855-358-5856)**，該電話每周 7 天、每天 24 小時全天候提供服務。如果您的母語不是英語，或者需要請求輔助設備，您可以免費獲得援助服務。

Tagalog: Makukuha nang libre ang impormasyong ito sa mga iba pang wika. Mangyaring makipag-ugnay sa numero ng customer service sa **1-855-355-9800 (TTY 1-855-358-5856)**, 24 na oras sa isang araw, pitong araw sa isang linggo. Kung hindi Ingles ang inyong pangunahing wika, o upang humiling ng mga kagamitang pantulong, may matatanggap kayong libreng serbisyo sa pagsasalin sa wika.

Arabic:

يمكنك الحصول على هذه المعلومات بلغات أخرى مجانًا. لطلب مساعدات وخدمات إضافية يُرجى الاتصال بخدمة العملاء على الرقم **1-855-355-9800 (TTY 1-855-358-5856)**، على مدار 24 ساعة في اليوم، سبعة أيام في الأسبوع. تتوفر لك خدمات لغوية مجانية إذا كانت لغتك الأساسية ليست الإنجليزية أو إذا طلبت مساعدات إضافية.



AmeriHealth Caritas
Florida

German: Diese Information wird kostenlos in anderen Sprachen angeboten. Bitte setzen Sie sich unter der Rufnummer **1-855-355-9800 (TTY 1-855-358-5856)** mit unserem Kundendienst in Verbindung, der Ihnen an sieben Tagen der Woche 24 Stunden lang zur Verfügung steht. Falls Englisch nicht Ihre Muttersprache ist, können Sie eine kostenlose Sprachhilfe nutzen.

Korean: 본 정보는 다른 언어로도 무료로 제공됩니다. 주 7일 하루 24시간 운영되는 고객 서비스 **1-855-355-9800 (TTY 1-855-358-5856)**번으로 연락하시기 바랍니다. 영어가 모국어가 아니거나 장애인 보조 장치 및 서비스가 필요하신 경우, 무료로 지원 서비스가 제공됩니다.

Polish: Poniższa informacja jest dostępna bezpłatnie w innych językach i formatach. Prosimy o kontakt z Działem obsługi klienta pod numerem telefonu **1-855-355-9800 (TTY 1-855-358-5856)**, 24 godziny na dobę, siedem dni w tygodniu. Jeśli angielski nie jest Twoim pierwszym językiem lub w celu uzyskania dodatkowej pomocy, możesz korzystać z bezpłatnej obsługi w tym zakresie.

Gujarati: આ માહિતી મફતમાં અન્ય ભાષાઓમાં ઉપલબ્ધ છે. કૃપા કરીને અમારી ગ્રાહક સેવાના નંબર **1-855-355-9800 (TTY 1-855-358-5856)**, દિવસમાં 24 કલાક, અઠવાડિયાના સાત દિવસો નો સંપર્ક કરો. જો તમારી પ્રાથમિક ભાષા અંગ્રેજી નથી, અથવા ઉપયોગીસાધનોની વિનંતી કરવા માટે, તમારા માટે સહાયક સેવાઓ નિઃશુલ્ક ઉપલબ્ધ છે.

Thai: ข้อมูลนี้สามารถใช้ได้ฟรีในภาษาอื่น ๆ โปรดติดต่อหมายเลข บริการลูกค้าของเราที่หมายเลข **1-855-355-9800 (TTY 1-855-358-5856)** ได้ตลอด 24 ชั่วโมงทุกวัน สัปดาห์ละ 7 วัน หากภาษาหลักของคุณไม่ใช่ภาษาอังกฤษหรือต้องการติดต่อขอรับ บริการเสริมคุณสามารถได้รับความช่วยเหลือได้โดยไม่เสียค่าใช้จ่าย

Japanese: この情報は他の言語でも無料でご利用いただけます。年中無休で対応しておりますので、弊社カスタマーサービスのフリーダイヤル **1-855-355-9800 (TTY 1-855-358-5856)** までお問い合わせください。母国語が英語でない場合は、無料のサービスをご利用いただけます。