

About Community Legal Services of Mid-Florida (CLSMF)

The mission of CLSMF is to provide access to justice through high quality legal assistance to low-income persons.

Community Legal Services of Mid-Florida, Inc. provides free legal assistance to eligible low-income persons in civil matters (we do not provide legal assistance in criminal or traffic matters).

CLSMF provides community education seminars and detailed informational brochures on the major areas of law we practice. Please see the back of this brochure for a complete listing of offices.



The Florida Bar Foundation,
with *Interest on Trust*
Accounts, provides support
for this service.



This brochure is a publication of the Public Benefits Unit of Community Legal Services of Mid-Florida, Inc. This information is for general education only and is not intended to be used to solve individual problems, nor does it replace the advice of an attorney. The law which supports conclusions contained herein is subject to change.

Community Legal Services of Mid-Florida Offices:

***BREVARD: 1-866-469-7444**

CITRUS & SUMTER
106 N. Osceola Ave., Inverness, FL 34450
(352) 726-6592 – CITRUS
1-800-984-2918 – SUMTER

FLAGLER: 1-800-405-1417

HERNANDO: 1-866-801-5566

LAKE— (352) 343-6351
226 West Main St., Tavares, FL 32778

MARION— (352) 629-6257
2300 SE 17th St. Suite 201
Ocala, FL 34471

***ORANGE — (407) 841-7777**
122 E. Colonial Drive, Suite 200
Orlando, FL 32801

OSCEOLA — (407) 933-1791
800 North Main St., Kissimmee, FL 34744

PUTNAM: (386) 385-0928
216 S. 6th Street, Palatka, FL 32177

***SEMINOLE: (407) 322-6673**

VOLUSIA — (386) 258-5600
128 Orange Ave., Suite 100,
Daytona Beach, FL 32114
Client toll-free number: 1-800-363-2357

ADMINISTRATIVE OFFICE: (386) 506-5396

info@clsmf.org
<http://www.clsmf.org>

***Offices currently not offering Family Law services**



Community Legal Services of Mid-Florida, Inc.

IMPORTANT INFO FOR MEDICAID RECIPIENTS IN MANAGED CARE



If you are in a Medicaid managed care plan (MediPass or an HMO) and the plan refuses to provide a medical or mental health service you need, you have the right to contest that decision.

Here's how.



If my Medicaid Managed Care Plan denies me a service I need, what can I do to protest this decision?

You should file both a grievance and a Medicaid fair hearing request.

How do I file a grievance?

If you are in an HMO, you should contact the *grievance coordinator* and ask for a grievance form. Complete the form, date it and return it to the HMO. Instead of using the grievance form, you can send a dated complaint letter to the HMO stating that the letter is a grievance. Be sure to keep a copy of the written grievance for your records. If you hand-deliver the complaint, make a note of the name of the person who takes it and the date.

If you are in the MediPass pro-

gram, you must file a dated, written complaint with the local MediPass counselor. Be sure to keep a copy of the written grievance for your records. If you hand-deliver the complaint, make a note of the name of the person who takes it and the date.

What happens after I file the grievance?

Both the HMO and the MediPass programs have sixty (60) days to make a decision on your grievance, and an additional thirty (30) days if they must gather information from outside their service area.



How do I request a fair hearing?

You can write, call or send a fax to:

Office of Appeal Hearings
Dept. of Children & Families
Building 5 – Room 203
1317 Winewood Boulevard
Tallahassee, FL 32399-0662
Phone (850) 488-1429
Fax (850) 487-0662

If you write, be sure to explain what action/decision the HMO or the MediPass program has made

that you want to contest. Date the letter and keep a copy for your records. If you call, make a note of the date and the name of the person with whom you spoke.

What happens after I request a fair hearing?

The Medicaid agency has ninety (90) days from the date you file a fair hearing to make a decision. You will have an opportunity to appear before a state hearing officer and explain your need for the services that the HMO or MediPass wants to deny.

Why should I request both a grievance and a fair hearing at the same time?

If an HMO or MediPass acts to terminate or reduce a Medicaid-funded service you have been receiving when you file a fair hearing, you have the right to continue receiving that service at least until your case is heard and decided. You also have the right to have your case decided by a hearing officer with no connection to the HMO or MediPass program. By filing a grievance at the same time, you are giving the HMO or MediPass another chance to correct the problem quickly without the need to have a hearing.

