



EPILEPSY SERVICES HANDBOOK



1-877-55-EPILEPSY (1-877-553-7453)

THIS HANDBOOK OUTLINES FOR YOU, THE CLIENT, THE BASIC SERVICES OFFERED BY THE EPILEPSY SERVICE PROGRAM (ESP), ELIGIBILITY AND THE RECERTIFICATION PROCESS TO ENSURE THE CONTINUATION OF SERVICES.

THIS HANDBOOK MAY NOT INCLUDE ALL THE SERVICES AVAILABLE TO YOU.

EPILEPSY SERVICES PROGRAM (ESP)

Epilepsy Florida (EFL) is a nonprofit organization dedicated to enhancing the personal and social adjustment of individuals with epilepsy and their families.

Under the Florida Department of Health (DOH) leadership, EFL provides a comprehensive Epilepsy Services Program (ESP) for people with epilepsy and seizure disorders. Some of the services provided free of charge include case management, information, referrals, education, support groups, and summer camp.

ESP also makes medical services available and accessible for children and adults suffering from epilepsy and/or seizure disorders. Medical services may include initial neurological evaluations, follow up examinations, medical treatments, electroencephalograms (EEGs), blood tests, and other diagnostic test required for consistent medical management. Financial eligibility to assist in paying for medical and other services are determined at the time of the initial client interview. In addition, each year you will be responsible for completing an annual interview to assess your income eligibility for continued services.

The ESP program does not cover hospitalization or services not previously authorized by the Medical Services Department.



Call us with any questions that you may have
1-877-55-EPILEPSY (1-877-553-7453)

WHO WE SERVE

The ESP program serves any individual who resides in the State of Florida and has a diagnosis of epilepsy or is suspected of having a seizure disorder. The families and loved ones of persons with epilepsy and/or seizure disorders, community organizations, schools, professionals, and businesses in need of information regarding epilepsy are also served by the ESP.

RECERTIFICATION

This handbook outlines for you, the client, the basic services offered by the ESP, the eligibility and the recertification process to ensure the continuation of services. An annual recertification assessment of your case is conducted to review and update your information and determine ongoing financial eligibility for ESP.

In order to successfully complete the annual recertification process, you will be required to complete a phone interview in order to determine which eligibility documents will be necessary for the next year of services. Your annual recertification date begins a year from the date the forms are signed.

Documents can be mailed to:

**Epilepsy Florida c/o Intake Department
7300 North Kendall Drive, Suite 760
Miami, FL 33156**

Documents can also be emailed, faxed or dropped off at your local office.

Email: Intake@epilepsyfl.org

Fax: (305) 670-0131

You will only receive a Handbook once. If you would like an additional copy please contact us.

In addition, you must **also submit** the following verification:

- Identification;
- Proof of Address in the State of Florida;
- Household income; and
- Proof of insurance, if applicable

Please refer to the table below that describes examples of

ACCEPTABLE DOCUMENTATION:

Proof of:	Documents needed	
Picture ID (A clear copy of one of the following document is necessary.)	<ul style="list-style-type: none"> • Driver's license and/or Florida issued identification card • Residence card • Passport • School ID • Other government identification 	
Proof of Residence (A clear copy of one of the following document is necessary.)	<ul style="list-style-type: none"> • Florida Driver License (current) • Florida ID • Voter's registration • Utility bill (with your name and address i.e. gas, water, electricity, telephone and cable) • Shelter Verification 	
Proof of Income (A clear copy of one of the following document is necessary.)	<ul style="list-style-type: none"> • Pay Stubs: • Last 8 – if paid weekly • Last 4- if paid bi-weekly or semi-monthly • Last 2 – if paid monthly • Most recent income tax 	<ul style="list-style-type: none"> • SSI/ SSDI letter • Workmen's Compensation • Pension • Unemployment Compensation letter • Self- employment declaration • Letter of Support • Self- declaration letter
Health Insurance (If available, a clear copy of Health insurance card(s))	<ul style="list-style-type: none"> • Medicaid • Medicare • Florida Healthy Kids • Private insurance • Insurance coverage from your employer, through your spouse's employer or the market place (Obamacare). 	

SOCIAL SERVICES provided to ESP clients:

1. Initial comprehensive assessment of the client's needs:

- An In-depth evaluation of all issues that impact the short and long term well-being of the client and their household system is conducted. This is the basis for the development of the Plan of Care (POC).

2. Development of a comprehensive Plan of Care:

This plan sets the direction for provision of case management services. The case manager helps the client identify needs and create goals and plans of action.

- All POC have a minimum of five (5) core areas that are evaluated and are as follows:
 - access to neurological care;
 - access to Anti-Epileptic Drugs (AED);
 - transportation;
 - epilepsy education; and
 - fundraising and awareness participation.
- Other areas such as employment, vocational services, access to other medical care, dental, psychological, financial, school issues, etc. are also evaluated, if identified as necessary.

3. Coordination of the services required to implement the plan:

- This entails the step by step actions taken to assist the client achieve the goals set in the POC. Internal and external referrals are made utilizing the agency and community resources.

4. Monitoring to assess the efficacy of the plan:

- Clients are subject to a minimum of two (2) contacts per year. At least one of these interactions is solely devoted to review of the POC progress.
- Hardships and issues preventing goal compliance/achievement are evaluated and goals are redirected as necessary.
- Contacts are usually via phone, emails, or fax since case management services are provided virtually. Other opportunities such as support group and organized events are also used as forums to monitor client's overall progress.

5. Periodic re-evaluation and revision of the plan, as necessary, over the life of the client: This may include client-specific advocacy and/or review of utilization of services.



Call us with any questions that you may have
 1-877-55-EPILEPSY (1-877-553-7453)

MEDICAL SERVICES provided to ESP clients:

1. **Screening of eligibility for medical services;**
2. **Initial neurological evaluation;**
3. **Electro diagnosis (baseline electroencephalogram – EEG);**
4. **Blood monitoring of body functions and levels of anticonvulsant drugs;**
5. **Ongoing medical follow up as medically necessary;**
6. **Other diagnostic procedures: MRI, CT Scan, DEXA Scan and others, as medically indicated;**
7. **Epilepsy Guidance and Education;**
8. **Assistance to obtain medication through various sources: DOH Pharmacy, PAP, EFL Prescription Discount Card, independent pharmaceutical providers offering medication at special discounted rates for EFL clients, on-line and local retail pharmacies offering specially discounted prescription plans;**
9. **Miscellaneous medical services, such as completing medical forms for non-medical benefits (driver's license application, SSA forms, etc.); and**
10. **Referrals to other medical facilities for services not available at EFL or non-epilepsy related medical needs.**

FINANCIAL ELIGIBILITY DETERMINATION

The medical program is intended to work with uninsured clients. A share of cost percentage fee is assessed during the intake process and subsequently at the recertification period for each individual. Household income will be verified and compared to a sliding fee scale to determine financial responsibility.

If the household gross income (after deductions) falls below 100% of the federal poverty income guidelines, services will be provided at no charge. Clients whose gross household income (after deductions) falls between 100% and 200% of the federal poverty income guidelines will share a portion of the medical cost. If the gross household income (after deductions) is over 200% of the federal poverty income guidelines, clients will pay 100% of the EFL special reduced rates.

At the time any medical service is scheduled, an invoice with your shared responsibility will be provided. Please be aware payment is expected before or at the time services are rendered, unless other arrangements are previously made.

CLOSED CASES

Services from the ESP will be stopped if the following should arise:

- The certification process cannot be completed;
- Client loses contact with the agency;
- Client moves out-of-state or service area;
- Client requests a termination of services;
- Client is no longer in need of services from this program;
- Client is non-compliant; or
- Client displays abusive behavior and/or unlawful behavior, such as forgery of a prescription. Alcohol or substance abuse may also be cause for termination.

CLIENT RIGHTS AND RESPONSIBILITIES

You, the client, have the right to the following:

- Receive services made available by Epilepsy Florida (EFL).
- Considerate and courteous treatment by all staff.
- Know the names of all the people treating you.
- Refuse services. If you refuse services, you will be given information about the effects of your refusal and it may be necessary for the refusal to be provided in writing, as required by law.
- Privacy while receiving services and privacy of all records about your case except when necessary by law or for third party payment.
- Receive a reasonable response in a timely manner to your request for services.
- Expect your services will continue. If your services stop, you have the right to know why your services were stopped.
- Receive services without regard to your race, color, religion, sex, national origin, political belief, sexual orientation, gender identification, or disability.

You, the client, are expected and required to do as stated below:

- Follow the instructions given to you.
- Report any changes, whether demographic and/or financial that can affect your eligibility for services.
- Treat staff and other clients with respect and courtesy.
- Keep all appointments.
- Abide by the rules of the location or provider that administers the service.
- Attend at minimum two (2) Support Group Meetings annually and participate in other agency activities, unless otherwise waived.
- Participate and collaborate with epilepsy related events.



Call us with any questions that you may have
1-877-55-EPILEPSY (1-877-553-7453)

CLIENT GRIEVANCE OR COMPLAINT PROCESS

The State of Florida Epilepsy Services Program (ESP) and Epilepsy Florida (EFL) recognizes that productivity is directly related to client satisfaction.

Given this fact, ESP providers must maintain a grievance procedure in which clients have a forum to express their individual grievances or complaints due to service delivery, denial of services, suspension of services, or termination of services. A client has the right to express his/her concerns in confidence through the grievance procedure without fear of reprisal.

Once a client determines that a problem exists, which merits the attention of appropriate individuals within ESP, the following options are available:

Informal Complaint Procedure:

Initially, and as a matter of course, any complaint, misunderstanding or dissatisfaction that arises should be discussed as soon as possible with a supervisor. Effective communication between the client and the staff is crucial at this time. The majority of problems can be resolved in this manner.

If the complaint is not resolved through the informal complaint process, the client may elect to file a written grievance using the grievance procedure below.

Formal Complaint Procedure:

1. Step I: The client will file a written grievance to the subcontracted provider. A supervisor will meet and discuss the client's grievance with staff and the client. The supervisor will file a written disposition of the grievance within ten (10) days after the meeting to the VP of Programs.
2. Step II: If the client is not satisfied with the step one decision, the client may appeal the step one decision to the VP of Programs within ten days of the disposition. The VP of Programs will meet with the client, direct staff, and the supervisor and review the grievance and disposition.
3. Step III: If client is not satisfied with the result from step two, the client may appeal the decision. The agency will review the grievance with the grievant and the President and CEO.
4. Step IV: Failure to resolve the concern at Step III, the agency will forward all documentation of the unresolved complaint to the Department of Health. The Department of Health will issue a final and binding decision.

Nothing contained above in Steps 1 through 4 shall prevent a client from discussing a problem with the President and CEO or the Florida Department of Health. It is understood that there may be situations where a client feels uncomfortable discussing the problem with certain individuals.

NOTICE OF PRIVACY PRACTICES

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI):

Protected health information (PHI) includes demographic and medical information that concerns the past, present, or future physical or mental, health of an individual. Demographic information could include your name, address, telephone number, social security number, and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. Epilepsy Florida (EFL) can act as each of the above business types. This medical information is used by EFL in many ways while performing normal business activities.

Your protected health information may be used or disclosed by EFL for purposes of treatment, payment, and health care operations. Healthcare professionals use medical information in the clinics or office to take care of you. Your protected health information may be shared with or without your consent with another health care provider for purposes of your treatment. EFL may use or disclose your health information for case management and services. EFL clinic may send the medical information to insurance companies, Medicaid or community agencies to pay for the services provided to you.

Your information may be used by certain department personnel to improve the care operations. EFL also may send you appointment reminders, information about treatment options or other health-related benefits and services

Some protected health information can be disclosed without your written authorization, as allowed by law. Those circumstances include:

- Reporting abuse of children, adults or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits.
- Investigations and audits by state agencies, including the Inspector



Call us with any questions that you may have
1-877-55-EPILEPSY (1-877-553-7453)

General and Auditor General and the Legislature's Office of Program Policy Analysis and Government Accountability.

- Public health purposes, including: vital statistics, disease reporting, public health surveillance, investigations, interventions and regulation of health professionals.
- District medical examiner investigations.
- Research approved by the department.
- Court orders, warrants or subpoenas.
- Law enforcement purposes, administrative investigations and judicial and administrative proceedings.

Other uses and disclosure of your protected health information by EFL will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing. These uses and disclosures may be for marketing and for research purposes. Disclosure of psychologist notes also require your written authorization.

INDIVIDUAL RIGHTS

You have the right to request that EFL restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosure to individuals involved with your care. EFL is not required to agree to any restriction.

You have the right to be assured that your information will be kept confidential. EFL may mail or call you with health care appointment reminders. We will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

You have the right to inspect and receive a copy of your protected health information. Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. The licensed health care professional will be designated by EFL.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and must include a reason to support your requested correction. EFL may deny your request, in whole or part, if it finds the protected health information qualifies under any of the following:

- Was not created by the agency;
- Is not protected health information;
- Is by law not available for your inspection, or
- Is accurate and complete.

If your correction is accepted, EFL will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. EFL will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures EFL may have made of your protected health information. This summary does not include the following:

- Disclosures made to you;
- Disclosures to individuals involved with your care;
- Disclosures authorized by you;
- Disclosures made to carry out treatment, payment, and health care operations;
- Disclosures for public health;
- Disclosures for health professional regulatory purposes;
- Disclosures to report abuse of children, adults or disabled persons.

This summary does include disclosures made for the following:

- Purposes of research, other than those you authorize in writing; or
- Responses to court orders, subpoenas or warrants.

You may request a summary for no more than a 6-year period from the date of your request. If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person that gave you the notice, to the directors or administrators where you received the notice, or to the Department of Health, Inspector General at 4052 Bald Cypress Way, BIN A03, Tallahassee, FL 32399- 1704 / telephone 850-245-4141.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint at EFL 7300 North Kendall Drive, Suite 760, Miami, FL 33156 / telephone 305-670- 4949 / toll free 877-55-EPILEPSY (877-553-7453). The complaint should be in writing, describe the act(s) of omission that you believe violated your privacy rights, and be filed within 180 days of when you knew or should have known that the act of omission occurred. EFL will not retaliate against you for filing a complaint.



CONTACT US

FOR MORE INFORMATION CALL
1-877-553-7453

Seven Offices Across Florida Serving 37 Counties

Miami

7300 N Kendall Drive, Suite 760
Miami, FL 33156

Phone: (305) 670-4949
Fax: (305) 670-0904

Broward

512 NE 3rd Avenue, 3rd Floor
Ft. Lauderdale, FL 33301

Phone: (954) 779-1509
Fax: (954) 779-1549

West Palm Beach

801 Northpoint Parkway
West Palm Beach, FL 33407

Phone: (561) 478-6515
Fax: (561) 687-9318

Jacksonville

5209 San Jose Blvd., Suite 102
Jacksonville, FL 32207

Phone: (904) 731-3752
Fax: (904) 730-2329

Gainesville

309 NE 1st Street, Suite 20 & 21
Gainesville, FL 32601

Phone: (352) 378-4324
Fax: (352) 378-4227

Pensacola

105 E. Gregory Square, Suite C
Pensacola, FL 32502

Phone: (850) 433-1395
Fax: (850) 433-2006

Naples

5450 YMCA Road, Suite 100
Naples, FL 34109

Phone: (239) 778-8316
Fax: (239) 778-8317

STAY CONNECTED



 [EPILEPSYFLA](#)

 [EPILEPSYFL](#)

 [EPILEPSYFLA](#)

WWW.EPILEPSYFL.COM