



October 31, 2023

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2023-20

Applicable to the 2018-2024 SMMC contract benefits for:	
\boxtimes	Managed Medical Assistance (MMA) and MMA Specialty
\boxtimes	Long-Term Care (LTC)
	Dental

Re: Ad Hoc Request for Medicaid Managed Care Plan Care Coordinator Policies related to Children Receiving Private Duty Nursing (PDN)

The managed care plan is required to provide the Agency or its agents any other information or data relative to this contract in accordance with 42 CFR 438.604(b). In such instances, and at the direction of the Agency, the managed care plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must have at least thirty (30) days to fulfill such ad hoc requests unless the Agency directs the managed care plan to provide data or information in less than thirty (30) days. The managed care plan must certify that data and information it submits to the Agency is accurate, truthful, and complete in accordance with 42 CFR 438.606. (MMA & LTC: Attachment II, Section XVI.A.1.b.). The purpose of this policy transmittal is to inform the managed care plan of an update to the monthly contact requirements for enrollees under the age of twenty-one (21) years receiving private duty nursing services (MMA Attachment II, Exhibit II-A, Section VI.E.4.) and to advise the managed care plan of a new ad-hoc reporting requirement.

An Order of Injunction (Document 1171) entered in *United States v. Florida*, 12-60460-CV (S.D. Fla.), was issued July 14, 2023. The injunction directs the State to "require Care Coordinators to communicate with the families of Nursing Facility [NF] Children and PDN Children with at least the frequency described in Section VI(E)(5) of COQAA," which is the contract between the Department of Health and Sunshine State Health Plan Inc.

In accordance with provision III-C of the Order of Injunction (Document 1171), for children receiving PDN services, the managed care plan Care Managers shall "conduct a minimum of one face-to-face visit and one telephone contact each month. Care Managers must make at least three contact attempts to reach the enrollee. At least two attempts must be via telephone on different days at different times. The Care Manager shall outreach to service providers for an update on the enrollee's status and needs if the enrollee cannot be reach[ed] after at least three contact attempts. Provider shall document all contacts and interactions in the enrollee record."

For care coordination contact requirements specific to Children receiving nursing facility services, the requirements specified in PT 2023-14 Medicaid Managed Care Plan and Nursing Facility Care Coordinators – Roles, Functions, and Responsibilities, still apply.

The managed care plan shall update its care coordination policies and procedures to comply with this requirement for PDN Children. This policy transmittal does not supersede existing contractual



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requirements and the managed care plan shall continue to adhere to all applicable contractual obligations.

The managed care plan shall demonstrate its compliance with these requirements by submitting its updated care coordination policies and procedures by 5:00 p.m. EST on Wednesday, November 15, 2023, to the Agency's secure file transfer protocol (SFTP) site in the Adhoc 2023 subfolder located within the managed care plan's designated folder path. The managed care plan shall also submit an attestation that this requirement has been communicated to all Care Managers. Plans are to provide the Agency with two documents: (1) the plan's communication to its Care Manager regarding the contract-frequency requirement; and (2) a form from the plans that tracks compliance with that requirement. Communication from the plan to their Care Manager is needed in implementing this new requirement as well as their form.

If you have any questions, please contact your Agency contract manager.

Sincerely,

Austin Noll

Deputy Secretary for Medicaid Policy, Quality and Operations

AN/jp