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July 12, 2024

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2024-09

Applicable to the **2018-2024 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

Re: Home and Community-Based Settings Requirements

The Centers for Medicare & Medicaid Services required Florida to update its Home and Community-Based (HCB) Settings assessment tools. The updated residential assessment tool includes a new requirement related to exterior door keys. Additionally, there were other non-substantive changes to both the residential and non-residential tools to ensure provider compliance with the federal HCB Settings requirements.

The managed care plan must verify provider credentialing and recredentialing criteria as directed by the Agency to ensure that assisted living facilities, adult family care homes, and adult day health care providers continue to meet HCB Settings requirements. The managed care plan must verify facility compliance by completing a new on-site review, using the updated Agency-prescribed HCB Settings Assessment and Remediation Tools. (Attachment II, Exhibit II-B, Section VIII.D.1.a.) The purpose of this policy transmittal is to provide requirements for the managed care plan in its completion of HCB Settings assessments and remediation requirements, including requirements to upload certain assessments, reports, and remediation packages to the Agency for the purpose of federally required validation.

Assessments

The Agency has identified all managed care plans' contracted HCB providers and has assigned these providers among the managed care plans. Each managed care plan will receive its final assigned providers list by separate email from its Agency contract manager. The managed care plan must complete onsite reviews using the Agency-prescribed 2024 Home and Community-Based Assessment Tool – Non-Residential Settings Template or 2024 Home and Community-Based Assessment Tool – Residential Settings Template (under the Long-Term Care Waiver section), as appropriate, accessible on the Agency website:

https://ahca.myflorida.com/medicaid/hcbs_waivers/assessment_tools.shtml.

The managed care plan shall complete the updated assessment of all assigned providers on the following schedule:

Date	<i>Minimum Percentage of Assigned Assessments Complete</i>
August 31, 2024	25%
September 30, 2024	60%
October 31, 2024	100%



Remediations

The managed care plan must develop a remediation plan using the 2024 Non-Residential Remediation Plan Template or the 2024 Residential Remediation Plan Template, as appropriate, accessible on the Agency website:

https://ahca.myflorida.com/medicaid/hcbs_waivers/assessment_tools.shtml for all HCB settings determined to be noncompliant with HCB Settings requirements following the managed care plan's assessment of the setting.

Reports

The managed care plan must use the 2024 HCB Settings Progress Report template attached to this policy transmittal to submit reports on all assessment and remediation activities to the Agency's SFTP site at the file path Submissions > Quality Submissions > HCB Setting. The managed care plan must use the file naming convention: "ABCYYYYMMDDHCBP", where ABC stands for the managed care plan's three-character plan identifier, where YYYY stands for the four-digit year in which the report was submitted, where MM stands for the two-digit month the report was submitted, where DD stands for the two-digit day the report was submitted, where HCB stands for home and community-based, and where P stands for progress report. The first report will be due to the Agency on **Friday, August 9, 2024**, and weekly thereafter until all assessments and remediations are completed. Please note, this report is cumulative. Each week, the managed care plan shall provide an update to the report that indicates any new providers assessed or any post-assessment status updates.

Validations

The Agency is required to use sampling to validate the managed care plans' HCB Settings findings. The Agency has selected a random sample of providers to be included in its validation activities. When applicable, the Agency contract manager will request the managed care plan submit the completed assessment or the completed assessment and the remediation template for providers in the random sample. Upon receipt of the request, the managed care plan must submit the requested information to the Agency's secure file transfer protocol site at the file path Submissions > Quality Submissions > HCB Setting, within the time frame specified in the request.

The managed care plan must use the file naming convention:

"ABCYYYYMMDDHCBA000000000" (for assessment) and "ABCYYYYMMDDHCBR000000000" (for remediation), where ABC stands for the managed care plan's three-character plan identifier, where YYYY stands for the four-digit year in which the document was submitted, where MM stands for the two-digit month the document was submitted, where DD stands for the two-digit day the document was submitted, where HCB stands for home and community-based, where A stands for assessment or where R stands for remediation, and 000000000 stands for the nine-digit Florida Medicaid provider ID number forwarded to the managed care plan by its Agency contract manager for the selected facility.

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

Sincerely,



Austin Noll
Deputy Secretary
Medicaid Policy, Quality and Operations

AN/jp

Attachment: 2024 HCB Settings Progress Report template