# SMMC Managed Care Plan Report Guide Reactive Strategies Report - Individual Report Summary

08/01/2024

BENEFIT	TYPE(S)
The Mana	aged Care Plan providing the following benefit type(s) must submit this report:
	LTC
	IDD Program
	MMA & MMA Specialty
	Dental
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# **REPORT PURPOSE:**

The purpose of this report is to monitor the Managed Care Plan's use of Reactive Strategies reporting to meet the needs of the enrollee, protect the integrity of their legal and human rights and be directed by principles of self-determination.

# **FREQUENCY & DUE DATES:**

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
V = Variable	Two-digit day of submission date (01-31)

This report is due immediately upon occurrence and **no later than twenty-four (24) hours** after detection or notification to the health plan.

#### **REPORT CODE & SUBMISSION:**

Report Code	Not applicable.

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following via secure, encrypted email to the Agency's Managed Care Plan Contract manager:

- Reactive Strategies Report using the template provided.
- A report attestation as described in Chapter 2.

#### **INSTRUCTIONS:**

The Managed Care Plan CIDD Program must report the following to the Agency in accordance with the format set forth in the Reactive Strategies Report template:

- Managed Care Plan Name
- Benefit Type
- Managed Care Plan Medicaid ID (seven digits)
- Reporting Month/Year (MM/YYYY)
- Report Submission Date
- Report Submitted By
- AHCA Area/Region (from drop down list)
- Name of facility or Program
- Type of Facility (choose from drop down: Intensive Behavior (IB), Behavior Focus, Standard, Foster Home, Assisted Living Facility (ALF), Adult Day Training (ADT), Intermediate Care Facility (ICF), Other

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- Name of Site
- Enrollee's full name (Last, First)
- Date of incident (MM/DD/YYYY)
- Label the Behavior (from drop down list)
- Operationally describe the behavior
- Death (from drop down list)
- Serious Injuries (from drop down list)
- Routine Use of Protective Equipment (from drop down list)
- Planned Intervention (from drop down list)
- Duration of Reactive Strategy (from drop down list)
- Additional Interventions Required (from drop down list)
- Medication used as part of a reactive strategy (from drop down list)
- Takes Routine Psychotropic Medication (from drop down list)
- Trauma (from drop down list)
- Follow-up Completed (from drop down list)

# **VARIATIONS BY MANAGED CARE PLAN TYPE:**

No variations.

# **REPORT TEMPLATE**

The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

# **AMENDMENT HISTORY:**

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	No change(s)

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