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March 7, 2025

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2025-11

Applicable to the **2025-2030 SMMC contract benefits** for:

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

Re: Hope Florida

In 2021, Hope Florida was spearheaded by First Lady Casey DeSantis and launched within the Department of Children and Families to guide Floridians on an individualized path to prosperity, economic self-sufficiency, and hope by focusing on community collaboration between the private sector, faith-based community, nonprofits, and government entities to break down traditional community silos, to maximize resources and uncover opportunities that help individuals thrive. Individuals requesting assistance are paired with a Hope Navigator who assists them in navigating community resources to overcome unmet needs.

Hope Florida has since launched in several other state agencies to assist their respective populations in overcoming similar challenges and barriers that limit their ability to thrive fully in achieving the American dream. These agencies include: the Department of Juvenile Justice, Agency for Persons with Disabilities, Department of Elder Affairs, Florida Department of Veteran's Affairs, Office of the Guardian Ad-Litem, and Department of Education.

The Agency shall leverage the SMMC program to improve certain non-medical conditions through a closed-loop referral system that ensures the Managed Care Plan is accountable and incentivized to promote Hope Florida. The Managed Care Plan shall develop and maintain procedures to assess enrollees who may be experiencing barriers to employment, economic self-sufficiency, and independence to gain access to care coordination/case management services and health-related social needs, such as housing assistance, food sustainability, vocational training, and educational support services (Attachment II, Section I.F.). The purpose of this policy transmittal is to affirm the contractual requirements that Managed Care Plans must provide services, including expanded benefits and other covered and non-covered programs and services, to the fullest extent possible prior to referral and utilization of Hope Florida community services, and to provide additional Hope Florida contractual, programmatic and reporting requirements.



Updated Hope Florida Contractual Requirements

Attachment II, Section I.F.1. will be updated as follows in the next SMMC contract amendment and is effective as of the date of this policy transmittal:

- a. The Managed Care Plan shall develop and maintain procedures for receiving referrals from Hope Florida for enrollees who may be experiencing barriers to employment, economic self-sufficiency, housing assistance, food insecurity, vocational training, and educational support services.
- b. The Managed Care Plan shall work in collaboration with the Agency and the Department of Children and Families in establishing guidelines and procedures for referring enrollees to Hope Florida who need assistance with overcoming barriers to economic self-sufficiency that exceed the Managed Care Plan's ability to address. This includes development of an Agency approved screening tool for assessing eligibility for a referral to Hope Florida as well as the development of a Hope Florida Benefit Manual to be shared with the Hope Navigators.
 - (1) The Managed Care Plan is required to update the Hope Florida Benefits Manual and send the updated manual to the Hope Florida contact(s) provided by the Agency within seven (7) days of any change to any information included in the manual. The Managed Care Plan must review the Hope Florida Benefits Manual at least every quarter to ensure no updates are needed.
- c. The Managed Care Plan shall implement strategies, as directed by the Agency, to empower enrollees to overcome barriers to employment, economic self-sufficiency, independence, and achieve community integration.
- d. The Managed Care Plan that achieves successful rates of graduation from Medicaid may receive additional enrollee assignments at a factor and for a duration to be determined by the Agency. The Agency reserves the right to establish a minimum threshold for successful rates of graduation.
- e. The Managed Care Plan shall maintain procedures for providing expanded benefits and other resources that assist enrollees referred from Hope Florida who have the following needs: employment, educational or vocational training, housing instability, or food insecurity. The Managed Care Plan shall also establish relationships with community organizations who can assist with long-term resolution of transportation or child-care challenges that prevent an individual from fully participating in employment opportunities.
- f. The Managed Care Plan shall enroll in the Hope Florida closed loop referral system as an "in-network" partner available to receive referrals through the

program. The Managed Care Plan shall provide the Department of Children and Families with the Agency-approved expanded benefits and other resources that the Managed Care Plan offers to enrollees participating in Hope Florida. This information will be included in the closed loop referral system for use by Hope Navigators in making appropriate referrals to the Managed Care Plan for their enrollees.

- g. When receiving referrals from Hope Florida, the Managed Care Plan shall document the status of and fulfillment of the enrollee's needs in the Hope Florida closed loop referral system. The Agency shall ensure Managed Care Plans receive training on use of the closed loop referral system. The Managed Care Plan shall maintain ongoing contact and collaboration with the enrollee's Hope Navigator to maximize outcomes and resolution of needs.
- h. The Managed Care Plan shall ensure coordination between the enrollee's Managed Care Plan case manager, care coordinator, or disease management coordinator with the Hope Navigator, if necessary, to maximize communication and information sharing.
- i. The Managed Care Plan shall designate the appropriate number of contacts for receipt of referrals from Hope Florida.
- j. The Managed Care Plan shall contact all enrollees referred from Hope Florida within one (1) business day, acknowledging the receipt of the referral and to begin addressing the unmet need, and maintain contact with enrollees at minimum, every thirty (30) days, until the barriers are resolved.
- k. The Managed Care Plan shall attend Hope Florida partner meetings scheduled by the Department of Children and Families to foster ongoing technical assistance and educational opportunities.
- l. The Managed Care Plan may provide marketing information on its commercial line of business or its Individual Exchange Plan through the Health Insurance Marketplace as part of the Managed Care Plan's Hope Florida program in support of assistance maintaining medical coverage after graduating from Medicaid.
- m. In accordance with **Section XV.**, Accountability, and the Managed Care Plan Report Guide, the Managed Care Plan shall report either monthly or quarterly to the Agency:
 - (1) The number of enrollees referred from Hope Florida.
 - (2) Type, number, and value of expanded benefits provided to enrollees referred from Hope Florida.

- (3) Health outcomes following receipt of Hope Florida related services provided by a case manager or Hope Navigator.
 - (4) Number of enrollees referred from Hope Florida completing vocational training or education programs, including participation and the number of enrollees successfully completing the program.
 - (5) Number of enrollees referred from Hope Florida who have gained employment or have achieved better wages.
 - (6) Number of enrollees graduating out of Medicaid as defined by the Agency.
- n. The Managed Care Plan must participate in Hope Florida's Disaster Relief Program as directed by the Agency. Managed Care Plans are required to designate a primary and back-up point of contact to serve as the Activate Hope contact for supporting the Hope Florida's Disaster Relief Program.
- o. If the Managed Care Plan fails to comply with any of the requirements of this Section, the Managed Care Plan may be subject to sanctions pursuant to **Section XII.**, Sanctions and Corrective Action Plans, or liquidated damages pursuant to **Section XIII.**, Liquidated Damages, as determined by the Agency.

Additional Information

The following information clarifies the expectation for implementing specific aspects of the above.

System Access

The Managed Care Plan shall enroll in the Hope Florida closed loop referral system, Unite Us, as an "in-network" partner available to receive referrals through the program. The Managed Care Plan is expected to purchase the 10-user package from Unite Us necessary to gain system access and must send confirmation of enrollment to its Agency contract manager.

The Managed Care Plan must use the Unite Us system to document in detail all programs, services, and resources provided to individuals referred through the Unite Us system as described below. The Managed Care Plan is not required to replace any existing vendors as a result of its Unite Us enrollment and may use other partners or platforms, including other closed loop referral systems, to fulfill the requirements of the SMMC Contract. However, the Managed Care Plan must use the Unite Us system, regardless of any other systems the plan has in place, as the official system to document the "closed loop" resolution of cases specific to Hope Florida referrals.

Case Management Responsibilities

When an individual requests assistance through Hope Florida, the Hope Navigator will check to see if the individual is enrolled in a Managed Care Plan. If the individual is an enrollee of a Managed Care Plan and the plan offers services that can help address an unmet need(s) identified by the individual, the Hope Navigator will refer them to their respective plan to fulfill the need(s). The Managed Care Plan shall designate a minimum of one point of contact for receipt of referrals from Hope Navigators. Once a case is referred to and received by the Managed Care Plan, the plan shall ensure coordination between the enrollee's Managed Care Plan case manager, care coordinator, or disease management coordinator and the Hope Navigator assigned to the enrollee.

The Managed Care Plan shall develop and maintain procedures for receiving referrals from Hope Navigators. Plans may make direct referrals to a Hope Navigator only if an individual agrees to be referred to a Hope Navigator and **is not** a Medicaid enrollee, is losing health plan eligibility or Medicaid coverage, **and** has barriers such as employment, education, basic needs, etc. that they would like assistance with overcoming. **If the individual is a Medicaid enrollee, the Managed Care Plan must exhaust all plan resources before making a referral to a Hope Navigator.** The Managed Care Plan must provide sufficient documentation in the enrollee's file as to why the referral is being made and all resources made available to the recipient prior to the referral, as applicable. The individual must also agree to being referred to a Hope Navigator.

The Managed Care Plan shall contact all enrollees referred from Hope Florida within one (1) business day of receipt of the referral and begin establishing a plan to address the unmet needs of the individual. The Managed Care Plan must maintain contact with enrollees at a minimum every thirty (30) days until all barriers are resolved and all of the enrollee's needs are met. Care coordinators/case managers are required to have open cases and be actively providing care coordination/case management services for a minimum of thirty (30) days. Cases may be closed after thirty (30) days due to inactivity but must be reopened if the enrollee elects to seek assistance at a later date.

Reporting Requirements

The Agency will be including a new Report Guide Report Template(s) for the Hope Florida reporting as described in Attachment II, Section I.F.1.m. above. Reporting frequency and due dates, including the Hope Florida report template(s), will be communicated in a subsequent policy transmittal.

Medicaid Graduation Initiative

Specific information regarding the Agency initiative incentivizing Managed Care Plans to assist enrollees with graduating from Medicaid (Attachment II, Section I.F.1.d. above) will be communicated in a subsequent policy transmittal, including reporting requirements specific to this initiative.

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Hope Florida Benefit Manual

Managed Care Plans must create a Hope Florida Benefit Manual for Hope Navigators to use while completing their initial assessments and making referrals to the Managed Care Plan using the Agency's standard template, included with this policy transmittal as an attachment. Plans must complete and submit their plan-specific draft Benefit Manual back to the Agency no later than March 14, 2025.

Sincerely,



Brian Meyer
Deputy Secretary for Medicaid

BM/jp

Attachment: Hope Florida Benefit Manual