



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

December 10, 2019

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2019-25

Applicable to the following benefits in the **2018-2023 SMMC contract**:

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

### Re: Home and Community-Based 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 meet Home and Community-Based (HCB) Settings requirements. The managed care plan must verify facility compliance through an on-site review, using the Agency-prescribed HCB Settings Assessment and Remediation Tools, prior to offering the provider as an enrollee choice. (Attachment II, Exhibit II-B, Section VIII.C.2.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 plan contracted HCB facilities that have not yet been assessed with the Agency-prescribed Home and Community-Based Assessment Tools and has assigned these facilities among the managed care plans. Each managed care plan will receive its final assigned facilities list by separate email from its Agency contract manager. The managed care plan must complete onsite reviews using the Agency-prescribed Home and Community-Based Assessment Tool – Non-Residential Settings Template or Home and Community-Based Assessment Tool – Residential Settings Template, as appropriate, accessible on the Agency Web site [https://ahca.myflorida.com/medicaid/hcbs\\_waivers/assessment\\_tools.shtml](https://ahca.myflorida.com/medicaid/hcbs_waivers/assessment_tools.shtml). The managed care plan must **complete the initial assessment of these facilities by April 1, 2020**.

Upon completion of each facility's assessment and determination that the facility is compliant with the HCB Settings Rule requirements, the managed care plan must update its weekly Provider Network File (PNV File), revising the HCB Indicator field to 'Y' for that facility. This will enable the Agency to run weekly reports to learn the status of each managed care plan's assigned facilities.

#### Remediations

For any HCB facility the managed care plan assessed and determined the facility to be non-compliant with HCB Settings requirements, the managed care plan must work with the facility on a plan of remediation using the Non-Residential Remediation Plan Template or the Residential Remediation Plan Template, as appropriate, accessible on the Agency Web site: [https://ahca.myflorida.com/medicaid/hcbs\\_waivers/assessment\\_tools.shtml](https://ahca.myflorida.com/medicaid/hcbs_waivers/assessment_tools.shtml).



The managed care plan must use the HCB Settings Progress Report template attached to this policy transmittal to submit reports on these facilities 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 number, 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 January 15, 2020**, and monthly thereafter until all remediation is completed.

#### Validations

The Agency is required to use sampling to validate the managed care plans HCB settings findings. Through information submitted to the Agency in the managed care plans' provider network verification (PNV) files, the Agency identified HCB facilities already assessed by managed care plans using the 2016 version of the Agency-prescribed HCB Settings Assessment Tool. These managed care plans will receive a list of randomly selected facilities from its Agency contract manager with a request to submit the previously completed assessments to the Agency. By no later than **close of business on December 31, 2019**, the managed care plan must upload the requested assessments 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: "ABCYYYYHCB000000000", where ABC stands for the managed care plan's three-character plan identifier, YYYY stands for the four-digit year in which the assessment was completed, HCB stands for home and community-based, and 000000000 stands for the nine-digit Florida Medicaid provider ID number forwarded to the plan by its Agency contract manager for the selected facility.

In addition, the Agency has already selected a random sample of facilities not yet assessed to be included in its validation activities. Again, as managed care plans complete the on-site assessments and determine facilities compliant, the managed care plans will update the weekly PNV file to reflect 'Y' in the HCB Indicator field, and the Agency will review the status of the assignments to learn if one of the randomly selected facilities has been assessed. The Agency will also review the monthly HCB Settings Progress Report for the same purpose. 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 facilities 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. 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.

There may be instances in which the facility cannot be remediated and further steps will need to be completed. Further information regarding these steps will be reviewed with the managed care plans at a future date.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

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Re: Home and Community-Based Settings Requirements  
December 10, 2019  
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Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive style with a prominent loop at the beginning of the first name.

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr  
Attachment: HCB Settings Progress Report Template