



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2014

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 14-24

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services Network Plan

Re: Long-term Care Freedom of Choice

Managed care plans serving Long-term Care (LTC) enrollees are required to ensure the enrollee's or enrollee's representative's completion and signature of the Agency-approved Freedom of Choice Certification form. (Attachment II, Exhibit II-B, Section V.E.5.c.(1)). The purpose of this policy transmittal is to provide managed care plans with the Freedom of Choice Certification for Florida Statewide Medicaid Managed Care (SMMC) Program form. The enrollee's record must include the Freedom of Choice Certification form as documentation of the enrollee's choice between institutional and home and community-based services. (Attachment II, Exhibit II-B, Section VI.E.1.a.(1)(a)(z)).

Managed care plans must print the enclosed form on the plan's official letterhead and begin using the form with LTC enrollees to affirm their choice. For new LTC enrollees, complete this form during the initial face-to-face assessment with the LTC enrollee. For current LTC enrollees, complete this form at the next scheduled face-to-face meeting with the LTC enrollee or the enrollee's authorized representative.

In addition, managed care plans may immediately discontinue any further submissions of the Freedom of Choice Selection Report by LTC plans (Exhibit II-B, Section V.D.4.c.(14)).

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Beth Kidder".

Beth Kidder
Assistant Deputy Secretary for
Medicaid Operations

BK/slc

Enclosure: Freedom of Choice Certification Form

