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GOVERNOR

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SECRETARY

December 8, 2014

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 14-24

Applicable to:

Long-term Care Provider Service Network

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 5, Section V, item I, paragraph 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 5, Section V.K.1.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 (Attachment II, Exhibit 12, Section A.1.).

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

