December 20, 2013

Statewide Medicaid Managed Care (SMMC) LTC Policy Transmittal 13-06

Applicable to:

<table>
<thead>
<tr>
<th>Capitated Managed Care Plan Contract Type</th>
<th>Fee-for-Service PSN Contract Type</th>
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<tbody>
<tr>
<td><strong>LTC Plan Type</strong></td>
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<tr>
<td>✓ LTC HMO</td>
<td>✓ LTC FFS PSN</td>
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Re: SMMC Long-term Care (LTC) Program Critical Incident Reporting

Dear LTC HMOs and LTC Fee-for-Service PSN:

The purpose of this policy transmittal is to clarify contract language in the LTC Contract relating to critical incident reporting requirements. Attachment II, Exhibit 8, Section VIII, Quality Management, Item A. Quality Improvement, paragraph f.(6) reads:

"(6) The Managed Care Plan shall report to the Agency, as specified in Section XII, Reporting Requirements, and in the LTC Report Guide, any death and any adverse incident that could impact the health or safety of an enrollee (e.g., physical or sexual abuse) within twenty-four (24) hours of detection or notification."

Reference to “any death” in this Contract excerpt refers to deaths related to a critical incident. LTC plans should not include deaths that are unrelated to a critical incident in their Critical Incident Report or Critical Incident Summary.

If you have questions or concerns, please contact your contract manager.

Sincerely,

[Signature]

Justin M. Senior
Deputy Secretary for Medicaid

JMS/slce