



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 5, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-28

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 (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Ad Hoc Report for Private Duty Nursing Services

The managed care plan may be required to provide the Agency or its agent information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than thirty (30) days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.¹)

Managed Medical Assistance (MMA) plans and Comprehensive Long-term Care (LTC) plans must provide private duty nursing (PDN) services, when medically necessary, for enrollees under the age of 21 years. (Attachment II, Exhibit II-A, Section V.A.1.a.(16)²; Attachment II, Exhibit II-B, Section V.A.1.a.(13)) The purpose of this policy transmittal is to notify managed care plans of an ad hoc reporting requirement regarding the provision of PDN services.

Managed care plans must submit to the Agency a weekly report on any enrollees currently receiving PDN services, using the attached template³. The managed care plan must submit the initial report no later than October 24, 2016 and must continue to submit this ad hoc PDN services report on a weekly basis, by close of business on Mondays for the prior calendar week, until the Agency discontinues the reporting requirement for the plan. The managed care plan must use the following naming convention to submit this ad hoc PDN services report to their Agency contract manager: PDN***YYYYMMW, where

¹ The citation for the CMS plan is Attachment I, Section II.D.2.

² The citation for the CMS plan is Attachment I, Section V.A.3.a.(16)

³ The CMS Plan must submit a report in the format and frequency agreed upon by the Agency.



Statewide Medicaid Managed Care (SMMC) Policy Transmittal 16-28
Re: Ad Hoc Report for Private Duty Nursing Services
October 5, 2016
Page Two

*** is the managed care plan's three-character identifier, YYYY is the four-digit year, MM is the two-digit month and W is the one-digit week (1, 2, 3, 4 or 5) of the month in which the report is submitted. The managed care plan must complete and submit an attestation as described in Chapter 2 of the Statewide Medicaid Managed Care Plan Report Guide, effective October 1, 2016.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with a large initial "B" and "K".

Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/sr
Attachment