



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 14, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-06

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: Nursing Facility Services for Managed Medical Assistance Enrollees Under the Age of Eighteen (18) Years

Managed care plans must cover nursing facility services for enrollees under the age of eighteen (18) years. (Attachment II, Exhibit II-A, Section V.A.1.a.(20)¹) The purpose of this policy transmittal is to notify managed care plans of the requirements for coverage of nursing facility services for enrollees under the age of eighteen (18) years.

Effective March 1, 2017, managed care plans are responsible for coverage of nursing facility services to enrollees under the age of eighteen (18) years. Managed care plans must enter into provider contracts with a sufficient number of providers to provide all covered services to enrollees and ensure that each medically necessary covered services is accessible and provided to the enrollee with reasonable promptness (within the meaning of that term as set forth in 42 U.S.C. §1396a(a)(8)). (Attachment II, Section VI.A.1.a.²) Managed care plans must pay no less than the facility's Medicaid nursing home per diem for the provision of nursing facility services to enrollees under the age of eighteen (18) years. Managed care plans must pay the Medicaid supplemental nursing home rate when the Children's Multidisciplinary Assessment Team determines the enrollee meets the criteria in Rule 59G-4.290, Florida Administrative Code. The Medicaid nursing home per diem rates and the Medicaid nursing home supplemental rate are accessible on the Agency's Web site at <http://ahca.myflorida.com/Medicaid/Finance/finance/index.shtml>.

In order to ensure a seamless transition between the MMA and Long-term Care service delivery systems, MMA managed care plans must ensure referrals with the required medical documentation needed to complete the clinical eligibility process for the Long-term Care

¹ The citation for the CMS plan contract is Attachment I, Exhibit II-A, Section V.A.3.a.(20)

² The citation for the CMS plan contract is Attachment I, Exhibit II-A, Section VI.A.1.a.



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program are submitted to the Comprehensive Assessment and Review for Long-Term Care
Services program, six months prior to an enrollee turning the age of eighteen (18) years while
residing in a nursing facility. (Attachment II, Exhibit II-A, Section V.E.2.b.(8)³)

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

Sincerely,



Shevaun Harris
Assistant Deputy Secretary
for Medicaid Policy and Quality

SH/sr

³ The citation for the CMS plan contract is Attachment I, Exhibit II-A, Section V.D.2.b.8.