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GOVERNOR

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SECRETARY

February 22, 2017

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 17-07

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 Template Revision

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.<sup>1</sup>)

The managed care plan 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.(15)<sup>2</sup>; Attachment II, Exhibit II-B, Section V.A.1.a.(13)) With policy transmittal 16-28 issued on October 6, 2016, the Agency established a weekly ad hoc report regarding the provision of PDN services. The purpose of this policy transmittal is to notify managed care plans of a revision to the ad hoc report template.

Managed care plans must begin to use the revised report template attached to this policy transmittal effective with the submission of next week's report<sup>3</sup>. The report template now includes a column for the date (MM/DD/YYYY) the enrollee began receiving less than the full number of ordered PDN services.

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

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

<sup>2</sup> The citation for the CMS plan is Attachment I, Section V.A.3.a.(15)

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



Sincerely,



Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr  
Attachment