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GOVERNOR

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SECRETARY

July 18, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-13

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: Consent for Voluntary Suspension of Authorized Services in the Florida Medicaid Statewide Medicaid Managed Care Program Form

The managed care plan must follow the medical/case record standards for each enrollee's medical/case records and document a voluntary suspension of service(s) as directed by the Agency. (Attachment II, Section VI.E.3.a.¹) The managed care plan must provide each enrollee with a written notice of adverse benefit determination using the template provided by the Agency for the denial, reduction, termination, or suspension of any services. (Attachment II, Section VII.G.6.a.²) The purpose of this policy transmittal is to provide managed care plans directions on documenting certain enrollees' requests for voluntary suspension of a service. For purposes of this policy transmittal, use of the term "enrollee" includes the enrollee's parent, legal guardian, or authorized representative, as applicable.

An enrollee may voluntarily choose not to receive any or all authorized services(s) without penalty of ongoing loss of provision for those authorized services(s). No later than August 18, 2017, the managed care plan must document the enrollee's voluntary refusal of services using the Consent for Voluntary Suspension of Authorized Services in the Florida Medicaid Statewide Medicaid Managed Care Program, as required by the Agency.

The managed care plan must obtain the enrollee's consent for the voluntary suspension of services in the following circumstances:

- For an enrollee under the age of twenty-one (21) years receiving private duty nursing (PDN) services, the managed care plan must obtain the enrollee's written

¹ The citation for the CMS plan is Attachment I, Section VI.E.3.a.

² The citation for the CMS plan is Attachment I, Section VII.G.6.a.



consent prior to enacting the suspension of service, using the Agency-required form.

- For an enrollee receiving Long-term Care services (except for PDN), the managed care plan must obtain the enrollee's verbal or written consent prior to enacting the suspension of a service, using the Agency-required form. The managed care plan may obtain verbal consent from the enrollee prior to enacting the suspension of service, but the managed care plan must follow up to obtain the enrollee's signature on the form at the next face-to-face visit.

The managed care plan must print the Agency-required form on its official letterhead and begin using the form to document enrollee choice as required above. The managed care plan must maintain the completed, signed form as documentation in the enrollee's medical/case record.

With the use of this form, the managed care plan will not be required to provide the enrollee with a notice of adverse benefit determination for an enrollee's choice to suspend a service. However, the managed care plan must continue to provide an enrollee with a notice of adverse benefit determination for any decision *by the managed care plan* to suspend an enrollee's services.

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