



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 25, 2013

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

The authority for the Statewide Medicaid Managed Care Long-term Care program requires compliance with a number of performance measures set forth in the federally approved 1915(c) waiver. In order to comply with quarterly waiver performance measure report submissions to the Centers for Medicare and Medicaid Services, the Agency for Health Care Administration (Agency) and the Department of Elder Affairs (Department) will request that your plan submit case files throughout the 2013-14 fiscal year. To complete file submissions, please do the following:

- Organize and submit the case files in the following order:
 1. Cover sheet with current address
 2. 701B Assessment and/or Plan initial assessment
 3. Care plan
 4. Personal goal setting documentation
 5. Service authorizations (verification that services in the care plan have corresponding authorizations)
 6. Case notes
 7. Documentation of receipt of enrollee handbooks
 8. Documentation of discussion of advance directives
- Save each file separately, with the line number associated with each enrollee and their initials (i.e., 1AB, 2CD).

Since the enrollee lists cover Regions 7, 8, and 9, items 1-8 should represent the enrollment periods after August 1, 2013, with the exception of the 701B Assessment. The sample being used to conduct this review will be forwarded to each plan by the contract manager. Please submit this information by November 25, 2013 to the Bureau of Managed Health Care FTP site. Additional information may be requested as needed. If you have any questions, please contact your contract manager.

Thank you for your assistance with the compliance monitoring process.

Sincerely,

Melanie Brown-Woofter
Chief, Medicaid Health Systems Development

MBW/slc

