



The Oklahoma Health Care Authority has submitted requests to the Centers for Medicare & Medicaid Services (CMS) for a number of flexibilities in response to coronavirus. The requests were submitted through various 1135 waiver requests, Title XIX and Title XXI Children's Health Insurance Program (CHIP) disaster-relief state plan amendments (SPA), as well as Home and Community-Based Services (HCBS) Appendix K requests. OHCA's requests are approved by CMS or authorized by federal legislation and CMS blanket approvals. Any requests pending CMS-approval are noted below.

WAIVER REQUEST	APPROVAL STATUS
Waiver Submission Public Hearing Requirements	
Waiver of 42 CFR 431.408(a)(3) in order to conduct all public hearings required for waiver submission virtually rather than in person.	CMS blanket approval*
Provider Requirements	
Waiving certain provider enrollment requirements, such as provider enrollment fees, criminal background checks associated with fingerprint-based criminal checks, site visits, screening levels and in-state/territory licensure.	Effective 03/01/2020
Temporarily suspending the revalidation of all providers who are located in Oklahoma or otherwise directly impacted by the emergency.	Effective 03/01/2020
Waive the requirement that critical access hospitals limit the number of beds to 25 and that the length of stay be limited to 96 hours.	CMS blanket approval*
Suspend the three-day prior hospitalization for coverage of a skilled nursing facility stay for the duration of the emergency.	CMS blanket approval*
Waive Emergency Medical Treatment and Labor Act (EMTALA) sanctions for redirection of an individual to receive a focused medical screening examination related to COVID-19 in an alternative location.	CMS blanket approval*
Suspend minimum data set submission requirements for clients in non-skilled nursing facilities for 60 days.	CMS blanket approval*
Allow verbal consent from beneficiaries and all providers responsible for service plan implementation when HIPAA compliant teleconference or video conference team meetings are held.	Effective 03/01/2020



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Member Eligibility	
Postponing member-eligibility renewals that are scheduled to occur during the emergency declaration.	Requirement of Families First Coronavirus Response Act
Fair Hearings	
Temporarily delay scheduling Medicaid fair hearings and issuing fair-hearing decisions during the emergency period to allow an additional 120 days to appeal and issue decisions.	Effective 03/01/2020
Benefits	
Added flexibility to suspend or modify prior authorization requirements for accessing covered state plan and waiver benefits during the emergency period. OHCA will only utilize this option if unable to review and process PAs due to staff shortage or technology failure.	Effective 03/01/2020
Waive state plan or waiver-imposed utilization controls on covered benefits to the extent such limits cannot be exceeded based on medical necessity in the relevant approved state plan or waiver authority.	Effective 03/01/2020
Allowing expanded use of telehealth through the end of the declared public health emergency, for most SoonerCare reimbursable services.	No federal approval needed
Waive pre-admission screening and annual resident review level I and II for 30 days.	Effective 03/01/2020
Allow durable medical equipment providers to waive replacement requirements, such as the face-to-face requirement, new physician's order, and a renewal medical necessity documentation.	CMS blanket approval*
Waiver of face to face encounter requirements for reimbursement in 42 CFR 405.2463(a)(B)(3) and 42 CFR 440.90(a) for FQHCs, RHCs, and Tribal 638 Clinics to allow for telephonic services provided by clinic providers for new or established clinic patients. Telephonic services would be reimbursed on a fee-for-service basis and not PPS.	CMS blanket approval*
Waiver of requirement for Tribal 638 clinics that services be provided within the clinic four walls except for homeless populations per 42 FR 440.90 to allow for the screening and testing away from patient areas and allow for services to homebound and others. Tribal 638 clinics would be able to bill these visits at the federally established OMB rate methodology.	Approved in Federal Public Health Emergency Declaration



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Waiver of the requirement that clinic services must be provided within the four walls of the clinic pursuant to 42 CFR 440.90 to allow for the screening and testing away from patient areas and allow for services to homebound and others.	CMS has extended the grace period for states and Tribal facilities to come into compliance with the “Four Walls” requirement under 42 C.F.R. § 440.90 to nine months after the COVID-19 PHE ends
Allow payment for personal care services rendered by legally responsible individuals for the period of the public health emergency.	Effective 03/01/2020
Provider Reimbursement	
Flexibility allowing providers to receive payments for services provided to affected SoonerCare members in alternative physical settings, such as mobile testing sites, temporary shelters or facilities.	Effective 03/01/2020

Additional blanket waivers approved by CMS are set forth [here](#).

**Blanket waivers apply to all applicable providers and do not require a request be sent or that notification be made to CMS.*

TITLE XIX DISASTER RELIEF SPA REQUESTS	APPROVAL STATUS
Effective Date, Public Notice, and Tribal Consultation Requirements for disaster relief SPAs	
Modify the requirement to submit a SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020.	Effective 03/01/2020
Waive public notice requirements that would otherwise be applicable to this SPA submission.	Effective 03/01/2020
Request to notify tribal partners of all SPA changes on or before submission to CMS as well as offer a telephonic meeting to discuss or consult with Tribes at the next regularly schedule bi-monthly consultation meeting.	Effective 03/01/2020



Member Eligibility	
Disregard resources or built-up assets that result from any payment made by the federal, state, local, or tribal government to relieve the adverse economic impacts of the COVID-19 pandemic that would have otherwise been part of an individual's liability for his or her institutional services based on application of the post-eligibility treatment-of income (PETI) rules but which became countable resources on or after March 1, 2020 and/or retained through the end of the COVID-related public health emergency for individuals who are 65 years of age or older or are disabled individuals.	Effective 03/01/2020
Establish 12 months of continuous eligibility for children under the age of 19 regardless of changes in circumstances.	Effective 03/01/2020
Allow hospitals to make presumptive eligibility (PE) determinations for non-MAGI individuals, including: <ul style="list-style-type: none"> • Individuals Eligible for But Not Receiving Cash Assistance, 1902(a)(10)(A)(ii)(I); • Individuals Eligible for Cash Except Institutionalization, 1902(a)(10)(A)(ii)(IV); • Optional State Supplemental Beneficiaries, 1902(a)(10)(A)(ii)(XI); • Individuals in Institutions Eligible under a Special Income Level, aged, blind and disabled individuals, 1902(a)(10)(A)(ii)(V) and 1905(a)(iii), (iv) and (v); and • Age and Disability-Related Poverty Level, 1902(a)(10)(ii)(X) and 1902(m). 	Effective 12/14/2020
Premiums & Cost Sharing	
Waive cost-sharing for testing services, testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies. (including drugs), for any quarter in which the temporary increased FMAP is claimed.	Effective 03/01/2020
Benefits	
Allow nurse practitioners, clinical nurse specialists, or physician assistants, working in accordance with State law, to order home health services as per the CARES Act.	Effective 03/27/2020



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Allow independently contracted psychologists to serve SoonerCare adults only for crisis intervention services.	Effective 03/01/2020
Change the 34-day supply prescription quantity limit to allow for a 90-day supply.	Effective 03/01/2020
Expand prior authorization for medications by automatic renewal without clinical review, or time/quantity extensions.	Effective 03/01/2020
Establish coverage of mobile COVID-19 testing sites.	Effective 03/01/2020
Aligning the Expansion Adult ABP with the previously approved disaster-relief requests to apply newly added and/or adjusted benefits to Alternative Benefit Plans (ABP).	Effective 07/01/2021
Allow adults in the Medicaid program access to services provided by independently contracted clinical psychologists practicing within state scope of practice.	Pending CMS approval
Provider Reimbursement	
Allow rural/independent Medicaid-enrolled hospitals to request an interim payment.	Effective 03/01/2020
Establish a rate increase for private duty nursing (PDN) providers for PDN hours that result in over-time rate of pay for nursing staff. <ul style="list-style-type: none"> The increase from \$32/hour to \$40/hour is to be applied only for persons with tracheostomies or who are ventilator dependent. 	Effective 03/01/2020
Establish a supplemental payment based on the cost for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), in a form of a one-time lump sum to eligible nursing facilities serving residents classified by the state as ventilator-dependent.	Effective 07/01/2020
Allow physicians as well as pharmacists, pharmacy interns, and other qualified professionals, as per the Public Readiness and Emergency Preparedness (PREP) Act, to be reimbursed for the administration of the COVID-19 vaccine. <ul style="list-style-type: none"> The OHCA follows Medicare's reimbursement guidance for the COVID-19 vaccine and will reimburse \$16.94 for the administration of the first vaccine and \$28.39 for the administration of the second vaccine. 	Effective 08/24/2020



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<ul style="list-style-type: none"> • Vaccines administered to American Indian/Alaskan Native (AI/AN) members by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) will be reimbursed the Office of Management and Budget (OMB) rate, per the current State Plan methodology, for the administration of the COVID vaccine. • The OHCA will extend the current vaccine administration reimbursement methodologies, as per the Oklahoma Medicaid State Plan, to pharmacists and other qualified professionals described in the PREP Act for all Advisory Committee on Immunization Practices (ACIP) recommended vaccines. 	
<p>Reimburse the prospective payment system (PPS) rate or alternative payment methodology (APM) rate, as applicable and as per the State Plan, for the administration of the COVID-19 vaccines administered within a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). If administration of the COVID-19 vaccine is the sole purpose of the FQHC or RHC visit, the Medicare vaccine administration reimbursement methodology will be applied.</p>	<p>Pending CMS approval</p>
<p>Increase the payment rate for COVID-19 vaccine administration in cases where vaccine administration is separately reimbursable at a fee amount, the OHCA follows national Medicare rates, without geographic adjustment, in effect when the service is provided.</p>	<p>Effective 03/15/2021</p>
<p>Allow a temporary supplemental payment for long-term care facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) to support increased costs due to COVID-19. The effective date for the supplemental payments will be retroactive to July 1, 2020 and will end on June 30, 2021. If the public health emergency is extended past June 30, 2021 supplemental payments will continue to be made to eligible facilities.</p>	<p>Effective 07/01/2020</p>
<p>Other Policies and Procedures Differing from Approved Medicaid State Plan</p>	



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Waive the penalties for possibly preventable readmissions that exceed 100% of the statewide average.	Effective 03/01/2020
Increase the number of therapeutic leave days in nursing facilities (NFs) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) from 7 days NF & 60 days ICF-IID to 10 days NF & ICF-IID 70 days.	Effective 03/01/2020
Waive the provision that payments for therapeutic leave days could not exceed a maximum of 14 consecutive days per absence for ICF/IIDs.	Effective 03/01/2020

Title XXI CHIP DISASTER RELIEF SPA REQUESTS	APPROVAL STATUS
Member Eligibility	
Establish 12 months of continuous eligibility for children under the age of 19 regardless of changes in circumstances.	Effective 03/01/2020
Postpone the processing of annual Medicaid eligibility renewals for all Medicaid members that are scheduled to occur during the novel COVID-19 emergency declaration, and postpone taking action on Medicaid eligibility determinations due to changes in circumstances affecting an individual's Medicaid eligibility for sixty (60) days or until the termination of the novel COVID-19 declaration of emergency, whichever is longer.	Effective 03/01/2020
Suspend adverse actions to respond to changes in any eligibility factors, including, but not limited to, income and age.	The maintenance of effort provisions in the FFCRA provide the authority necessary to fulfill this request.

1115 SOONERCARE CHOICE DEMONSTRATION WAIVER REQUEST	APPROVAL STATUS
Premiums & Cost Sharing	



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Suspend premium obligations as a requirement for eligibility in the Insure Oklahoma Individual Plan during the emergency period as well as accept, for purposes of eligibility.	Effective 03/18/2020
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1915c HCBS WAIVER APPENDIX K	APPROVAL STATUS
Advantage Waiver	
Temporarily modify service scope and coverage, exceeding certain service limitations, adding services, expanding service settings, suspending exception requirements, modifying provider qualifications, modifying licensure requirements, modifying level of care evaluation processes, modifying person-centered service plans, modifying incident reporting requirements, allowing payments for hospitalized services, including retainer payments, and allowing for video conferencing/telehealth opportunities.	Effective 04/03/2020
Allow an extension of three months to respond to the Draft Quality Review Report for the Advantage Waiver.	Effective 06/26/2020
Update the end date to 1/26/2021.	Effective 10/30/2021
Temporarily increase payment rates for home care services, adult day health services, assisted living services, hospice services, and nursing facility respite services.	Effective 12/09/2020
Update the end date to six months after the Public Health Emergency expiration.	Effective 01/14/2021
Temporarily include a retroactive COVID-19 add on payment not to exceed 20% of the provider's current rate during the period beginning October 1, 2020 through December 31, 2020 .	Effective 01/27/2020
Community Waiver	
Change to employment training, adult day services, service plans, examination requirements, staffing ratios for case management, and various other changes in response to the Covid-19 emergency.	Effective 04/03/2020



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Add electronic methods of service delivery to allow service to continue to be provided remotely in the home setting.	Effective 08/26/2020
Temporarily allow for service limits to be exceeded, expanding setting(s) where services may be provided, and increasing payment rates.	Effective 12/09/2020
Update the end date to six months after the Public Health Emergency expiration.	Effective 01/14/2021
Temporarily include a retroactive COVID-19 add on payment not to exceed 20% of the provider's current rate during the period beginning October 1, 2020 through December 31, 2020 .	Effective 01/27/2020
Homeward Bound Waiver	
Change to employment training, adult day services, service plans, examination requirements, staffing ratios for case management, and various other changes in response to the Covid-19 emergency.	Effective 04/03/2020
Temporarily allow provision of Habilitation Training Specialist service to adult members using HIPAA compliant phone or video conferencing in non-residential service settings.	Effective 04/28/2020
Add electronic methods of service delivery to allow service to continue to be provided remotely in the home setting.	Effective 08/26/2020
Temporarily allow for service limits to be exceeded, expanding setting(s) where services may be provided, and increasing payment rates.	Effective 12/09/2020
Update the end date to six months after the Public Health Emergency expiration.	Effective 01/14/2021
Temporarily include a retroactive COVID-19 add on payment not to exceed 20% of the provider's current rate during the period beginning October 1, 2020 through December 31, 2020 .	Effective 01/27/2020
In Home Supports Waiver for Adults	
Temporarily extend deadlines, allowing for payment of HTS services, allowing professional providers to utilize telehealth, allowing prescriptions from various health providers to last 24 months, allowing providers to	Effective 04/03/2020



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monitor employment sites remotely, and allowing specialized medical supplies and assistive tech to be billed without a referring/ordering physician on the claim.	
Temporarily allow provision of Habilitation Training Specialist service to adult members using HIPAA compliant phone or video conferencing in non-residential service settings.	Effective 04/28/2020
Add electronic methods of service delivery to allow service to continue to be provided remotely in the home setting.	Effective 08/26/2020
Temporarily increase the individual cost limit, expanding setting(s) where services may be provided, and increasing payment rates.	Effective 12/09/2020
Update the end date to six months after the Public Health Emergency expiration.	Effective 01/14/2021
Temporarily include a retroactive COVID-19 add on payment not to exceed 20% of the provider's current rate during the period beginning October 1, 2020 through December 31, 2020 .	Effective 01/27/2020



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In Home Supports Waiver for Children	
Temporarily suspend requirements and deadlines pertaining to in-home supports for children.	Effective 04/03/2020
Temporarily allow provision of Habilitation Training Specialist service to adult members using HIPAA compliant phone or video conferencing in non-residential service settings	Effective 04/28/2020
Add electronic methods of service delivery to allow service to continue to be provided remotely in the home setting.	Effective 08/26/2020
Temporarily increase the individual cost limit, expanding setting(s) where services may be provided, and increasing payment rates.	Effective 12/09/2020
Update the end date to six months after the Public Health Emergency expiration.	Effective 01/14/2021
Temporarily include a retroactive COVID-19 add on payment not to exceed 20% of the provider's current rate during the period beginning October 1, 2020 through December 31, 2020 .	Effective 01/27/2020
Medically Fragile Waiver	
Allow certified case management and skilled nursing services via telehealth. Temporarily modifying service plan development, allowing for payment of personal care services when a member is in a short-term care facility, and allowing for professional providers to utilize telehealth services.	Effective 04/03/2020
Update the end date to 1/26/2021.	Effective 10/20/2020
Update the end date to six months after the Public Health Emergency expiration.	Effective 01/14/2020
Temporarily include a retroactive COVID-19 add on payment not to exceed 20% of the provider's current rate during the period beginning October 1, 2020, through December 31, 2020.	Effective 01/27/2020



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