

**Statewide Transition Plan**  
**Public Comments**

**April 13, 2015 the Long Term Care Administration has received two (2) public comments on the Statewide Transition plan:**

**Comment:** In Background section under ADvantage should it say "Serves frail not fail elderly"? The MFW services need to include Nutrition Services as the medically fragile are most vulnerable for chronic medical conditions impacting nutritional status, such as dysphagia, enteral nutrition including oral nutrition supplementation and tube-feeding, skin problems, GI problems, behavioral health nutrition problems, etc.

**Response:** OHCA has changed "fail to frail" in the background section under Advantage on the Statewide Transition Plan. OHCA is aware that nutritional services within the Medically Fragile Waiver have been suggested in prior comments. OHCA will further research nutritional services and how it may be an asset to the Medically Fragile Waiver program.

**Comment:** I think that this is a wonderful idea and will cut down on agencies that have one primary office, but then have clinicians seeing people across the state with little oversight. My agency has 3 locations that provide services to area citizens... but for people that are homebound, clinicians can go to homes on rare occasions. What will agencies need to do to get waivers granted for therapy purposes... who is going to oversee this process for mental health services?

**Response:** OHCA would like more clarification on your comments in reference to the Statewide Transition Plan. If you could please clarify what section of the Statewide Transition Plan your comments are referencing we would be happy to respond. 04.15.2015; also called Ms. White on 04.23.2015 as she had not responded to the email. She said she was driving and would try to respond later.

**Following the SWTP Public Meeting on April 28, 2015, the following comments were made:**

Q: What are the additional surveys and what do surveys look like and what is the process?

A: That assessment went out to individual homes, because we had the NCI Data for setting(s) for Assisted living and Adult Day, for member(s) in My Life; My Choice, Sooner Seniors and Medically Fragile.

Q: How did you gather the data for ADvantage waiver?

A: Advantage waiver conducts their own survey and we use the NCI data for all DDS waivers.

Q: Will the Nursing Facility Respite ever be in compliance?

A: We don't know if we will ever be in complete compliance because of the services being provided in an Institution/ Nursing Facility. However, we have explained that to CMS in writing for Nursing Facility Respite.

Q: What are some of the problematic areas you were seeing in Assisted Living?

A: One of the areas of concern was if the member had a choice of roommates, and if the member has choice of meal time.

Q: If there is an 85 percent compliance total statewide, will there be a follow up for Adult Day that is below the 85 percent?

A: We would prefer every Adult Day facility meet the 85%, We have until 2019 to assure every Adult Day facility meets the 85 %, which we will continue to provide survey and onsite visits to ensure each Adult Day complies and meet the 85%.

Q: If the NCI data report shows an Adult Day facility is out of compliance, how will the facility be notified?

A: The NCI data report is not broken down by Adult Day facility. The NCI data is broken down by the State (percentage) as a hold. Example: If Adult Day facilities are not in compliance. The agency is required going forward to pull a *sample* of setting type and conduct a survey and onsite visit from the pulled sample.

Q: Can you provide a list of NCI Data questions?

A: We can provide you with NCI Data document or the website to the NCI Data document.

Q: When the State auditors come out for an audit visits, will they be using the same NCI data questions?

A: We will use the same NCI data questions to ensure compliance.

**May 6, 2015 Long Term Care Administration received a comment from SeniorLink, Rick Henley Regional Director of Government Relations.**

Re: Public Comments Regarding Oklahoma's Statewide Transition Plan for Home and Community Based Service Settings

Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, Oklahoma 73105.

Attention: Long Term Care Administration 1915(c) Waivers.

To Whom It May Concern:

On behalf of Caregiver Homes, a division of Seniorlink, I am pleased to submit these comments in response to Oklahoma's Statewide Transition Plan for Home and Community Based Service (HCBS) Settings.

It is clear that Oklahoma has a strong history of ensuring that individuals receiving HCBS are integrated in and have access to supports in the community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources. Commensurate with achieving this goal is ensuring that family caregivers are supported. We note Oklahoma's strong commitment to supporting family caregivers was recently recognized in AARP's Long Term Supports and Services Scorecard, which ranked Oklahoma 9<sup>th</sup> in the Supports for Family Caregiver's Category.

Caregivers are the backbone of long term services and supports, caring for consumers for extended periods of time, mostly with little or no professional support. States are increasingly recognizing caregivers for the important role they play in not only providing in-home, long term supports but also in containing health care costs by helping to coordinate primary and specialty care, and avoiding hospitalizations and other costly institutional care.

Structured Family Caregiving is utilized in multiple states to support elders and consumers with disabilities to live independently in their homes with the support of full-time caregivers. Caregiver Homes delivers Structured Family Caregiving to more than 2,700 consumers across six states (MA, CT, RI, IN, OH, and LA). We also expect to be offering the service in Texas by the end of the year. We support adults of all ages who have significant need for assistance with personal care such as bathing, ambulating, and toileting, and complex medical and behavioral conditions. We are supporting individuals - who would otherwise need services in more restrictive and expensive settings - to receive needed supports at home.

As you evaluate each service and setting in Oklahoma's 1915(c) waivers for compliance with the HCBS Final Rule, you will certainly note how the program elements of Structured Family Caregiving allow consumers the freedoms associated with community living and contemplated in the HCBS Final Rule.

- Ability for family members and non-family members to serve as paid caregivers - a passionate, committed, and high quality workforce; reduces utilization of skilled direct service workforce by supporting consumer's natural supports;

- Provider agency oversight and support of caregivers – this is key to long-lasting, high quality and better coordinated services, and promotes access by streamlining processes for credentialing caregivers and qualifying home settings;
- Daily payment rates that allow for modest caregiver financial stipends and sufficient provider agency staff support (e.g. home visits) while remaining less than the cost of skilled nursing facility payments and other institutional payment rates; and
- Access to complementary home and community based services to enable appropriate respite for committed, full-time caregivers, and access to the community for consumers
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Caregiver Homes believes Structured Family Caregiving naturally aligns with Oklahoma’s goal as highlighted in its State Plan on Aging to ensure that the HCBS package “Enables seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.”

We would appreciate the opportunity to continue our dialogue with you about our experience working with states to develop this service, including assisting with the development of necessary Waiver language to authorize Structured Family Caregiving. We would also like to highlight our efforts in identifying measurable quality outcomes such as reductions in falls and other hospitalizations, and improving outcomes in consumers with dementia. Lastly, we are available to answer any further questions you may have about how this service operates within traditional fee-for-service models as well as in coordinated and managed care environments.

Thank you again for the opportunity to comment on Oklahoma’s Statewide Transition Plan for Home and Community Based Service Settings. If we can provide you with any further additional information or if you would like to learn more about Structured Family Caregiving, please feel free to contact Rick Henley, Regional Director of Government Relations at [rhenley@seniorlink.com](mailto:rhenley@seniorlink.com) or 985-687-1161.

Sincerely,

Rick Henley

Regional Director of Government Relations

Seniorlink

**May 9, 2015 Long Term Care Administration received one (1) public comment on the Statewide Transition Plan:**

**Comment:** Words missing: Should this not say "serves individuals up to 19 years of age" or "through 19 years of age"? \*Medically Fragile – Serves individuals 19 years of age who meet hospital and/or skilled nursing level of care. The purpose of the waiver is to provide assistance for families who require long-term supports and services to maintain the medically fragile member in the family home while meeting their unique medical needs.

**Response:** OHCA has corrected the Medically Fragile Waiver description. The sentence now reads: \*Medically Fragile – Serves individuals 19 years of age and older who meet hospital and/or skilled nursing level of care.