



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

**MEDICAL ADVISORY COMMITTEE MEETING
TENTATIVE AGENDA
March 25, 2010
1:00 p.m. – OHCA Board Room
4545 N. Lincoln Blvd., Suite 124
Oklahoma City, OK 73105**

- I. Welcome, Roll Call, and Public Comment Instructions
- II. Approval of minutes of the January 21, 2010 Medical Advisory Committee Meeting
- III. MAC Member Comments/Discussion
- IV. Legislative Report: Nico Gomez, Deputy Chief Executive Officer
- V. Financial Report: Carrie Evans, Chief Financial Officer
- VI. Program Operations & Benefits Update: Becky Pasternik-Ikard, Chief Operating Officer
- VII. Provider Services Support Update: Paul Keenan, MD, Chief Medical Officer
- VIII. Budget Update, Mike Fogarty, Chief Executive Officer
- XI. Action Items: Traylor Rains, Policy Development Coordinator

OHCA Initiated

10-08 Insure Oklahoma Expansion - Rules are revised to expand the Insure Oklahoma ESI and IP programs. Expansions include incorporating Oklahoma children through 18 years of age whose household income is from 185 up to and including 300% of the Federal Poverty Level. The inclusion of children into the program will be phased in over a period of time as determined by the OHCA. In addition, revisions will expand the current Insure Oklahoma ESI and IP program guidelines to include employees and working adults whose family income does not exceed 250% of the Federal Poverty Level. The increase from 200 to 250% of the FPL will be phased in over a period of time as determined by the OHCA. These revisions comply with Sections 1009.2 and 1010.1 of Title 56 of Oklahoma Statutes. This expansion to the Insure Oklahoma program will help increase access to health care for Oklahomans thereby reducing the amount of uncompensated care provided by health care providers.

Budget Impact - The expansion and inclusion of children into the Insure Oklahoma program will be provided from the unused funds from the HEEIA Revolving Fund, not to exceed \$8,000,000.

10-09 Purchasing Rules - OHCA contract and purchasing rules are revised to better coordinate and comply with new purchasing rules and regulations from the Oklahoma Department Central Services (DCS). Proposed revisions will: (1) incorporate updated procedures corresponding to higher purchasing thresholds; (2) allow OHCA subject matter experts to make purchases in house without DCS approval, pursuant to 74 Okla. Stat. § 85.5(T); (3) provide for the appeals process on these purchases to be handled by OHCA; (4) remove unnecessary language; and (5) update policy to reflect changes in the internal purchasing manual. These revisions are needed to provide consistency and clarity within agency rules.

Budget Impact – Budget Neutral

10-13 Medically Fragile Waiver - The Medically Fragile program is a Home and Community Based Services Waiver used to finance non-institutional long-term care services for individuals requiring skilled nursing or hospital level of care. Individuals must be at least 19 years of age, have a chronic medical condition which results in prolonged dependency on medical care for which daily skilled intervention is necessary and is characterized by one or more of the following: (1) a life threatening condition characterized by reasonably frequent periods of acute exacerbation which requires frequent medical supervision and/or physician consultation and which, in the absence of such supervision or consultation, would require hospitalization; (2) the individual requires frequent time consuming administration of specialized treatments which are medically necessary; (3) the individual is dependent on medical technology such that without the technology, a reasonable level of health could not be maintained. The initial waiver population is expected to be primarily individuals with medical needs exceeding the service capabilities of the ADvantage Waiver and children aging out of the TEFRA program.

Budget Impact - \$2,938,918 total annual; \$734,729 state dollars annually

10-14 Health Access Networks - Rules are being issued to establish provider requirements and billing guidelines for Health Access Networks. Health Access Networks are non-profit administrative entities designed to work with SoonerCare Primary Care Providers and other providers to restructure and improve the access, quality, and continuity of care for SoonerCare Choice members. The use of Health Access Networks is a limited pilot program with the purpose of enhancing the development of comprehensive medical homes for Oklahoma SoonerCare choice members.

Budget Impact - \$3.3 million total annual; \$825,000 state dollars annually

10-15 Licensed Behavioral Health Professionals & Psychologist Rules – Rules are being revised to allow direct reimbursement to licensed masters level behavioral health professionals who, under current rules, are only allowed to provide services in agency settings. By allowing direct contracting with these providers it will increase specialist access, decrease use of ER and inpatient psych, and increase crisis intervention. This revision will also divert psychiatric residential treatment center usage due to LBHPs being more accessible throughout the state. Additionally, psychologist rules are revised to update provider requirements, terminology and to require prior authorization of services for all services provided except the initial assessment and/or crisis intervention.

Budget Impact – SFY '11 \$156,144; SFY'12 Cost Savings \$5,111,520 (RTC diversion)

10-16 Estate Recovery Fair Hearings – Rules are revised to remove policy directing OKDHS to conduct the fair hearings in the estate recovery process for individuals in nursing facilities, ICFs/MR or other medical institutions. Current policy conflicts with the Agency's enabling statutes which provide that the OHCA shall conduct the hearings.

Budget Impact – Budget Neutral

10-18 Assessments by Certified Alcohol Drug Counselors - Rules are revised to reflect behavioral health assessments may only be provided by licensed behavioral health professionals effective July 1, 2010. Currently, bachelor level Certified Alcohol and Drug Counselors (CADCs) may perform substance abuse assessments in accordance with their Licensure Act. Due to accreditation standard requirements for Assessments, all outpatient agencies are required to conduct full bio-psycho-social assessments by a licensed Masters level professional. As a result, ODMHSAS and OHCA collaboratively agreed to restrict the realm of behavioral health assessments to licensed behavioral health professionals and disallow the use of CADCs for substance abuse assessments.

Budget Impact - Budget Neutral

XI. New Business

XII. Adjourn

Next Meeting: Thursday, May 20, 2010