

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
June 14, 2012 at 1:00 P.M.
Autry Technology Center
1201 West Willow – Oklahoma Room
Enid, Oklahoma

A G E N D A

Items to be presented by Lyle Roggow, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of May 10, 2012 OHCA Board Minutes
3. Discussion Item – Reports to the Board by Board Committees
 - a) Finance Committee – Member Miller
 - b) Personnel Committee – Member McVay
 - c) Legislative Committee – Member McFall

Item to be presented by Mike Fogarty, Chief Executive Officer

4. Discussion Item – Chief Executive Officer's Report
 - a) Financial Update – Carrie Evans, Chief Financial Officer
 - b) Medicaid Director's Update – Garth Splinter, State Medicaid Director
 - c) Legislative Update – Nico Gomez, Deputy Chief Executive Officer

Item to be presented by Howard Pallotta, Director of Legal Services

5. Announcements of Conflicts of Interest Panel Recommendations for all action items regarding this board meeting.

Item to be presented by Cindy Roberts, Deputy CEO – Planning, Policy & Integrity Division

6. Action Item – Consideration and Vote of Agency Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act

AMENDING Agency rules at OAC 317:30-5-482 and 40-5-110 to provide an exception for members of the Homeward Bound Waiver receiving Habilitation Training Specialist (HTS) services. The rule revision will allow the HTS to provide more than 40 hours of service per week, when the HTS resides in the same home as the member. The rule revision is promulgated as the result of a lawsuit filed on behalf of class members of the Homeward Bound waiver. **(Reference APA WF # 12-01 A & B)**

Item to be presented by Paul Gibson, Performance and Reporting Supervisor

7. Discussion Item – OHCA Team Day report and presentation.

Item to be presented by Chairman Roggow

8. Discussion Item – Proposed Executive Session as Recommended by the Director of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B) (1), (4) and (7)
 - a) Status of Pending Litigation
 - b) Potential Federal and State Law Claims
9. New Business
10. ADJOURNMENT

NEXT BOARD MEETING
July 12, 2012
Comanche County Memorial Hospital
3201 West Gore Blvd
Lawton, OK 73505

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
May 10, 2012
Held at the Oklahoma Health Care Authority
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on May 9, 2012, 12:30 p.m. Advance public meeting notice is provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on May 9, 2012, 12:30 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Roggow called the meeting to order at 1:04 p.m.

BOARD MEMBERS PRESENT: Chairman Roggow, Vice-Chairman Armstrong, Member Miller, Member Robison, Member McFall, Member Bryant

BOARD MEMBERS ABSENT: Member McVay

OTHERS PRESENT: Kathy Pendarvis, OSEEGIB
Lisa Adams, Varangon Academy
Lucas Carol, PMC
Lisa Spain, HP
Terry Cothran, COP
Tywanda Cox, OHCA

OTHERS PRESENT: Debbie Spaeth, Quest MSHA
Shirley Russell, OKDHS
Judy Parker, Chickasaw Nation
Will Widman, HP
Shannon Oean, Makena
Jerry Kramer, OHCA

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING HELD APRIL 12, 2012.

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION: Vice-Chairman Armstrong moved for approval of the April 12, 2012 board minutes as published. Member Robison seconded.

FOR THE MOTION: Member Bryant, Member Miller and Chairman Roggow

ABSTAINED: Member McFall

BOARD MEMBER ABSENT: Member McVay

ITEM 3 / REPORTS TO THE BOARD BY BOARD COMMITTEES

Audit/Finance Committee

Member Miller reported that the Audit/Finance Committee met with the audit team from the State Auditor's office that is responsible for the single state audit required by the federal government of all agencies of state government that receive federal funds. OHCA, this past year, handled 4.9 billion dollars in paying claims and administrative costs. Member Miller stated that the auditors only had nine reportable findings and he is very pleased with the outcome of the audit. Member Armstrong stated that the findings are being worked on and recognized OHCA staff for an outstanding job.

Legislative Committee

Member McFall reported that the Legislative Committee met and Mr. Gomez, Deputy Chief Executive Officer would present the update.

Strategic Planning Committee

Vice-Chairman Armstrong reported that the Strategic Planning Committee did meet and discussed the consolidation of IT with hopefully a movement towards a positive resolution that both parties can be satisfied with and that the Board is in support of our staff.

ITEM 4 / CHIEF EXECUTIVE OFFICER'S REPORT

Mike Fogarty, Chief Executive Officer

4a. FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported that the agency is under budget with a positive variance of \$33.4 million state, \$5 million higher than the previous month. She stated that we are \$15.2 million under budget in the Medicaid program expenditures as well as \$5.3 million in Administration, and over budget \$4.8 million on drug rebate, tobacco tax collections and fees for \$4.1 million and settlements and overpayments for \$4 million. Ms. Evans foresees that we will continue to remain under budget. For a detailed financial report, see Item 4a of the May 10, 2012 board packet.

4b. MEDICAID DIRECTOR'S UPDATE

Becky Pasternik-Ikard, RN, Deputy State Medicaid Director

Ms. Pasternik-Ikard reviewed the Medicaid Director's Report and noted a slight increase in enrollment so that we are now just under 800,000 members. She stated that the dual eligible enrollees increased by 250 since last month. She noted that not only does our total of primary care providers continue to increase, but that we retain the providers. The providers enrolled in the Patient-Centered Medical Home have reached 1,798 providing a medical home infrastructure to the nearly 480,000 SoonerCare choice enrollees throughout the state. Ms. Pasternik-Ikard said that the 1,319 electronic health records incentive payments total over \$77 million since January 2011 and Oklahoma was among ten states that began making payments in January. April 11, 2012 the greater Tulsa region of Oklahoma was one of seven market applicants selected by the CMS innovation center to participate in a four-year comprehensive primary care initiative. Colorado, New Jersey and Oregon involve statewide initiatives whereas New York, Ohio and Oklahoma are regional initiatives. It is multi-payer initiative fostering

collaboration between public and private healthcare payers with the overall goal to strengthening primary care. For more detailed information, see Item 4b in the board packet.

Becky extended her gratitude towards Dr. Keenan for his service to OHCA.

Mr. Fogarty recognized Dr. Paul Keenan for his commitment to the Oklahoma Health Care Authority and congratulated him on his retirement in June.

4c. LEGISLATIVE UPDATE

Nico Gomez, Deputy Chief Executive Officer

Mr. Gomez stated that he does not foresee a special session for the Legislature. He noted that the budget is the biggest issue and conversations taking place and expects an agreement at the end of May.

House Bill 2273 has drawn some opposition from Pharma which has kept it from being signed. It's a bill that saves money in a responsible way and that did not impact patient care. He stated that we will present the bill again to be heard.

House Bill 2241 was vetoed by the Governor and Mr. Gomez stated that he was appreciative for the outcome.

Senate Bill 1975 & Senate Bill 1976 are appropriations bills that will put detail from the budget agreement.

Senate Bill 1977 defines agency spending limits, FTE limits and other administrative limitations. For more detailed information, see Item 4c in the board packet.

ITEM 5 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Howard Pallotta, General Counsel

Mr. Pallotta stated that there were no conflicts.

ITEM 6 / CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE

Cindy Roberts, Chairperson of State Plan Amendment Rate Committee

a) Children's Sub-Acute Hospitals

1. Consideration and Vote to alter the payment methodology for Children's Sub-Acute hospitals from a prospective payment method to a cost settlement method effective July 1, 2012.

MOTION:

Member McFall moved for approval of Item 6a as presented. Vice-Chairman Armstrong seconded.

FOR THE MOTION:

Member Bryant, Member Miller, Member Robison, Chairman Roggow

BOARD MEMBER ABSENT:

Member McVay

b) Regular Nursing Facilities

1. Consideration and Vote to Raise the Quality of Care Fee authorized under 56 Oklahoma Statutes 2002 (B) from \$6.70 to \$9.79 per patient day effective July 1, 2012.
2. Consideration and vote to Raise the Base Rate for Regular Nursing Facilities from \$103.20 per patient, per day to \$ 106.29 per patient, per day effective July 1, 2012.
3. Consideration and Vote to Raise the pool amount of monies available for portions of the rate payment from \$102,318,569 to \$147,230,204 effective July 1, 2012.

MOTION: Member McFall moved for approval of Item 6b.1-3 as presented. Member Miller seconded.

FOR THE MOTION: Member Bryant, Member Robison, Chairman Roggow, Vice-Chairman Armstrong

BOARD MEMBER ABSENT: Member McVay

c) Regular Intermediate Care Facilities for the Mentally Retarded

1. Consideration and Vote to Raise the Quality of Care Fee authorized under 56 Oklahoma Statutes § 2001 from \$6.16 to \$6.96 per patient day effective July 1, 2012.
2. Consideration and Vote to Raise the Base Rate for Intermediate Care Facilities for the Mentally Retarded from \$117.76 per patient, per day to \$120.03 per patient, per day effective July 1, 2012.

MOTION: Vice Chairman Armstrong moved for approval of Item 6c. 1-2 as presented. Member McFall seconded.

FOR THE MOTION: Member Bryant, Member Miller, Member Robison, Chairman Roggow

BOARD MEMBER ABSENT: Member McVay

d) Acute (16 Bed-or-Less) Intermediate Care Facilities for the Mentally Retarded

1. Consideration and Vote to Raise the Quality of Care Fee authorized under 56 Oklahoma Statutes section 2001 from \$7.94 to \$8.93 per patient day effective July 1, 2012.

2. Consideration and Vote to Raise the Base Rate for the Acute (16 Bed or Less) Intermediate Care Facilities for the Mentally Retarded from \$151.65 per patient per day to \$154.47 per patient, per day effective July 1, 2012.

MOTION: Member McFall moved for approval of Item 6d 1-2 as presented. Member Bryant seconded.

FOR THE MOTION: Member Miller, Member Robison, Chairman Roggow, Vice Chairman Armstrong

BOARD MEMBER ABSENT: Member McVay

e) Rate for Nursing Facility Patients diagnosed with Acquired Immune Deficiency Syndrome

1. Consideration and Vote to Raise the rate for nursing facility patients diagnosed with Acquired Immune Deficiency Syndrome from \$182.22 per patient per day to \$192.50 per patient per day effective July 1, 2012.

MOTION: Vice Chairman Armstrong moved for approval of Item 6e as presented. Member Robison seconded.

FOR THE MOTION: Member Bryant, Member Miller, Member McFall, Chairman Roggow

BOARD MEMBER ABSENT: Member McVay

ITEM 7 / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD

- a) Consideration and Vote to Add Xgeva® (denosumab), 17-Hydroxyprogesterone Caproate, and Kalydeco™ (ivacaftor) to the Utilization and Scope Prior Authorization Program Under OAC 317:30-5-77.2(e).

MOTION: Member McFall moved for approval of Item 7a as presented. Member Miller seconded.

FOR THE MOTION: Member Bryant, Member Robison, Vice Chairman Armstrong, Chairman Roggow

BOARD MEMBER ABSENT: Member McVay

ITEM 8 / CONSIDERATION AND VOTE FOR CONTRACTS

- a) Action Item - Consideration and Vote for Expenditure of Funds to Contract With PHBV Partners to Audit Disproportionate Share Hospital (DSH) Payments.

MOTION: Member Bryant moved for approval of Item 8a as presented. Vice Chairman Armstrong seconded.

FOR THE MOTION: Member Robison, Member Miller, Member McFall, Chairman Roggow

BOARD MEMBER ABSENT: Member McVay

b) Action Item - Consideration and Vote Authority for Expenditure of Funds to Amend the External Quality Organization Contract with Telligen.

MOTION: Member McFall moved for approval of Item 6e as presented. Member Robison seconded.

FOR THE MOTION: Member Bryant, Member Miller, Vice Chairman Armstrong, Chairman Roggow

BOARD MEMBER ABSENT: Member McVay

ITEM 9 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE DIRECTOR OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES §307(B) (1), (4) AND (7)

Howard Pallotta, General Counsel

Director of Legal Services advised that there was no need for Executive Session for this Board meeting.

10 / NEW BUSINESS

Chairman Roggow reported that there may be a need for a special meeting on May 24th regarding the budget. Mr. Fogarty stated that this meeting will only be necessary if the budget number is substantially short.

Vice Chairman Armstrong asked how we are communicating to our provider partners regarding the budget. Mr. Fogarty stated that the main form of communication is through advisory groups, legislature, and public hearings.

11/ ADJOURNMENT

MOTION: Vice Chairman Armstrong moved for adjournment. Member McFall seconded.

FOR THE MOTION: Member Bryant, Member Miller, Chairman Roggow, Member Robison

BOARD MEMBER ABSENT: Member McVay

Meeting adjourned at 1:57 p.m., 5/10/2012

NEXT BOARD MEETING
June 14, 2012
Autry Technology Center
1201 West Willow
Oklahoma Room
Enid, OK 73703

Lindsey Bateman
Board Secretary

Minutes Approved: _____

Initials: _____

DRAFT



FINANCIAL REPORT

For the Ten Months Ended April 30, 2012

Submitted to the CEO & Board

June 14, 2012

- Revenues for OHCA through April, accounting for receivables, were **\$3,261,229,342** or **(.5%) under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$2,909,575,610** or **1.6% under** budget.
- The state dollar budget variance through April is **\$33,013,646 positive**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	12.8
Administration	6.9
Revenues:	
Taxes and Fees	4.0
Drug Rebate	5.0
Overpayments/Settlements	4.3
Total FY 12 Variance	\$ 33.0

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 230: Quality of Care Fund Summary	4
Fund 245: Health Employee and Economy Act Revolving Fund	5
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund	6

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
Fiscal Year 2012, For the Ten Months Ended April 30, 2012

REVENUES	FY12 Budget YTD	FY12 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 775,278,888	\$ 770,467,467	\$ (4,811,421)	(0.6)%
Federal Funds	1,787,627,183	1,747,697,290	(39,929,893)	(2.2)%
Tobacco Tax Collections	46,083,861	50,085,609	4,001,748	8.7%
Quality of Care Collections	42,348,606	42,348,606	-	0.0%
Prior Year Carryover	55,003,490	55,003,490	-	0.0%
Federal Deferral - Interest	330,580	330,580	-	0.0%
Drug Rebates	149,790,683	163,745,358	13,954,675	9.3%
Medical Refunds	33,625,728	45,055,122	11,429,394	34.0%
SHOPP	372,732,674	372,732,674	-	0.0%
Other Revenues	13,306,350	13,763,145	456,795	3.4%
TOTAL REVENUES	\$ 3,276,128,043	\$ 3,261,229,342	\$ (14,898,702)	(0.5)%

EXPENDITURES	FY12 Budget YTD	FY12 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 36,349,313	\$ 32,353,552	\$ 3,995,761	11.0%
ADMINISTRATION - CONTRACTS	\$ 96,823,310	\$ 84,596,725	\$ 12,226,585	12.6%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	27,498,954	25,475,386	2,023,568	7.4%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	757,967,029	724,970,180	32,996,849	4.4%
Behavioral Health	261,276,766	279,375,239	(18,098,473)	(6.9)%
Physicians	371,139,432	370,491,286	648,147	0.2%
Dentists	120,661,349	120,015,069	646,280	0.5%
Other Practitioners	60,688,554	59,554,217	1,134,337	1.9%
Home Health Care	18,439,789	17,314,833	1,124,956	6.1%
Lab & Radiology	45,360,937	44,199,260	1,161,676	2.6%
Medical Supplies	40,431,499	40,467,217	(35,718)	(0.1)%
Ambulatory Clinics	74,353,044	68,711,690	5,641,355	7.6%
Prescription Drugs	314,454,869	319,086,874	(4,632,006)	(1.5)%
Miscellaneous Medical Payments	27,449,031	27,790,576	(341,545)	(1.2)%
OHCA TFC	-	-	-	0.0%
<u>Other Payments:</u>				
Nursing Facilities	404,314,582	405,577,083	(1,262,501)	(0.3)%
ICF-MR Private	48,949,381	47,303,790	1,645,590	3.4%
Medicare Buy-In	123,315,416	114,935,124	8,380,292	6.8%
Transportation	23,471,522	23,066,604	404,918	1.7%
EHR-Incentive Payments	42,004,045	42,004,045	-	0.0%
Part D Phase-In Contribution	62,449,755	62,286,861	162,895	0.3%
Total OHCA Medical Programs	2,824,225,953	2,792,625,333	31,600,620	1.1%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 2,957,487,958	\$ 2,909,575,610	\$ 47,912,348	1.6%
REVENUES OVER/(UNDER) EXPENDITURES	\$ 318,640,086	\$ 351,653,732	\$ 33,013,646	

SoonerCare Programs

April 2012 Data for June 2012 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2011	Enrollment April 2012	Total Expenditures April 2012	Average Dollars Per Member Per Month April 2012
SoonerCare Choice Patient-Centered Medical Home	449,392	480,923	\$130,547,481	
<i>Lower Cost</i> (Children/Parents/Other)		436,358	\$94,066,814	\$216
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC)		44,565	\$36,480,668	\$819
SoonerCare Traditional	239,274	240,155	\$166,340,035	
<i>Lower Cost</i> (Children/Parents/Other)		132,427	\$40,693,146	\$307
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)		107,728	\$125,646,889	\$1,166
SoonerPlan	31,082	43,637	\$765,036	\$18
Insure Oklahoma	32,181	30,731	\$9,727,703	
<i>Employer-Sponsored Insurance</i>	19,095	17,176	\$4,372,659	\$255
<i>Individual Plan</i>	13,085	13,555	\$5,355,044	\$395
TOTAL	751,928	795,446	\$307,380,254	

The enrollment totals above include all members enrolled during the report month; therefore, some members may not have expenditure data. Custody expenditures are excluded. Non-member specific expenditures of \$200,038,303 are excluded.

Net Enrollee Count Change from Previous Month Total	77
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New Enrollees	19,531
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Opportunities for Living Life (OLL) (subset of data above)

Qualifying Group	Age Group	Enrollment
Aged/Blind/Disabled	Child	19,280
Aged/Blind/Disabled	Adult	131,540
Other	Child	181
Other	Adult	20,647
PACE	Adult	99
TEFRA	Child	433
Living Choice	Adult	95
OLL Enrollment		172,275

The "Other" category includes DDS/State, PKU, Q1, Q2, Refugee, SLMB, Soon-to-be-Sooner (STBS) and TB members.

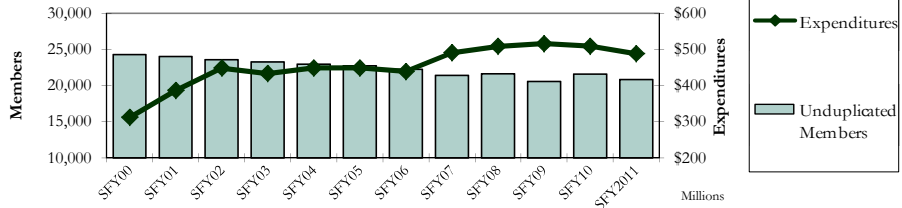
Medicare and SoonerCare	Monthly Average SFY2011	Enrolled April 2012
Dual Enrollees	103,906	108,113

	Monthly Average SFY2011	Enrolled April 2012
Long-Term Care Members	15,733	15,730
Child	92	77
Adult	15,641	15,653

PER MEMBER PER MONTH
\$3,228

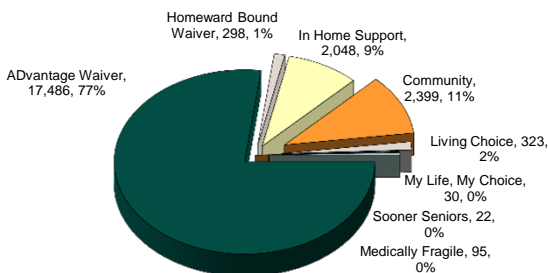
SFY2011 Long-Term Care
Statewide LTC
Occupancy Rate - 71.0%
SoonerCare funded LTC
Bed Days 68.2%
Data as of October 2011

Standard SoonerCare Nursing Facility - Unduplicated Members and Total Expenditure Trends



Data as of Aug. 8, 2011. Figures do not include intermediate care facilities for the mentally retarded (ICF/MR).

Waiver Enrollment Breakdown Percent



Advantage Waiver - Serves frail elderly individuals age 65 or older and adults age 21 and older with physical disabilities who would otherwise require placement in a nursing facility.

Community - serves individuals 3 years of age and older who have intellectual disabilities and certain persons with related conditions who would otherwise require placement in an intermediate care facility for the mentally retarded/intellectually disabled (ICF/MR).

Homeward Bound Waiver - Designed to serve the needs of individuals with intellectual disabilities or "related conditions" who are also members of the Plaintiff Class in Homeward Bound et al. v. The Hisson Memorial Center, et al, who would otherwise qualify for placement in an ICF/MR.

In Home Support - Serves the needs of individuals 3 years of age and older with intellectual disabilities who would otherwise require placement in an ICF/MR.

Living Choice - Promotes community living for people of all ages who have disabilities or long-term illnesses.

Medically Fragile - This program serves qualifying individuals who meet hospital or skilled nursing facility level of care.

My Life, My Choice - This program is for adults with physical disabilities who transitioned to the community under the Living Choice program.

Sooner Seniors - This program is for adults 65 and older with long term illnesses who transitioned to community-based services in the Living Choice program.

SoonerCare Programs

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts	Monthly Average SFY2011	Enrolled March 2012
Total Providers	29,026	39,890
<i>In-State</i>	20,585	29,415
<i>Out-of-State</i>	8,442	10,475

Program	% of Capacity Used
SoonerCare Choice	38%
SoonerCare Choice I/T/U	14%
Insure Oklahoma IP	3%

Select Provider Type Counts	In-State		Totals	
	Monthly Average SFY2011*	Enrolled April 2012**	Monthly Average SFY2011	Enrolled April 2012
Physician	6,489	7,778	11,777	14,235
Pharmacy	901	883	1,230	1,167
Mental Health Provider***	935	4,532	982	4,592
Dentist	798	1,023	901	1,178
Hospital	187	196	739	992
Licensed Behavioral Health Practitioner***	503	3,430	524	3,457
Extended Care Facility	392	370	392	370

*The In-State Monthly Averages above were recalculated due to a change in the original methodology.

Total Primary Care Providers	4,461	4,828	6,467	6,764
Patient-Centered Medical Home	1,476	1,812	1,502	1,842

Including Physicians, Physician Assistants and Advance Nurse Practitioners.

**Items shaded above represent a 10% or more increase (green) or decrease (red) from the previous fiscal year's average.

***Due to federal regulations, OHCA must have an approved agreement on file for all providers providing care to our members. To meet this requirement OHCA is directly contracting with providers that had previously billed through a group or agency. This contributed to the increase in the provider counts for Licensed Behavioral Health Practitioners and Mental Health Providers.

ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE STATISTICS

The Electronic Health Records Incentive Program is a federal program that offers major financial support to assist certain providers to adopt (acquire and install), implement (train staff, deploy tools, exchange data), upgrade (expand functionality or interoperability) or meaningfully use certified EHR technology.

As Of 6/4/2012	May 2012		Since Inception	
	Number of Payments	Payment Amount	Total Number of Payments	Total Payment Amount
Eligible Professionals	56	\$909,500	1,280	\$27,549,917
Eligible Hospitals	3*	\$775,000	74	\$51,537,837
Totals	59	\$1,684,500	1,354	\$79,087,754

*Current Eligible Hospitals Paid
 BRISTOW MEDICAL CENTER OPERATING COMPANY
 CLEVELAND AREA HOSPITAL
 DRUMRIGHT REGIONAL HOSPITAL

#6. **CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE**
Subchapter 5. Individual Providers and Specialties
Part 51. Habilitation Services
317:30-5-482. [AMENDED]

CHAPTER 40. DEVELOPMENTAL DISABILITIES SERVICES
Subchapter 5. Member Services
Part 9. Service Provisions
317:40-5-110. [AMENDED]
(Reference APA WF # 12-01 A & B)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules and requests emergency approval of rules in order to avoid violation of the terms of the Settlement Agreement reached in *Homeward Bound, Inc., et al., v. Okla. Health Care Auth., et al.*, Doc. 1523, No. 85-CV-437 (N.D. Okla. Apr. 30, 2012). The rule revision will allow a Habilitation Training Specialist (HTS) to provide more than 40 hours of service per week, when the HTS resides in the same home as the member.

ANALYSIS: OHCA rules for the Homeward Bound Waiver are revised to provide an exception for members of the Homeward Bound Waiver receiving Habilitation Training Specialist (HTS) services. The rule revision will allow the HTS to provide more than 40 hours of service per week, when the HTS resides in the same home as the member. The rule revision is promulgated as the result of a lawsuit filed on behalf of class members of the Homeward Bound waiver.

BUDGET IMPACT: Agency staff has determined that these revisions will be budget neutral.

MEDICAL ADVISORY COMMITTEE: The Medical Advisory Committee considered the proposed rule revisions on May 17, 2012 and recommended Board approval.

PROPOSED EFFECTIVE DATE: Immediately upon Governor's approval.

AUTHORITY: The Oklahoma Health Care Authority Board; The Oklahoma Health Care Authority Act, Section 5003 through 5016 of Title 63 of Oklahoma Statutes; Section 1915(C) of the Social Security Act pertaining to Home and Community Based Services waivers as approved by the Centers for Medicare and Medicaid Services; *Homeward Bound, Inc., et al., v. Okla. Health Care Auth., et al.*, Doc. 1523, No. 85-CV-437 (N.D. Okla. Apr. 30, 2012).

RESOLUTION:

Resolved, that the Oklahoma Health Care Authority Board does hereby approve the Administrative Rules, subject to the Administrative Procedure Act, as indicated:

Provide an exception for members of the Homeward Bound Waiver receiving Habilitation Training Specialist Services in order to allow the HTS to provide more than 40 hours of service per week, when the HTS resides in the same home as the member.

CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 51. HABILITATION SERVICES

317:30-5-482. Description of services

Habilitation services include the services identified in (1) through (15). Providers of any habilitation service must have an applicable agreement with the Oklahoma Health Care Authority (OHCA) to provide Developmental Disabilities Services Division (DDSD) Home and Community Based Services (HCBS).

(1) **Dental services.** Dental services are provided per OAC 317:40-5-112.

(A) **Minimum qualifications.** Providers of dental services must have non-restrictive licensure to practice dentistry in Oklahoma by the Board of Governors of Registered Dentists of Oklahoma.

(B) **Description of services.** Dental services include services for maintenance or improvement of dental health as well as relief of pain and infection. These services may include:

- (i) oral examination;
- (ii) bite-wing x-rays;
- (iii) prophylaxis;
- (iv) topical fluoride treatment;
- (v) development of a sequenced treatment plan that prioritizes:

- (I) elimination of pain;
- (II) adequate oral hygiene; and
- (III) restoration or improved ability to chew;

(vi) routine training of member or primary caregiver regarding oral hygiene; and

(vii) preventive restorative, replacement and repair services to achieve or restore functionality are provided after appropriate review if applicable per OAC 317:40-5-112.

(C) **Coverage limitations.** Coverage of dental services is specified in the member's Individual Plan (IP), in accordance with applicable Waiver limits. Dental services are not authorized when recommended for cosmetic purposes.

(2) **Nutrition services.** Nutrition Services are provided per OAC 317:40-5-102.

(3) **Occupational therapy services.**

(A) **Minimum qualifications.** Occupational therapists and occupational therapy assistants must have current non-restrictive licensure by the Oklahoma State Board of Medical Licensure and Supervision. Occupational therapy assistants must be employed by the occupational therapist.

(B) **Description of services.** Occupational therapy services include evaluation, treatment, and consultation in leisure management, daily living skills, sensory motor, perceptual motor, and mealtime assistance. Occupational therapy services may include the use of occupational therapy assistants, within the limits of their practice.

(i) Services are:

(I) intended to help the member achieve greater independence to reside and participate in the community; and

(II) rendered in any community setting as specified in the member's IP. The IP must include a practitioner's prescription.

(ii) For purposes of this Section, a practitioner is defined as all medical and osteopathic physicians, physician assistants and other licensed professionals with prescriptive authority to order occupational therapy services in accordance with the rules and regulations governing the SoonerCare program.

(iii) The provision of services includes written report or record documentation in the member's record, as required.

(C) **Coverage limitations.** Payment is made for compensable services to the individual occupational therapist for direct services or for services provided by a qualified occupational therapist assistant within their employment. Payment is made in 15-minute units, with a limit of 480 units per Plan of Care year. Payment is not allowed solely for written reports or record documentation.

(4) **Physical therapy services.**

(A) **Minimum qualifications.** Physical therapists and physical therapist assistants must have a current non-restrictive licensure with the Oklahoma State Board of Medical Licensure and Supervision. The physical therapist assistant must be employed by the physical therapist.

(B) **Description of services.** Physical therapy services include evaluation, treatment, and consultation in locomotion or mobility and skeletal and muscular conditioning to maximize the member's mobility and skeletal/muscular well-being. Physical therapy services may include the use of physical therapist assistants, within the limits of their practice.

(i) Services are intended to help the member achieve greater independence to reside and participate in the community. Services are provided in any community setting as specified in the member's IP. The IP must include a practitioner's prescription.

(ii) For purposes of this Section, a practitioner is defined as all licensed medical and osteopathic physicians, and physician assistants in accordance with the rules and regulations covering the OHCA's SoonerCare program.

(iii) The provision of services includes written report or record documentation in the member's record, as required.

(C) **Coverage limitations.** Payment is made for compensable services to individual physical therapists for direct services or for services provided by a qualified physical therapist assistant within their employment. Payment is made in 15-minute units with a limit of 480 units per Plan of Care year. Payment is not allowed solely for written reports or record documentation.

(5) **Psychological services.**

(A) **Minimum qualifications.** Qualification as a provider of psychological services requires non-restrictive licensure as a psychologist by the Oklahoma Psychologist Board of Examiners, or licensing board in the state in which service is provided.

(B) **Description of services.** Psychological services include evaluation, psychotherapy, consultation, and behavioral treatment. Service is provided in any community setting as specified in the member's IP.

(i) Services are:

(I) intended to maximize a member's psychological and behavioral well-being; and

(II) provided in individual and group, six person maximum, formats.

(ii) A minimum of 15 minutes for each individual encounter and 15 minutes for each group encounter and record documentation of each treatment session is included and required.

(C) **Coverage limitations.**

(i) Limitations for psychological services are:

(I) Description: Psychotherapy services and behavior treatment services (individual): Unit: 15 minutes; and

(II) Description: Cognitive/behavioral treatment (group): Unit: 15 minutes.

(ii) Psychological services are authorized for a period not to exceed six months.

(I) Initial authorization is through the Developmental Disabilities Services Division (DDSD) case manager, with review and approval by the DDSD case management supervisor.

(II) Initial authorization must not exceed 192 units (48 hours of service).

(III) Monthly progress notes must include a statement of hours and type of service provided, and an empirical measure of member status as it relates to each objective in the member's IP.

(IV) If progress notes are not submitted to the DDSD case manager for each month of service provision, authorization for payment must be withdrawn until such time as progress notes are completed.

(iii) Treatment extensions may be authorized by the DDSD area manager based upon evidence of continued need and effectiveness of treatment.

(I) Evidence of continued need of treatment, treatment effectiveness, or both, is submitted by the provider to the DDSD case manager and must include, at a minimum, completion of the Service Utilization and Evaluation protocol.

(II) When revising a protective intervention plan (PIP) to accommodate recommendations of a required committee review or an Oklahoma Department of Human Services (OKDHS) audit, the provider may bill for only one revision. The time for preparing the revision must be clearly documented and must not exceed four hours.

(III) Treatment extensions must not exceed 24 hours (96 units) of service per request.

(iv) The provider must develop, implement, evaluate, and revise the PIP corresponding to the relevant goals and objectives identified in the member's IP.

(v) No more than 12 hours (48 units) may be billed for the preparation of a PIP. Any clinical document must be prepared within 45 days of the request. Further, if the document is not prepared, payments are suspended until the requested document is provided.

(vi) Psychological technicians may provide up to 140 billable hours (560 units) of service per month to members.

(vii) The psychologist must maintain a record of all billable services provided by a psychological technician.

(6) **Psychiatric services.**

- (A) **Minimum qualifications.** Qualification as a provider of psychiatric services requires a non-restrictive license to practice medicine in Oklahoma. Certification by the Board of Psychiatry and Neurology or satisfactory completion of an approved residency program in psychiatry is required.
- (B) **Description of services.** Psychiatric services include outpatient evaluation, psychotherapy, and medication and prescription management and consultation provided to members who are eligible. Services are provided in any community setting as specified in the member's IP.
- (i) Services are intended to contribute to the member's psychological well-being.
- (ii) A minimum of 30 minutes for encounter and record documentation is required.
- (C) **Coverage limitations.** A unit is 30 minutes, with a limit of 200 units per Plan of Care year.
- (7) **Speech/language services.**
- (A) **Minimum qualifications.** Qualification as a provider of speech/language services requires non-restrictive licensure as a speech/language pathologist by the State Board of Examiners for Speech Pathology and Audiology.
- (B) **Description of services.** Speech therapy includes evaluation, treatment, and consultation in communication and oral motor/feeding activities provided to members who are eligible. Services are intended to maximize the member's community living skills and may be provided in any community setting as specified in the member's IP. The IP must include a practitioner's prescription.
- (i) For purposes of this Section, a practitioner is defined as all licensed medical and osteopathic physicians, and physician assistants and other licensed professionals with prescriptive authority to order speech/language services in accordance with rules and regulations covering the OHCA's SoonerCare program.
- (ii) A minimum of 15 minutes for encounter and record documentation is required.
- (C) **Coverage limitations.** A unit is 15 minutes, with a limit of 288 units per Plan of Care year.
- (8) **Habilitation training specialist (HTS) services.**
- (A) **Minimum qualifications.** Providers must complete the OKDHS DDS sanctioned training curriculum. Residential habilitation providers:
- (i) are at least 18 years of age;
- (ii) are specifically trained to meet the unique needs of members;
- (iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per Section 1025.2 of Title 56 of the Oklahoma Statutes (56 O.S. ' 1025.2), unless a waiver is granted per 56 O.S. ' 1025.2; and
- (iv) receive supervision and oversight from a contracted agency staff with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities.
- (B) **Description of services.** HTS services include services to support the member's self-care, daily living, and adaptive and leisure skills needed to reside successfully in the community.

Services are provided in community-based settings in a manner that contributes to the member's independence, self-sufficiency, community inclusion, and well-being.

(i) Payment will not be made for:

(I) routine care and supervision that is normally provided by family; or

(II) services furnished to a member by a person who is legally responsible per OAC 340:100-3-33.2.

(ii) Family members who provide HTS services must meet the same standards as providers who are unrelated to the member. HTS staff residing in the same household as the member may not provide services in excess of 40 hours per week. Members who require more than 40 hours per week of HTS must use staff members who do not reside in the household and are employed by the member's chosen provider agency to deliver the balance of any necessary support staff hours. Exceptions may be authorized when needed for members who receive services through the Homeward Bound Waiver.

(iii) Payment does not include room and board or maintenance, upkeep, and improvement of the member's or family's residence.

(iv) For members who also receive intensive personal supports (IPS), the member's IP must clearly specify the role of the HTS and person providing IPS to ensure there is no duplication of services.

(v) DDS case management supervisor review and approval is required.

(vi) Pre-authorized HTS services accomplish the same objectives as other HTS services, but are limited to situations where the HTS provider is unable to obtain required professional and administrative oversight from an oversight agency approved by the OHCA. For pre-authorized HTS services, the service:

(I) provider will receive oversight from DDS area staff; and

(II) must be pre-approved by the DDS director or designee.

(C) **Coverage limitations.** HTS services are authorized as specified in OAC 317:40-5-110, 317:40-5-111, and 317:40-7-13, and OAC 340:100-3-33.1.

(i) A unit is 15 minutes.

(ii) Individual HTS services providers will be limited to a maximum of 40 hours per week regardless of the number of members served.

(iii) More than one HTS may provide care to a member on the same day.

(iv) Payment cannot be made for services provided by two or more HTSs to the same member during the same hours of a day.

(v) A HTS may receive reimbursement for providing services to only one member at any given time. This does not preclude services from being provided in a group setting where services are shared among members of the group.

(vi) HTS providers may not perform any job duties associated with other employment including on call duties, at the same time they are providing HTS services.

(9) **Self Directed HTS (SD HTS).**

SD HTS are provided per 317:40-9-1.

(10) **Self Directed Goods and Services (SD GS).**

SD GS are provided per 317:40-9-1.

(11) **Audiology services.**

(A) **Minimum qualifications.** Audiologists must have licensure as an audiologist by the State Board of Examiners for Speech Pathology and Audiology.

(B) **Description of services.** Audiology services include individual evaluation, treatment, and consultation in hearing to members who are eligible. Services are intended to maximize the member's auditory receptive abilities. The member's IP must include a practitioner's prescription.

(i) For purposes of this Section, a practitioner is defined as all licensed medical and osteopathic physicians, and physician assistants in accordance with rules and regulations covering the OHCA's SoonerCare program.

(ii) A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** Audiology services are provided in accordance with the member's IP.

(12) **Prevocational services.**

(A) **Minimum qualifications.** Prevocational services providers:

(i) are at least 18 years of age;

(ii) complete the OKDHS DDS sanctioned training curriculum;

(iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. ' 1025.2, unless a waiver is granted per 56 O.S. ' 1025.2; and

(iv) receive supervision and oversight by a person with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities.

(B) **Description of services.** Prevocational services are not available to persons who can be served under a program funded per Section 110 of the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (IDEA). Services are aimed at preparing a member for employment, but are not job-task oriented. Services include teaching concepts, such as compliance, attendance, task completion, problem solving, and safety.

(i) Prevocational services are provided to members who are not expected to:

(I) join the general work force; or

(II) participate in a transitional sheltered workshop within one year, excluding supported employment programs.

(ii) When compensated, members are paid at less than 50 percent of the minimum wage. Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills.

(iii) All prevocational services will be reflected in the member's IP as habilitative, rather than explicit employment objectives.

(iv) Documentation must be maintained in the record of each member receiving this service noting that the service is not otherwise available through a program funded under the Rehabilitation Act of 1973 or IDEA.

(v) Services include:

- (I) center-based prevocational services as specified in OAC 317:40-7-6;
- (II) community-based prevocational services as specified in OAC 317:40-7-5;
- (III) enhanced community-based prevocational services as specified in OAC 317:40-7-12; and
- (IV) supplemental supports as specified in OAC 317:40-7-13.

(C) **Coverage limitations.** A unit of center-based or community-based prevocational services is one hour and payment is based upon the number of hours the member participates in the service. All prevocational services and supported employment services combined may not exceed \$25,000 per Plan of Care year. The following services may not be provided to the same member at the same time as prevocational services:

- (i) HTS;
- (ii) Intensive Personal Supports;
- (iii) Adult Day Services;
- (iv) Daily Living Supports;
- (v) Homemaker; or
- (vi) therapy services such as occupational therapy, physical therapy, nutrition, speech, psychological services, family counseling, or family training except to allow the therapist to assess the individual's needs at the workplace or to provide staff training and as allowed per 317:40-7-6.

(13) **Supported employment.**

(A) **Minimum qualifications.** Supported employment providers:

- (i) are at least 18 years of age;
- (ii) complete the OKDHS DDS sanctioned training curriculum;
- (iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. ' 1025.2, unless a waiver is granted per 56 O.S. ' 1025.2; and
- (iv) receive supervision and oversight by a person with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities.

(B) **Description of services.** Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed, and includes activities that are outcome based and needed to sustain paid work by members receiving services through HCBS Waiver, including supervision and training.

(i) When supported employment services are provided at a work site in which persons without disabilities are employed, payment:

- (I) is made for the adaptations, supervision, and training required by members as a result of their disabilities; and
- (II) does not include payment for the supervisory activities rendered as a normal part of the business setting.

(ii) Services include:

- (I) job coaching as specified in OAC 317:40-7-7;
- (II) enhanced job coaching as specified in OAC 317:40-7-12;
- (III) employment training specialist services as

specified in OAC 317:40-7-8; and

(IV) stabilization as specified in OAC 317:40-7-11.

(iii) Supported employment services furnished under HCBS Waiver are not available under a program funded by the Rehabilitation Act of 1973 or IDEA.

(iv) Documentation that the service is not otherwise available under a program funded by the Rehabilitation Act of 1973 or IDEA must be maintained in the record of each member receiving this service.

(v) Federal financial participation (FFP) may not be claimed for incentive payment subsidies or unrelated vocational training expenses, such as:

(I) incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

(II) payments that are passed through to users of supported employment programs; or

(III) payments for vocational training that are not directly related to a member's supported employment program.

(C) **Coverage limitations.** A unit is 15 minutes and payment is made in accordance with OAC 317:40-7-1 through 317:40-7-21. All prevocational services and supported employment services combined cannot exceed \$25,000 per Plan of Care year. The DDS case manager assists the member to identify other alternatives to meet identified needs above the limit. The following services may not be provided to the same member at the same time as supported employment services:

(i) HTS;

(ii) Intensive Personal Supports;

(iii) Adult Day Services;

(iv) Daily Living Supports;

(v) Homemaker; or

(vi) Therapy services such as occupational therapy, physical therapy, nutrition, speech, psychological services, family counseling, or family training except to allow the therapist to assess the individual's needs at the workplace or to provide staff training.

(14) **Intensive personal supports (IPS).**

(A) **Minimum qualifications.** IPS provider agencies must have a current provider agreement with OHCA and OKDHS DDS. Providers:

(i) are at least 18 years of age;

(ii) complete the OKDHS DDS sanctioned training curriculum;

(iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. ' 1025.2, unless a waiver is granted per 56 O.S. ' 1025.2;

(iv) receive supervision and oversight by a person with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities; and

(v) receive oversight regarding specific methods to be used with the member to meet the member's complex behavioral or health support needs.

(B) **Description of services.**

(i) IPS:

(I) are support services provided to members who need an

enhanced level of direct support in order to successfully reside in a community-based setting; and

(II) build upon the level of support provided by a HTS or daily living supports (DLS) staff by utilizing a second staff person on duty to provide assistance and training in self-care, daily living, recreational, and habilitation activities.

(ii) The member's IP must clearly specify the role of HTS and the person providing IPS to ensure there is no duplication of services.

(iii) DDS case management supervisor review and approval is required.

(C) **Coverage limitations.** IPS are limited to 24 hours per day and must be included in the member's IP per OAC 317:40-5-151 and 317:40-5-153.

(15) **Adult day services.**

(A) **Minimum qualifications.** Adult day services provider agencies must:

(i) meet the licensing requirements set forth in 63 O.S. ' 1-873 *et seq.* and comply with OAC 310:605; and

(ii) be approved by the OKDHS DDS and have a valid OHCA contract for adult day services.

(B) **Description of services.** Adult day services provide assistance with the retention or improvement of self-help, adaptive, and socialization skills, including the opportunity to interact with peers in order to promote maximum level of independence and function. Services are provided in a non-residential setting separate from the home or facility where the member resides.

(C) **Coverage limitations.** Adult day services are typically furnished four or more hours per day on a regularly scheduled basis, for one or more days per week. A unit is 15 minutes for up to a maximum of six hours daily, at which point a unit is one day. All services must be authorized in the member's IP.

CHAPTER 40. DEVELOPMENTAL DISABILITIES SERVICES
SUBCHAPTER 5. MEMBER SERVICES
PART 9. SERVICE PROVISIONS

317:40-5-110. Authorization for Habilitation Training Specialist Services

(a) Habilitation Training Specialist (HTS) Services are:

(1) authorized as a result of needs identified by the team and informed selection by the SoonerCare member;

(2) shared among SoonerCare members who are members of the same household or being served in the same community location;

(3) authorized only during periods when staff are engaged in purposeful activity which directly or indirectly benefits the service recipient. Staff must be physically able and mentally alert to carry out the duties of the job. At no time are HTS services authorized for periods during which the staff are allowed to sleep;

(4) not authorized to be provided in the home of the HTS unless the SoonerCare member and HTS reside in the same home; and

(5) directed toward the development or maintenance of a skill in order to achieve a specifically stated outcome. The service provided is not a function which the parent would provide for the

individual without charge as a matter of course in the relationship among members of the nuclear family when the member resides in a family home.

(b) HTS Services may be provided in a group home as defined in 317:40-5-152 or community residential service settings defined in OAC 340:100-5-22.1 including:

(1) agency companion services as described in OAC 317:40-5-1 through 40-5-39;

(2) as provided in accordance with Daily Living Supports policy at OAC 317:40-5-150; and,

(3) as provided in accordance with Specialized Foster Care Policy at OAC 317:40-5-50 through 40-5-76; or

(4) services for people with Prader Willi syndrome.

(c) HTS Services are based on need and limited to no more than 12 hours per day per household in any setting other than settings described in OAC 340:100-5-22.1, Community Residential Supports, except with approval in accordance with OAC 340:100-3-33, Service authorization, that the increased services are necessary to avoid institutional placement due to:

(1) the complexity of the family or caregiver support needs. Consideration must be given to:

(A) the age and health of the caregiver;

(B) the number of household members requiring the caregiver's time; and

(C) the accessibility of needed resources; and

(2) the resources of the family, caregiver, or household members that are available to the service recipient. Consideration must be given to the number of family members able to assist the caregiver and available community supports; and

(3) the resources of other agencies or programs available to the SoonerCare member or family. Consideration must be given to services available from:

(A) the public schools;

(B) the Oklahoma Health Care Authority;

(C) the Oklahoma Department of Rehabilitative Services;

(D) other OKDHS programs; and

(E) services provided by other local, state, or federal resources.

(d) When it appears that approval of an exception is needed to prevent institutional placement, the case manager submits the request which identifies the circumstances supporting the need for an exception to the area manager.

(e) The DDS area manager or designee must approve, deny, or notify the case manager of issues preventing approval within 10 working days.

(f) HTS providers may not perform any job duties associated with other employment, including on call duties, at the same time they are providing HTS services.

(g) HTS services are limited to no more than 40 hours per week when the HTS resides in the same home as the service recipient. If additional hours of service are needed, they must be provided by someone living outside the home. Exceptions may be authorized when needed for members who receive services through the Homeward Bound Waiver.

(h) When the member is out of the home for school, work, adult day services or other non-HTS supported activities, the total number of hours of HTS and hours away from the home cannot exceed 12 hours per day unless an exception is granted in accordance with subsection c of

this policy.

(i) In accordance with OAC 340:100-3-33.1, services must be provided in the most cost effective manner. When the need for HTS services is expected to continue to exceed 9 hours daily, cost effective community residential services must be considered and requested in accordance with OAC 317:40-1-2. For adults, continuation of non-residential services in excess of 9 hours per day for more than one plan of care year will not be authorized except:

- (1) when needed for members who receive services through the Homeward Bound Waiver;
- (2) when determined by the division administrator or designee to be the most cost effective option; or
- (3) as a transition period of 120 days or less to allow for identification of and transition to a cost effective residential option. Members who do not wish to receive residential services will be assisted to identify options that meet their needs within an average of 9 hours daily.

Quality Oklahoma Team Day 2012

1992-2012 Two “Quality” Decades

OHCA Teams

I. PRESENTED FOR CONSIDERATION OF COMMENDATION

Letter Generator and Mail Consolidation Effort – *Governor’s Commendation for Excellence*

Oklahoma Health Care Authority, in partnership with Hewlett Packard Enterprise Services (HP), worked to develop a more responsive letter generator that would offer hands-on change capabilities to staff in all SoonerCare programs. The previous system required potentially time intensive change orders to be written, worked, and implemented by OHCA analysts and system engineers at HP, so that even a simple change like a new governor or a new address when OHCA moved required weeks before it could be implemented. At the same time, new barcoding capabilities included in the letter generator allowed new equipment to be introduced which could read those barcodes and take advantage of zip code sorting to reduce postage costs for the agency. This multifaceted approach not only decreases costs, but also reduces mail out time, better manages available staffing and improves customer service.

Oklahoma EHR Incentive — *Governor’s Commendation for Excellence; Finalist for the Quality Crown Award*

From the way we communicate with our friends to the way we pay our bills, technology is impacting every aspect of our lives. This trend is also affecting the way we receive health care, as well. As a way of assisting Oklahoma health care providers in adopting and utilizing this new health care technology, the Oklahoma Health Care Authority (OHCA) has created The Oklahoma Electronic Health Record (EHR) Incentive Program. The Oklahoma EHR Incentive program administered by OHCA provides incentive payments from the Centers for Medicare & Medicaid Services (CMS) to Oklahoma’s eligible health care professionals and eligible hospitals for procuring and meaningfully using certified EHR technology. This program has provided more than \$70 million to over a thousand Oklahoma health care professionals and hospitals.

SoonerQuit Prenatal: Three State Agencies Collaborate to Improve Birth Outcomes and Decrease Tobacco Use Among Oklahoma’s Pregnant Women - *Governor’s Commendation for Excellence*

The SoonerQuit Prenatal initiative is a collaborative effort among the Oklahoma Health Care Authority, Oklahoma Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health. This initiative seeks to improve the health of Oklahoma’s newborns, thereby reducing costs associated with poor birth outcomes. SoonerQuit Prenatal was developed to promote tobacco cessation and improve the birth outcomes of pregnant women covered by SoonerCare. The program arms health care providers with the best information, resources and hands-on technical assistance to help their patients successfully quit tobacco use. The initiative has resulted in significant positive behavior changes regarding tobacco cessation among participating obstetric care providers. These changes will ultimately result in decreased tobacco use among pregnant women, thus improving birth outcomes and reducing associated health care costs.

SoonerEnroll: Partnering for a Health Oklahoma - *Governor’s Commendation for Excellence*

Approximately 60,000 children in Oklahoma qualify for SoonerCare, but are not enrolled in the program. As a member, these children would have access to immunizations, dental, vision, medical treatment and important preventive and early intervention services. The Oklahoma Health Care Authority implemented SoonerEnroll, an innovative partnership that has created a statewide infrastructure for outreach and enrollment, as well as promotion of preventive and early intervention services. SoonerEnroll has succeeded in building the capacity of public, private and nonprofit partners to conduct outreach in their communities. With over 700 community partners and SoonerCare enrollment of children exceeding projected enrollment absent the grant by 24,604 (December 2011), SoonerEnroll is a successful model of a state agency and local communities working together for a healthy Oklahoma.

Fetal Infant Mortality Reduction: Targeted Care Management for Oklahoma Mothers

Oklahoma ranks 46th in the U.S. with an infant mortality rate (IMR) of 8.5 (2007); poor fetal & infant outcomes are associated with: maternal health, medical care (quality and access), socioeconomic conditions, and public health practices. The top three causes of fetal infant mortality in Oklahoma: congenital defects, disorders associated with low birth weight and short gestation, SIDS, and unsafe sleep practices.

OHCA's Care Management Division (CM) provides targeted telephonic care management for all pregnant women in the top 10 counties with the highest IMR, beginning the week after they apply for SoonerCare benefits. We care manage these women through the end of their pregnancy.

Topics of education include: tobacco usage, WIC, breastfeeding, potential pregnancy-related complications, safe sleep and depression screenings.

Connecting the Docs: Assuring Better Child Health and Development (ABCD)

ABCD is a collaborative effort between the Oklahoma Health Care Authority, SoonerStart, Child Guidance, Oklahoma Family Network, and OU's College of Medicine. The project aims to close the existing communication gap between a child's primary care medical home and child-serving community programs by improving the number of referrals by the medical home to agencies/programs for services and assessing the rate at which agencies report back to the medical home on the outcome of the referral. The project includes the use of a secure, web-based portal to facilitate information-sharing between primary care and community service providers, maintain a record for each child, and provide a reminder mechanism to partners for follow-up. Additionally, the project focuses on creating collaborative teams at both the State and county levels.

II. PRESENTED AS BOOTH-ONLY EXHIBITS

OK DME Reuse Program

The OK DME Reuse Program was created to allow DME equipment that is no longer needed to be picked up from SoonerCare members and refurbished for reuse. This refurbished equipment will then be reassigned to a SoonerCare member, a non-SoonerCare eligible person with disabilities or an elderly individual. The Oklahoma Health Care Authority has contracted with ABLE Tech to manage and operate the program. The OK DME Reuse Program will initially be piloted in OK county. This program will not only allow the SoonerCare program to make the most of available resources, but will also provide the opportunity for Oklahomans without other resources to receive the DME equipment they need.

Certified Nurse Aid Training Program

The CNA program is an initiative to decrease nurse aide shortages in SoonerCare contracted facilities by paying for the training of qualified individuals to become Certified Nurse Aides. The CNA program has trained over 3500 students. The training currently takes place in 2 day classes and one night class at OSU-OKC, along with 8 outlying areas such as the following locations; Broken Arrow, Claremore, Corn, Elk City, Enid, Mangum, Sallisaw, and Tishomingo. An additional training site known as Career-Tech contracted with the Oklahoma Health Care Authority (OHCA) starting in SFY 2011 to administer a CNA training program across the state. This contract was developed to give students a choice of educational facilities and to target more rural areas.

Program of All Inclusive Care for the Elderly (PACE)

PACE provides a comprehensive array of medical and social services for the frail and elderly within their homes or at Cherokee Elder Care Center in Tahlequah. Members have demonstrated improvements in their health and the program has realized a significant savings as a result of the difference in the PACE rate as compared to nursing home rates. With 50 members the monthly savings is approximately \$121,600 or \$1,459,200 annually.

Focus On Excellence – “First to Submit Award” for informational booth-only exhibits.

Focus on Excellence is a tiered reimbursement program. The program is goal oriented to enrich nursing facility's overall quality of care. The purpose is to give nursing facilities established and rooted in Oklahoma the opportunity to achieve above and beyond the standard level of care already being provided. This program enhances not only the nursing facility, but families, consumers, employees and the entire State of Oklahoma.

Quality Oklahoma Team Day 2012



What is Team Day?

- Annual event hosted by OPM
- Held in conjunction with Public Service Recognition Week

What is Team Day?

- An opportunity to share the outcomes of successful projects accomplished by agency work teams
- Chance for projects to be seen by the public, state agency officials and members of the Legislature

What is Team Day?

- Team exhibits are displayed in the state Capitol rotunda on Team Day



How Are Projects Entered?

- Teams can show off their projects by
 - Being considered for a *Governor's Commendation for Excellence*

Or

- With a Booth-Only Display



What Is A Successful Project?

Successful projects are team-led efforts that:

- decrease costs
- generate revenue
- reduce time
- cut red tape
- greatly improve employee morale
- create partnerships with other organizations
- better manage resources



How Are Projects Evaluated?

- Applications are evaluated based upon:
 - Uniqueness or Originality of the project
 - Use of quality processes, methods or tools
 - Measureable results

What Specific Elements Will Be Evaluated?

Applications should include:

- A brief description of the issue the team attempted to solve and why it was important to find a solution.
- Specific actions taken in order to solve the problem or address the issue, including the use of quality tools and processes.

What Specific Elements Will Be Evaluated?

- The results or outcomes of the project. This includes income gained, savings, production, positive changes, or any other measures you use to determine success.



Team Day 2012 Recap

- 74 projects displayed representing 15 agencies
- OHCA staff presented 10 projects!
 - 6 projects considered for *Governor's Commendation for Excellence*
 - 4 projects presented booth-only

Team Day 2012 Recap

- Four teams were awarded the *Governor's Commendation for Excellence*.
- One specialty award winner.

Projects Awarded *The Governor's Commendation For Excellence*

- Letter Generator & Mail Consolidation Effort
 - Presented by Information Services

TEAM DAY 2012



Projects Awarded *The Governor's Commendation For Excellence*

- SoonerEnroll: Partnering for a Healthy Oklahoma
 - Presented by Child Health

TEAM DAY 2012



Projects Awarded *The Governor's Commendation For Excellence*

- SoonerQuit Prenatal: Three State Agencies Collaborate to Improve Birth Outcomes and Decrease Tobacco Use Among Oklahoma's Pregnant Women
 - Presented by Child Health

TEAM DAY 2012



Projects Awarded *The Governor's Commendation For Excellence*

- Oklahoma EHR Incentive Program
 - Presented by Provider Services
 - One of five finalists for the Quality Crown Award, the event's top award.

TEAM DAY 2012



Specialty Award Winner

- “First to Submit Award” for informational booth-only exhibits.
- Focus On Excellence
Presented by OLL

TEAM DAY 2012



Team Day 2012

- Fetal Infant Mortality Reduction: Targeted Care Management for Oklahoma Mothers
 - Presented by Care Management

Team Day 2012



Team Day 2012

- "Connecting the Docs" / Assuring Better Child Development
 - Presented by Child Health

Team Day 2012



Booth-Only Exhibits

- Focus On Excellence
 - Presented by Opportunities for Living Life

Booth-Only Exhibits

- OK DME Reuse Program
 - Presented by DME Unit

Team Day 2012



Booth-Only Exhibits

- Certified Nurse Aid Training Program
 - Presented by OLL – Workforce Development

Team Day 2012



Booth-Only Exhibits

- Program of All-Inclusive Care for the Elderly (PACE)
 - OLL – Other Quality Initiatives

Team Day 2012



KUDOS!!

- Team Members
- Henry Kubier
- Jim Patterson
- Bill Garrison

KUDOS!!

- Sher Sester
- Jennie Melendez
- Mike & Executive Staff

Point of Contact

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