



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, November 7th
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

1. Welcome— Dana Miller, Director of Tribal Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments—Demetria Bennett, Policy Development Coordinator

Proposed Rule, State Plan, and Waiver Amendments

- Income Rounding for Non-disabled Adults & Children Eligibility
 - Grandfathered CHIP Children
 - Student Earned Income Exclusion for Aged, Blind, & Disabled (ABD) Applicants
 - Accreditation Commission for Health Care (ACHC) Accreditation Option for Outpatient Behavioral Health Agencies / Organizations
 - Indian Health Service, Tribal Program & Urban Indian Clinics (I/T/U) Current Procedural Terminology (CPT) Language Removal
 - Inpatient Behavioral Health Restraints, Seclusion and Incident Reporting Requirements for Members under Age 21
 - Developmental Disabilities Services (DDS) Division
 - Inpatient Psychiatric Services for Individuals under Age 21 Revisions
 - Reimbursement for Services outside the Office of Management and Budget (OMB) Rate
 - Federally Qualified Health Center Services (FQHC) Alternative Payment Methodology (APM)
 - Nursing Home Supplemental Payment Program
 - School-based Health Services (SBS)
 - Improve Outpatient Hospital Reimbursement Rate for Dental Services
 - Tribal Participation in Residency Programs
 - ODMHSAS budget reduction changes
 - In Home Support Waivers for Adults (IHSW-A)
 - ADvantage Waiver
 - State Plan Personal Care (SPPC)
3. I/T/U Contracts- Amy Bradt, Director of Provider Enrollment & Contracts
 4. Other Business and Project Updates:
 - Budget update- Cate Jeffries, Legislative Liaison

- Prenatal Services-Stephanie Henry, Cherokee Nation
5. New Business- Dana Miller, Director of Tribal Government Relations
 6. Adjourn—Next Tribal Consultation Scheduled for 11 AM, January 2nd , 2018

Proposed Rule, State Plan, and Waiver Amendments

Income Rounding for Non-disabled Adults and Children Eligibility — The proposed revisions will update the income guidelines to match how the online eligibility system presently computes income for non-disabled adults and children. The current online eligibility system rounds cents down to the nearest dollar in its income calculations for non-disabled adults and children.

Grandfathered CHIP Children — The proposed revisions will update the Qualifying Categorical Relationship policy by removing the subsection "Grandfathered CHIP children." This eligibility group terminated December 31, 2015, which prompts the removal of this subsection from policy.

Student Earned Income Exclusion for Aged, Blind, and Disabled (ABD) Applicants — The proposed ABD countable income revisions regarding student earned income will add general language and remove the specific amounts, currently listed as the Social Security Act revises the amounts on an annual basis.

Accreditation Commission for Health Care (ACHC) Accreditation Option for Outpatient Behavioral Health Agencies/Organizations — The proposed behavioral health revisions will add the ACHC as an additional accreditation option for outpatient behavioral health agencies/organizations.

Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) Current Procedural Terminology (CPT) Language Removal — The proposed I/T/U revisions will remove the restriction to billing with a CPT procedure code for outpatient behavioral health encounters. Rules will clarify that when billing for an outpatient behavioral health encounter, services must be billed on an appropriate claim form using the appropriate procedure code and guidelines.

Inpatient Behavioral Health Restraints, Seclusion and Incident Reporting Requirements for Members under Age 21 — The proposed inpatient behavioral health revisions will make rule language consistent with federal regulations regarding the standards of restraint and seclusion for members under the age of 21. Rules will also be revised to cleanup definitions, which will now be incorporated throughout policy.

Developmental Disabilities Services (DDS) Division — The proposed revisions to the Home and Community-Based Services (HCBS) Waiver will affirm a member's rights to have visitors of his/her choosing. Revisions will also remove treatment extensions for Habilitation Services authorized by DDS area managers. In addition, revisions will allow eligible members, 16 years of age and older, to access Waiver employment services through the HCBS Waiver.

Inpatient Psychiatric Services for Individuals under Age 21 Revisions — Policy changes are required in order to align settings and reimbursement methodology of inpatient psychiatric services for individuals

under 21 with federal regulation and guidance. The proposed policy change will revise and expand the identification of settings where inpatient psychiatric services for individuals under 21 are provided and delineate requirements for reimbursement within each setting. Additionally, proposed changes will update the list of accrediting bodies for psychiatric facilities to meet federal regulations. Other revisions will include page format and grammatical changes.

Reimbursement for Services outside the Office of Management and Budget (OMB) Rate — The proposed revisions will allow special consideration for services reimbursed to Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) outside of the OMB rate. Particularly, as it relates to provider rate reductions, since reimbursement for services provided by I/T/Us that are outside of the OMB rate are reimbursed to the state at 100% FMAP.

Federally Qualified Health Center Services (FQHC) Alternative Payment Methodology (APM) — The proposed policy revisions will introduce a new optional payment methodology for FQHCs. FQHCs are currently reimbursed through a Prospective Payment System (PPS) methodology; the proposed revision will add the APM as an optional reimbursement method for FQHCs. In order to align with the methodology change, the FQHC policy will also be updated to reflect the term and definition for APM.

Nursing Home Supplemental Payment Program — The proposed revisions will add a nursing home supplemental payment program for nursing facilities and will change the methodology for computing the Upper Payment Limit.

School-based Health Services (SBS) — The proposed school-based health services (SBS) changes clarifies the definition of school-based services, revises the format of and renumbers the pages within the state plan regarding SBS provider qualifications, and revises the definition of school-based behavioral health services. Further, language is added to outline notification requirements for schools regarding parental/legal guardian consent. Revisions are needed to align with current practice and federal regulation.

Improve Outpatient Hospital Reimbursement Rate for Dental Services — The proposed revisions will provide a new methodology for increasing the reimbursement rate for dental services in an outpatient hospital. The new method uses the cost of dental services and the cost of services in the Ambulatory Patient Classification group 5164 to calculate the rate for all outpatient hospitals.

Tribal Participation in Residency Programs — The proposed revisions will allow a reimbursement to Indian Health Services, Tribal Programs and Urban Indian Clinics (I/T/U) for residency stipends under the Workforce Development program contained in the Section 1115 (a) waiver renewal application. The proposal will also seek a 100% federal match for the I/T/U residency stipends under the Workforce Development program.

ODMHSAS budget reduction changes — Without an agreement by the legislature to address the budget shortfall, the Oklahoma Department of Mental Health and Substance Abuse Services has no choice but to implement plans to eliminate \$75 million from the Department's budget, which includes state

appropriated dollars that fund the SoonerCare Behavioral Health Program. The plan includes the elimination of all state funded outpatient behavioral health treatment services with the exception of facility based crisis stabilization services, urgent recovery clinic services, and medication training and support. It also includes the elimination of all non-acute residential services provided in Psychiatric Residential Treatment Facilities. Our goal is to preserve treatment services for the most acutely ill, as elimination of these services presents the most immediate need and impact beyond the individual. The Department's hope is that these cuts may be avoided by finding a solution to the current budget situation. However, we cannot wait to announce these cuts as all must be in place by January 2018. It would not be fair to move forward without notifying the tens of thousands of Oklahomans who will be impacted either through loss of service or jobs.

In Home Support Waivers for Adults (IHSW-A)

In October, the Department of Human Services (DHS) was required to submit a revised budget to the Oklahoma Office of Management and Enterprise Services (OMES) to fulfill Oklahoma's constitutional requirement to maintain a balanced budget for State Fiscal Year 2018 following the loss of \$69 million from their operating budget. This is the amount of appropriations DHS would have received from the cigarette fee that was ruled unconstitutional by the Oklahoma Supreme Court. When the cigarette fee was struck down, additional reductions at became necessary. As a result, the Oklahoma Department of Human Services is terminating the In-Home Supports Waiver for Adults (IHSW-A) effective December 1, 2017. The IHSW-A serves individuals with intellectual disabilities age 18 and older. Upon termination of the waiver, current service recipient's names will be added to the statewide waiver request list for Developmental Disability Service (DDS) waiver services with his or her original application date.

ADvantage Waiver

The Department of Human Services lost \$69 million in state funding for the State Fiscal Year 2018 as a result of the Oklahoma Supreme Court ruling the cigarette fee unconstitutional. In October, DHS was required to submit a revised budget to the Oklahoma Office of Management and Enterprise Services (OMES) to fulfill Oklahoma's constitutional requirements for a balanced budget. The revised budget resulted in additional reductions to DHS services. The ADvantage waiver serves the frail and elderly adults with physical disabilities age 21 and over who do not have intellectual disabilities or cognitive impairment. DHS is terminating the ADvantage Waiver effective December 1, 2017.

State Plan Personal Care (SPPC)

The Oklahoma Department of Human Services is terminating the State Plan Personal Care (SPPC) Program effective January 1, 2018. The SPPC serves individuals of all ages with physical disabilities or physical and mental disabilities that require assistance with Activities of Daily Living or Instrumental Activities of Daily Living. Since elimination of the SPPC program affects everyone receiving services through it, there is no right to appeal this action.

ADDENDUM TO
OUTPATIENT CLINIC FUNDING AGREEMENT
SOONERCARE AMERICAN INDIAN/ALASKA NATIVE
TRIBAL/URBAN/INDIAN HEALTH SERVICE PROVIDERS

1. The purpose of this Addendum is to delineate healthcare services provided by the Outpatient Clinic to members in the Oklahoma Medicaid program, known as SoonerCare.
2. By marking the box below, Provider states that it is an:
 - I/T/U Outpatient Clinic that is certified by Medicare as a Hospital-Based Outpatient Clinic; or
 - I/T/U Outpatient Clinic designated as a Federally Qualified Health Center; or
 - I/T/U Outpatient Clinic.
3. By marking the box(s) below, Provider states that it provides:
 - Durable Medical Equipment services**
 - A. Provider provides durable medical equipment (DME) and/or medical supplies to eligible American Indian/Alaskan Native (AI/AN) members in SoonerCare and has all federal licenses, certifications, registrations, and permits required of such a facility. All such licenses, certifications, registrations, and permits shall be kept current during the term of the agreement. DME and Medical Supplies are defined at OAC 317:30-5-211.1.
 - Pharmacy services**
 - A. Provider has a pharmacy which is not licensed by individual states, is accredited in accordance with Federal statutes and regulations, and has all other state, federal, tribal, and local licenses, certifications, registrations, and permits required of such an operation. All such accreditation shall be kept current during the term of this Agreement.
 - Ambulance services**
 - A. Provider holds all federally required licenses for ambulance services.
 - B. Provider agrees to abide by all applicable restrictions on the provision of ambulance services as expressed by the federal statutes and federal regulations.
4. If Provider is a Tribal service provider and chooses to serve non-AI/AN members, Provider agrees:
 - A. They shall be issued separate provider numbers for AI/AN and non-AI/AN members. Provider agrees to bill with the correct provider number when submitting claims for AI/AN and non-AI/AN members;
 - B. OHCA's payment of 100% of the OMB rate for services to non-AI/AN members constitutes OHCA advancing the state share match to the Provider;
 - C. Provider is responsible for the state share matching funds and shall reimburse OHCA all applicable state share payments made on behalf of the Provider;

- D. OHCA shall bill the Provider for the state share match of the actual claim payments appearing on the OHCA warrant register on a quarterly basis. OHCA reserves the right to change the state share billing frequency based upon actual claim volume. OHCA shall give the Provider a thirty (30) day written notice in the event OHCA elects to change the billing frequency; and
- E. The Provider shall pay state share monies within thirty (30) days of date of receipt of invoice from OHCA. OHCA reserves the right to recoup funds disbursed or to withhold future disbursements if the Provider fails to properly submit the state share payments as specified above to OHCA.

By marking the box(s) below, Provider states that it provides:

Pharmacy services

- A. Provider has a pharmacy which is not licensed by individual states, is accredited in accordance with Federal statutes and regulations, and has all other state, federal, tribal, and local licenses, certifications, registrations, and permits required of such an operation. All such accreditation shall be kept current during the term of this Agreement.

Printed Name of Authorized Representative

Signature of Authorized Representative

Date