



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2019-04

April 26, 2019

**RE: Oklahoma Health Care Authority (OHCA) Proposed Rule, State Plan, and Waiver Amendments**

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting held on May 7, 2019 at 11:00 a.m. in the Oklahoma Health Care Authority (OHCA) Charles Ed McFall Board Room located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting, and we welcome any comments regarding the proposed changes. The agency is committed to active communication with tribal governments during the decision-making and priority-setting process and therefore keeps you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plans, and waiver amendments for your review. The summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, new changes must obtain budget authorization, the OHCA Board approval, and when applicable, federal approval and the governor's approval.

Additionally, the OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). This public website is designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay informed of proposed policy changes, you may sign up for web alerts to be automatically notified when any new proposed policy changes are posted for comment.

The OHCA values consultation with tribal governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [Policy Change Blog](#) and/or the [Native American Consultation Page](#).

Sincerely,

S\

Dana Miller  
Director, Tribal Government Relations

## **Proposed Rule, State Plan, and Waiver Amendments**

**Payment to State-owned Psychiatric Residential Treatment Facilities (PRTFs)** — The proposed Title XIX State Plan revision will allow for a cost-based reimbursement to State-owned PRTFs rendering inpatient psychiatric services to individuals under the age of twenty-one (21). This amendment is necessary to align the State Plan with current practice.

**Inpatient Psychiatric Facilities (Under 21) Revisions** — The proposed revisions will create an add-on payment for reactive attachment disorder (RAD) specialty programs serving individuals under the age of twenty-one (21) within psychiatric hospitals, hospitals with a psychiatric wing, and psychiatric residential treatment facilities (PRTFs). Revisions will help offset the cost of providing the intensity of services needed for this population.

**Access Monitoring Review Plan** — In 2015, the Centers for Medicare and Medicaid Services (CMS) issued a final rule directing states to analyze and monitor access to care for Medicaid fee-for-service programs. Through an access monitoring review plan (AMRP), the State demonstrates sufficient access to care by measuring the following: enrollee needs, the availability of care and providers, utilization of services, characteristics of the enrolled members, and estimated levels of provider payment from other payers. The AMRP must be created in consultation with the Medical Advisory Committee (MAC), be published, and made available to the public for a period of no less than thirty (30) days prior to being submitted to CMS. The final rule instructed the State to submit the initial AMRP on October 1, 2016 and requires the State to submit a revised plan to CMS every three (3) years thereafter. The State will submit the revised AMRP to CMS by September 30, 2019, noting its analysis of access, any deficiencies, and how the State plans to resolve access issues should they arise. The final rule further instructs states to conduct and submit access to care analyses of State Plan Amendments (SPAs) promulgated that affect payment methodology and/or rates which could result in decreased access to care; these access to care analyses on SPAs are reported within the AMRP.

**Rural Health Clinics (RHCs)** — The proposed policy changes will revise the payment methodology for RHCs to increase access to care in rural areas.

**Cost Sharing Exemptions** – Policy is being amended to align practice with federal regulation regarding cost sharing exemptions for American Indian/Alaskan Native (AI/AN) members as per 42 Code of Federal Regulations (CFR) 447.56(x). The State is currently utilizing claims and claims review to identify members who are eligible to receive, currently receiving, or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services, and exempt them from cost sharing requirements. The State is seeking authority to allow members, not identified through claims/claims reviews, to self-attest that they meet the requirements for cost sharing exemptions as per 42CFR 447.56(x).

**Applied Behavior Analysis (ABA) Services (EPSDT Only)** – ABA proposed policy changes regarding coverage and reimbursement, provider participation and credentialing requirements, medical necessity criteria, and service limitations were presented during the January 8, 2019 Tribal consultation; this agenda item serves as a follow up to discuss the proposed reimbursement methodology for ABA services. This proposal will have a 14-day expedited Tribal consultation comment period.