

**Member Advisory Task Force**

**Members Present:** 9

**Steering Committee:** 5

**Guests:** 9

Item	Notes	Recommendations / Golden Nuggets
<p><b>Welcome, Introductions, Consent Agenda</b></p>	<p>Welcome and introductions.</p> <p>Please review the notes from the last meeting and if there is something missed please send email to Joni so it can be added.</p>	
<p><b>Legislative Update</b></p>	<p>Six weeks left in this legislative session. Thursday was the deadline for bills to pass out of committee and are in the opposing chambers. The next two weeks are floor activity, and for legislation to be live for the session it has to pass off the floor by April 25<sup>th</sup>.</p> <p>Five bills impacting state agencies was signed in early March. The Office of Juvenile Affairs, Department of Transportation, Department of Mental Health and Substance Abuse (DMS), Department of Corrections (DOC), and Health Care Authority (OHCA) all the Directors are Governor appointees and the boards were dissolved immediately upon the Governor's signature. The new board consists of nine members. The new members are: 5 from the Governor's office, 2 from the Senate, and 2 from the House. OHCA is still waiting on the 2 from the House. There is now a pediatrician and an ophthalmologist on the board.</p>	<p><b>RECOMMENDATION:</b> When possible Co-chair and facilitator would like the opportunity to meet the new board members</p>

	<p>There is more money this year for the state operations. A flat budget is projected. There are some bills that seem to be moving that give a moderate increase in rates to nursing homes.</p> <p>Currently there is no talk of SoonerCare moving to a managed care. There are no bills filed as legislation.</p> <p>Do not know yet if there will be a rate increase for Private Duty Nurses (PDN) providers. There is a group of legislators who have constituents that have been unsuccessful in finding any nurses who are approved for private duty nursing. This group is having a conversation about what do we need to do to with a line item specifically budget to give to OHCA specific for private duty nursing Urban tend to be better staffed than the rural areas. May need to look at a modified payment schedule for Urban Vs Rural or a payment differential for the urban vs rural. OHCA will have finance cost out what a 5%, 7%, or 10% increase would be.</p>	<p>and to provide a list of the new board members to share with the MATF members.</p>
<p><b>School Based Services (Lana Brown)</b></p>	<p>(See Attachment A)</p> <p>Medicaid compensable school-based services School-based services are medically necessary, health-related and rehabilitative services. IEP related services for ages 3 -20 in a public school that is contracted with OCHA and the rendering providers must be contracted. In order to bill Medicaid, the qualified schools must follow state and federal Medicaid laws,</p> <p>Compensable services follow all state and federal guidelines set forth in the OHCA school-based policies and services provided by OHCA contracted, licensed and/or certified professionals in their appropriate fields of expertise.</p> <p>Evaluations/diagnostic encounters for: speech-language-hearing, physical therapy, occupational therapy, psychological evaluation and testing, and vision screenings.</p> <p>Treatment limited services: subcontracted services speech-language, physical therapy, occupational therapy, psychotherapy (counseling), hearing and vision, assistive technology; employees of the school district: nursing limited to plan of care and personal care services which are employees of the school.</p>	<p><b>GOLDEN NUGGET:</b> Schools must get permission from parents to bill Medicaid once for IEP services.</p> <p><b>GOLDEN NUGGET:</b> Evaluations are done annually if medical services are on IEP.</p> <p><b>RECOMMENDATION:</b> Newsletter idea: Story of a school district utilizing the contract</p>

	<p>There are about 80 public schools currently contracted with Medicaid. Contact Lana Brown, SoonerCare Education Specialist, if you know of school districts needing education regarding the billing Medicaid.</p> <p>The schools are the ones to identify if a child has special needs that need to be met during school hours. If the school does not identify a certain need then they are not bound to meet that need. If your child is not independent and needs personal care or may require nursing support, i.e., medication administration for seizures or something not typical of a teacher or teacher's aide; make sure that the school knows for students needing that level of care, reimbursement is available through a contract with OHCA.</p> <p>The compensation is kind of confusing to the schools who think reimbursement will be at 100% but it is not necessarily true. Schools receive state funds through the Child Find Act which covers the reduced lunches, IEP services, and things like that. When schools bill OHCA, OHCA will bill back to them every quarter. So, it doesn't cover 100% of what the school cost but it is more than if there is no contract with OHCA. The billing process has improved because of the electronic billing and documentation can be uploaded.</p>	<p>and the family is pleased with the partnership, both a rural and urban MATF family.</p>
<p><b>Transition From Acute Health / Behavior Health</b></p>	<p>(See Attachment B)</p> <p>OHCA Provider Services: helping people transition from inpatient care to their homes.</p> <p>OHCA Provider Services has worked with facilities across the state. The facilities can voluntarily fax in patient information who they are, if they are SoonerCare, etc. Provider Services staff upload the information into the provider portal specific to the medical home of each patient. The information is available to the provider the next day and the provider can perform appropriate follow-up.</p> <p>Health Care Systems Innovation -This department encompasses OHCA Health Management Program, Health Access Network, Chronic Care Unit and all these different pieces have something related to transitions.</p>	

	<p>Health Management Program (HMP) supports SoonerCare Choice member with or at risk for developing chronic conditions. The aged, blind, disabled older is about 60% of the population served. Provide health coaching services through registered nurses in their homes or wherever it is needed to prevent their conditions from becoming worse. Also, support is provided to the primary care providers of this population inpatient center medical homes and try to help them provide better care for their chronically ill members.</p> <p>Every two weeks the information received from the inpatient reports received at Provider Services is collected, aggregated and sent to HMP. The research analysts look at who is in the health management program and who had an inpatient stay and match them. The nurse will be notified in order to provide adequate follow up for those in the Health Management Program (HMP). The HMP is administered by a vendor Telligen, they hire the nurses and send staff into the field. Nurses will filter out ones that were there for things that could have been preventable and/or may be at high risk for readmission, where help in that interim would be productive and helpful. There are seven or eight local facilities who send Telligen their inpatient and emergency room census information every day (Baptist, Southwest, Canadian Valley, Integris Edmond, Alliance Health Midwest City, Norman Regional and St. Anthony's in OKC). There are two on-site health coaches who are at Integris Baptist and St. Anthony's. Looking to expand into two other facilities. These two nurses can visit people in the hospital or in the emergency room making contact so when the patient is home, they know who is calling them. Transitional coaching is an intense 4-6 weeks. Following discharge, the patient will receive very frequent follow-up with a minimum of 1 visit a week but usually is more than once a week. Making sure the patient has the equipment and needed medicine, support to stay at home, knowing what to look for, set up follow-up appointments with PCP or specialist. After the 4-6 weeks, members can choose to or be recommended to move into the regular coaching program which is more long term. Since last year there are 253 members in the transitional coaching of those 95 have transitioned into the longer coaching program. As the program grows there would be more nurses scheduled. Children do qualify for the program and is probably more than 20%.</p> <p>Chronic Care Unit (CCU)</p>	
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	<p>A medical home presentation for a future meeting to cover what a medical home looks like, what the provider knows and their role, the patient's role. The Medical Home Agreement is on the website.</p> <p>There is a need for caregiver assistance. Caregivers are focused on caring for their loved one and often forget to take care of them self, or finances are not available to cover costs for a visit to a medical or dental clinic, or they are unable to go to a clinic because of work schedule. There are several resources available that are free; have hours starting at 5 pm; once a month weekend clinic - A Mercy Clinic in Edmond on Eastern, Henderson Hills Church has 'Ministries of Jesus' has a dental clinic and optometrist at OU, Mission of Mercy. SoonerCare helpline does give out resource information. Also, 211 is an easy-access system for information and referral to community services for those who need help and those who provide help.</p>	<p>If a focus group is formed regarding medical home maybe include MATF members.</p> <p><b>RECOMMENDATION:</b> A newsletter article on dental care for parents of SoonerCare who do not have insurance.</p> <p><b>GOLDEN NUGGET:</b> SoonerCare helpline can be called for SoonerCare members household.</p> <p><b>RECOMMENDATION:</b> Send an email to membership once a month with a 'did you know statement' regarding an activity where families can receive assistance or other helpful ideas.</p>
<p><b>Communication Update</b></p>	<p>The following handouts were discussed and distributed: Oklahoma Health Care Authority Annual Report SFY 2018 This year the information was organized by regions and included member stories, and the vital statistics of each region. A copy of the annual report was delivered to each legislator and included a page with SoonerCare information for their specific district.</p>	<p><b>RECOMMENDATION:</b> For OHCA to send a link for the Annual Report to facilitator for to send out to MATF members.</p>

	<p>Copies of 1-pager handouts that were distributed to legislators (see Attachment C)</p> <p>In reference to the Portal, OHCA will be working to make it more user friendly and someone will come to a future meeting. Daryn will be asking for input on the website.</p> <p>OHCA is working hard to have quality customer service and have asked for assistance/advice with what can be done to improve service.</p> <p>This semester OHCA Communication is working with a college public relations class on a care coordination survey. Joni will be sending a link to the survey out to MATF members asking them to complete the survey.</p> <p>The OHCA Communication Department has been assisting other departments with core messaging providing a more purposeful and intentional way of presenting agency information.</p>	<p><b>RECOMMENDATION:</b> Change the search engine on the web site so that it does not just go to policy.</p> <p><b>RECOMMENDATION:</b> Future agenda item – eligibility overview with medical home overview.</p>
<p><b>ABA, Retroactive Eligibility, CBHC&lt; Therapeutic Foster, Polices</b></p>	<p>Rules discussed in the past few MATF meetings will be in effect September 1. The rules were approved in the April 1<sup>st</sup> meeting. After the rules were approved, staff had work to complete and send to the Governor and Secretary of State by 5 pm.</p> <p>Emergency rules discussed in the past, ABA, Retroactive Eligibility, Certified Community Behavioral Health Centers (CCBHC), Therapeutic Foster Care name has changed to Intensive Treatment Family Care which is the national name now. All of these involve outside agency partners and Centers for Medicare and Medicaid Services (CMS) guidance. These have delayed some in being able to get these out. They will have to go through Tribal, MAC, and Board.</p> <p>The ABA hindrance is that DHS was working on legislation to develop a different provider type that was the technical provider Register Behavioral Technicians (RBT) but was not able to get in legislation. There will only be two provider types that can provide services. The providers are BCBA's and Certified Behavioral Health Assistants (CBHA).</p>	

	<p>The next Board meeting is May 21.</p> <p>Emergency Rules - The Governor will have 45 days to sign. The effective date is upon the Governor's signature or the 45<sup>th</sup> day.</p> <p>Retroactive Eligibility will hopefully also go through the process next month.</p> <p>CCBHC need CMS guidance based on new provider types. Department of Mental Health has been involved and are hoping to get it through.</p> <p>Therapeutic Foster Care also waiting on CMS guidance.</p> <p>These rules could be presented at the next meeting because they should be finalized then. There will be public comment periods so if you have comments watch for those alerts.</p> <p>Working on in the future: pain management - opioid services, expanding high risk services in rural areas, telemedicine, therapy assistances, personal care services with some of the waiver populations.</p> <p>There are about 30 SIFs that require policy changes.</p> <p>Through Home Health - Incontinent supplies for adults will be added to the state plan and effective January 1. Nutritional support – g-tube feeds, thickeners OHCA will follow up. A lot of the processes are changing as it shifts from the Department of Human Services (DHS) to OHCA. If it is a home health service, then it will be shifting from the waiver to OHCA.</p>	
<p><b>Wrap-Up, Agenda for June 8 Discussion, Adjournment</b></p>	<p>Agenda items for next meeting: Home Health potential agenda item Care Transitions for behavioral health</p>	



<b>(Shelly Patterson and Wanda Felty)</b>	Medical Home update  Electronic Visit Verification August or October  Adjourned: 1:10 pm	
<b>Future MATF Meetings: June 8, Tentative August 3, October 5, December 7 Board of Directors: May 21; June 27; August 8; Sept. 12; October 10, November 14, December 12, 2019 from 1 pm to 3 pm</b>		