SoonerCare
Oklahoma Health Care Authority

Member Advisory Task Force

MATF Notes
Co-Chairs:
October 12, 2024

Members Present: 12 Members Present

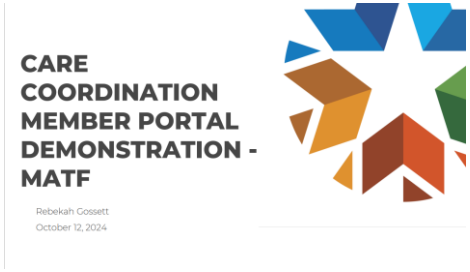
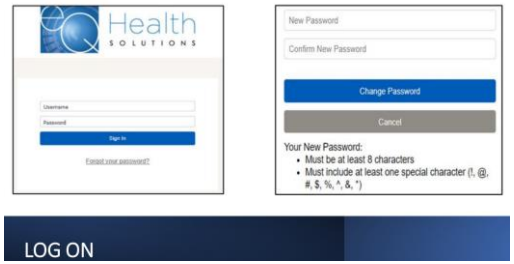
Steering Committee: **5 Steering Committee members**

Guests: 6 guest

OFN Staff: 2 staff members

X = Virtual √ = In person

Item	Notes	Recommendations / Golden Nuggets
Coffee Time at HCA/ Home		
Welcome & Review Minutes – MATF Cards	Welcome and Introductions Every meeting we really do take itemized minutes. The purpose of the itemized minutes is to track the impact of the MATF also to help us track "ahaus". If the members around this table didn't know something specifically, that tells us more than likely that the general population doesn't know it. This could be an awareness opportunity, maybe social media, push of information. The other thing is we might have a presentation on one thing. And in that discussion, we make an informal suggestion of how to improve something. So, while it might not be something you need to fix it's like, it'd be really cool if you could. We track that because that technically is a recommendation from the MATF. Once a year we look at all the formal and informal recommendations and we track the impact of the members sitting around this table. We have many years of logs of the impact. Some of the impact is on access to service, and some of it is about cost saving measures. It really is the importance of the users being part and sitting at the table with the people who do the service. The minutes are usually available online within a few months. We do didact any of the information that's identifiable. If we share the minutes with you before it's made public, those are not to be shared, not with your friends, family because the identifiable information has not been removed. If you think of any changes or after the fact, be sure and email OFN staff so adjustments can be made.	

Care Coordination Member Portal	I am excited that our member care coordination portal is up and running. There is one more approval needed, and then the care coordinators internally and members who are in care coordination services will be able to use it. This is specifically for the purpose of Care Coordination Services. The SoonerCare Member Portal is for members to update eligibility and financial updates and things of that nature. For this demonstration all information and data are fake. **Slide 1**  **Slide 2**  	

SoonerCare members will sign onto the system (EQ Health Solutions).
The members will have a specific alphanumeric character combination and must meet requirements for logging into EQ Suite.

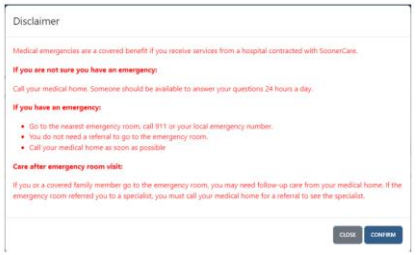
Slide 3

TERMS & CONDITIONS

The first time you log on you will sign and agree to the terms and conditions.
This is only done once.

Slide 4

DISCLAIMER



If you need care, please go to the emergency room. Don't wait!
You do not need a referral. Call your medical home as soon as possible and follow up.
The first time you access the disclaimer you must confirm it or it will kick you out.
Once signed you will not see it again.

Question - Can you define who uses care coordination and when?
It would be members who have a nurse care manager, a behavioral health specialist inside the Healthcare Authority, or a social service coordinator.
Currently working on the memorandum of agreement for data sharing agreement between OHS and the Office of Juvenile Affairs.

This is not an option for you if you are on a Sooner Select plan with a contracted entity, your case manager will be with that contracted entity.

This is an option if you are aged, blind, and disabled, tribal and you're opting for OHCA or SoonerCare Choice or SoonerCare fee for service to manage your benefits.
It is like our chronic care unit. If you have a chronic condition and you want help with diabetes, weight loss.
There are members who have Hepatitis C, are eligible for the new retroviral medications to go into remission, this would be an option for them.
Members that are families applying for private duty nursing benefit.

If someone is asking to go for an out-of-state service, pregnancy population, high-risk OB population, tribal. When Sooner Select took a portion of our members, we reinitiate the outreach benefit for tribal members who are pregnant. Social Service Coordinators call and do a social determinant of health screening. If they have some medical needs or want to talk to a nurse case manager, we put them into active case management with a nurse.

Individuals that are applying for applied behavioral health, therapeutic foster care, inpatient behavioral health, etc., or if they're needing additional assistance.
Make referrals to our long-term care group of nurses.

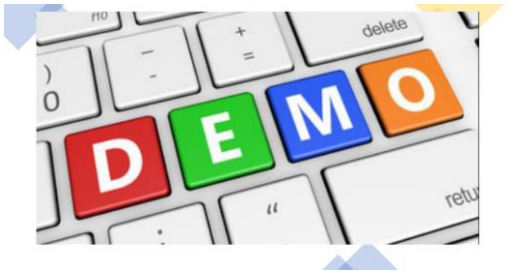
The waivers are going to be managed by OHS.

Slide 5 –

View My Chart View My Plan of Care View My Surveys
View My Health Tools View My Messages Locate My Provider

My Surveys and My Messages – provides a way for the members, their care coordinator, and different clinicians to communicate back and forth, and utilize the survey tools.

Slide 6



You must have a care coordinator to have access to the portal initially.
Log in - Remember your passwords.

Welcome to your member account.
Top right-hand corner there is-
A HELP feature question mark (?) you can click on that provides assistance.
Information that includes the legalese, pamphlets for state plan personal care DDS and other things.
A drop-down box where you log out.

Message
When you get a message, it will tell you to please go to your profile. Because this is personal health information it will not tell you what that message is.
Example - The message says, your care coordinator has requested that you complete a health survey on your patient portal. Complete the survey and submit it.

Contact Information
My contact information: date of birth, my email address, etc.
If information changes you can send a message with the changes.
The information will be forwarded to the eligibility and coverage services.
The changes may require something you may have to do, such as a new application, review or something else.
Each night at midnight the Medicaid Management Information System (MMIS) any new information is uploaded into the system.
The MMIS houses everything; all of the doctors, members, claims, authorizations, including the pediatric ones.

My Plan of Care
As a member I see that I am enrolled in the active general nurse case management program.

	As the nurse case manager, I can review the information and may see that this person has not received a flu vaccine, or I notice that they have not has a well person visit for a while. A future conversation with the member may be asking about a flu vaccine and a well person visit. Please note - There is usually a 45–60-day claim lag between the time the doctor's office bills and payment is made. As soon as that claim is paid then that night information is updated to EQ. If you are worried about transportation or can't pay for some of my medications. Send us a message and we will get you with a social service coordinator and see what other benefits may be eligible. Maybe some prescriptions can be for 90-day prescription instead of a month, or SoonerCare could fill the more expensive medications. **My Health Tools** For this system all the topics have the most current information, and it is vetted by standard of care organizations. Diagnosis specific standard of care topics. Choose a topic and on your profile, you can talk with someone about the information. Also, in Spanish and when the Vietnamese population hits a certain percentage threshold, it will be required to have this in Vietnamese as well. This is important information for people to have. It has information about life stages, it has information about wellness and prevention. It has other topics, and you can browse by topic. **Question -** Is it like the content lives on there? Yes, it is very interactive. Click on a topic and it gives you lots of information. Example – Go to parenting and choose protecting your child from infection. Just a few of the topics – Keeping your children healthy at home, daycare or school. Don't share hats, combs, toothbrushes. Don't touch other children's blood, urine, stools, drainage. Keep your children away from secondhand smoke, and this is what secondhand smoke is. This is not Dr. Google. These are standard of care evidence based and vetted information that you can utilize. **Locate My Provider** This is activated and it searches our MMIS with our provider director. If you are out of town, you can find acute care, critical access, etc. that has a contract with OHCA.	**RECOMMENDATION:** Add Locate My Provider to the member portal.

	Complete the information on the search form, type of physician, specialty, and type of facility, and how far away. It also includes pediatrics information. **Question -** What about pharmacies? Some people are discharged from the hospital with a prescription, but their pharmacy and the hospital pharmacy have closed. Would this be a good place for that information if they're under care coordination? Yes. It does not tell you which ones are open 24 hours. It does give you the directions to get there and the phone number. **Questions:** This is on the care coordination portal, but is it on the provider one for the actual member website where all the members would've access to the information for adult or pediatric provider? No. Can you not just copy that and paste it over there? No. We went live with this last June, and we are bringing it up in baby steps. Becca's been working it out for the care coordination functions. Now we're going to the member portal, then it'll be the provider portal. Our chief tech officer is really involved in how to integrate systems. We don't have it now, but it's on the radar. This is great. **Question -** Will this reflect the dental providers as well? Yes, dental should be on there. If it's in our provider database and MMIS it's in there. **Note -** If someone is on Sooner Select dental, they can't have dental and not have medical. That group could potentially be in care management in the agency here on the fee for service side. If they're with one of the three CEEs, they would not gain access to this. **Question –** If they have special needs are they still with the Health Care Authority? It is all based on their aid category. If they are aged, blind, disabled through Social Security or lookalike through the OHS system, they stay fee for service with us. **Question -** Does that mean the kids on the medically fragile will have access to this? Currently working on sharing capabilities, roles and permissions, so that team of nurses for the medically fragile waiver can access EQ.	

	Question - Would families be able to get information about going out of state on this portal? Would they be able to go on here and find out what the rules are and how to get started to apply for out-of-state care? Care? They would be able to communicate through a direct message. But it is not going to be tied to policy and all of that. The member toolkit is like a roadmap to SoonerCare. It would be good to have someone do a demo on that. **My Surveys** What if my nurse case manager sends me or my care coordinator sends me a survey? Review was for the Patient Health Questionnaire-9 (PHQ-9) depression screening survey. **Comment -** We need to talk about mental health and make it as normal as it can be. Mental health is real; it is an unseen factor. If I am on a walker, people can see that I have a limitation, but sometimes people don't recognize the limitations that you can't see. The first section of this survey is for the members to complete. The second section of questions is for the care coordinator to answer. When the member has completed all the questions and submits it and a message is sent. Each care manager has their own dashboard, individual fax number, and behavioral health has fax numbers, and population care management and it will label it as such. Each care manager can create reports, make searches. The care manager can see on their dashboard that a survey was submitted. They go to the member's profile, open the survey and see the score is 14 or greater. The care coordinator is going to make an action on that plan of care. A call will be made, and questions asked. **Note:** All the words they say will be entered into the chart. A follow up is required and a note made to follow up with them on date. The care coordinator must finalize the survey. The system will make some suggestions based on the survey. The plan of care is updated, a licensed professional counselor has been assigned to the care team. A message is sent to the member that a behavioral health specialist will contact them. Communication via messaging is secure. The younger members prefer messaging and that is available. **Question –** You said when someone scored high, they get a message. Is that an immediate response? When they complete the survey on the chart, how soon do they get the help, or	**RECOMMENDATION:** Have a demonstration on the Member Toolkit.

	someone looks at that chart to get them the help they need? If they score severe in person, they are told, “I need to get a therapist to come in and talk to you”. The message goes immediately. **Question -** How does the care manager know? It sends a message to their Outlook email as well. **Question - I**f they score high, how are the care managers alerted? Does it flag them in some sort of way? It does not. They have to go look at it. **Comment -** So doing PHQ-9s over something like this may not be the best. **Question -** You asked the member; do you want someone to call? Do you want to follow up? What happens if I score high, but I say no. There are times if a member scores high, I will tell them, I'm sorry. I have an obligation to make sure you're okay. I cannot give you the right to say no, and we call 988 together, or I do a well person check. If there is someone who is experiencing issues, there have been many times I get an instant message from individuals on the phone saying, Hey, I need help. And it's because my youngest son struggles with suicide and I'm open with it. It doesn't bother me to talk about it, and it doesn't bother me to ask the questions. I just talk and I address it. If something sounds off, we just talk about it. I was an ER nurse and that truly is life and death. That’s just as important as if someone's heart stops. **Comment -** Absolutely. **Comment -** For eligibility and coverage services, when a member calls in and says something that might be construed as they're going to hurt themselves or possibly somebody else, or if they state that they're suicidal or they're going to kill themselves. If we sense that or hear key words there is a protocol that we follow, and the well check is one of the things that we do. **Comment -** I think that's great, because minutes, seconds count when those situations. Sometimes when you do a PHQ-9 I don't really want to use the word trigger, but it could be like, ohh. No, you're right. **Comment** – For some people it may spark something, like you know what I'm no good here. That's why usually the PHQ-9s are like this because of that. I think doing it on there, seconds counting, it goes from, oh, I have a message, I was at lunch, an hour later they check it, then they have to get someone, then you have to tell them that you're calling 988. That could possibly be anywhere from 30 minutes to hours.	

	If we call 988, we do not let them off the phone. We stay on the phone with them till 988 picks up. We have the ability to make sure that they are connected. We have not started this. That's good feedback. There are multiple different kinds of surveys, like CHF, chronic kidney disease, COPD. **Question -** Is there a way to route those high-risk to a certain mailbox? No. That is a limitation because it is a commercial product. I did ask, but was told no. **Comment -** Don't stop doing that assessment just because they might not get help immediately. I would rather them do it and it be an hour before they get help than not do it. I mean you don't want them to not do it. **Comment -** Well, I don't think, not doing it, I was just thinking like, where is that help? **Comment -** Quicker help. Yeah, I understand that. **Comment / Question-** I would want to know what the evidence between the PHQ-9 is in administering it. What is the evidence? **Comment -** It might be that we can embed it to call 988, if we need to. I need to check on that. **Comment -** If your score is above _____ - please consider calling 988. The other thing to remember is the people who are getting that survey already have a relationship with a case manager they are calling. It will roll to somebody if they don't answer. There are lots of different ways we get at it. These are great suggestions. **Comment –** Letters, authorizations for private duty nursing, behavioral health, out-of-state can be sent through their portal. The dashboard is the base system, and it is built, running and working. The doc triage is up and running the reports. Next is for the authorizations and then integration. When someone transitions to another provider and has a case in EQ, all their information transfers to the new provider. A complete comprehensive profile goes to the nurse case manager. This is what was happening in care coordination services, where you can pick up and keep working with the member and the member has as close to a seamless transition as possible. **Question –** So children who might be in your system, and they go into child welfare custody or OJA, you still can follow them even though they're going to move to the specialty program? Yes, encounter claims that have come in from the plans still get embedded into here and information is being fed to us.	**RECOMMENDATON:** Embed 988 referral into system to member if PHQ9 is at a certain score.

Comment - I like the idea of the portal. I just went through the care coordination process. Even with the help of a care coordinator, the steps that I have to take are so much. I go back to the notebook I was writing in and I might be able to make sense of three of the next steps that I was supposed to take. Having it in a portal for me to be able to just tick off the next steps is really helpful.
I really like it all being in one place like that.

Question - Can the members set it up so it would send a reminder to them to do something? Or does it allow care coordinators to send a reminder?
I'll ask.
Comment – The language for Salesforce is 'task' – we can send ourselves a task.
That is what the Issue Goals and Interventions (IGI) are. It is a task list

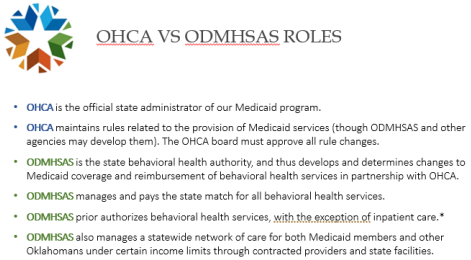
Comment - It's nice because you get busy with the next family to serve, and you forget I was going to check back with them to make sure they got into their licensed behavioral provider or whatever that was. You can double check and make sure that, well
That's kind of what drives that initial care board dashboard to queue that care coordinator - Oh I need to do that next. Oh, I need to do that.

Comment - It sounds like you have some tasks in there. When you get an email to remind yourself of that, it is really nice.

Comment – I am so impressed. This is way bigger and way better than anything I imagined when the MATF first recommended that you do something - it's amazing.
Thank you.
Thank you so much.

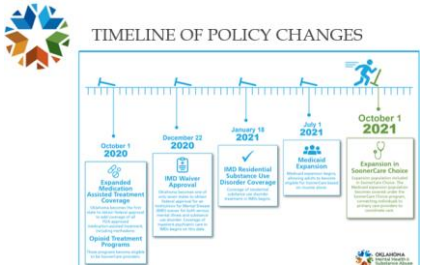
Slide 7

Slide 8

Adult Behavioral Health Benefits	**Slide 1**  I'm with the Department of Mental Health and Substance Abuse Services (ODMHSAS). I work closely with the Health Care Authority (OHCA) on things related to the SoonerCare program and the Behavioral Health Services that are offered through SoonerCare. **Slide 2**  OHCA is the official state administrator of our Medicaid program. OHCA can officially make any changes to the program and maintain the rules related to the provision of Medicaid services. We often work in partnerships on the rules and the OHCA board approves all of the rule changes and OHCA has the authority as the Medicaid agency to make those changes. We often develop them in partnership, and we work to determine what makes sense for our state and our population. ODMHSAS is long (I call it DMH), manage and pay the state match for behavioral health services. We also prior authorized behavioral health services except for inpatient care, which is prior authorized by the OHCA with the big asterisk on it. Because with the three Contracted Entities (CEs), if you are enrolled in one of the CEs each plan will prior authorize services for their members. If someone is in Sooner Select that plan is in charge of prior authorizing those services, not DMH and not OHCA. If you are not on Sooner Select, DMH authorizes a lot of outpatient services; and OHCA authorizes inpatient hospital care.	

DMH also manages a statewide network of care for both Medicaid members and other Oklahomans under certain income limits through contracted providers and state facilities.
We have several state-operated facilities operated by the department such as Griffin Memorial Hospital. We are trying to build a new Griffin called Donahue. There's a lot of new construction going on, which is exciting.
We manage those facilities and have a variety of contracts across the state with treatment providers that bill Medicaid for services.
There may be additional services offered through the SoonerCare program or sometimes individuals who aren't eligible or are underinsured can access services through our contractors as well.

Slide 3



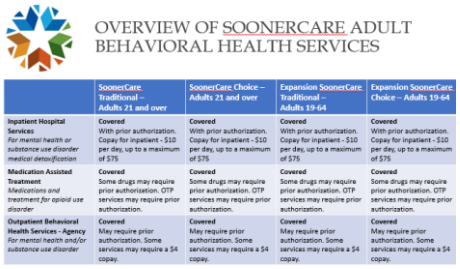
There have been a lot of changes within the last four or five years.
There are significant changes specific to behavioral health and the overall program since 2020.
In October of 2020 we offered opioid treatment programs which traditionally were not a part of the Medicaid program as Medicaid providers.
There was a federal mandate that said all forms of medication assisted treatment, which that just means if you're using medication to help you withdraw and no longer be addicted to certain substances, all forms of those had to be covered.
Methadone for medication assisted treatment is only available to be dispensed by an opioid treatment program. You can get it at other places for other reasons, but there is a specific type of provider that's federally and state authorized to do methadone as Medicaid medication assisted treatment. That meant that those treatment programs were required to become a part of our SoonerCare program and are now included in our SoonerCare program.

Then a few months later the Institutions for Mental Disease (IMD) waiver was approved.
The waiver allows us to waive the IMD exclusion, which says that states cannot use Medicaid funds to cover adult treatment in IMDs.
IMDs are hospitals or other residential facilities with more than 16 beds.

If a facility has 17 beds or more, is a freestanding psychiatric hospital or a residential substance abuse disorder treatment facility, they are deemed an IMD and typically cannot be eligible for any Medicaid reimbursement.
With the waiver, that provides a way to negotiate with CMS to be allowed to cover those services that typically are not covered.
There is certain reporting that we must do to manage the waiver, but it allows us to not have to honor that exclusion of the IMD.
This allows Federal funds from the Medicaid program to fund Medicaid members in their inpatient hospitals and residential substance abuse disorder facilities.
It helps us provide more care with a little less money and helps us use those funds more efficiently for those services.

July 1, 2021, Medicaid expansion and later that expansion group was part of the SoonerCare Choice Program, Patients Centered Medical Home, PCMH.
Six months ago we have managed care. There have been lots of changes in the Medicaid program.
With behavioral health, we had some expanded treatment options that became available through the Medicaid program. Additionally with Medicaid expansion, more adults were eligible for the Medicaid program providing more access for SoonerCare benefits for adults.

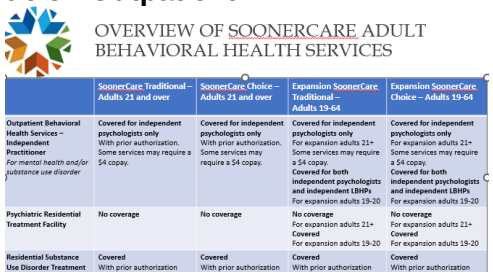
Slide 4 Inpatient



OVERVIEW OF SOONERCARE ADULT BEHAVIORAL HEALTH SERVICES

	SoonerCare Traditional – Adults 21 and over	SoonerCare Choice – Adults 21 and over	Expansion SoonerCare Traditional – Adults 19-64	Expansion SoonerCare Choice – Adults 19-64
Inpatient Hospital Services *For mental health or substance use disorder medical detoxification*	**Covered** With prior authorization. Copay for inpatient - $10 per day, up to a maximum of $75	**Covered** With prior authorization. Copay for inpatient - $10 per day, up to a maximum of $75	**Covered** With prior authorization. Copay for inpatient - $10 per day, up to a maximum of $75	**Covered** With prior authorization. Copay for inpatient - $10 per day, up to a maximum of $75
Medication Assisted Treatment *Medications and treatment for opioid use disorder*	**Covered** Some drugs may require prior authorization. OTP services may require prior authorization.	**Covered** Some drugs may require prior authorization. OTP services may require prior authorization.	**Covered** Some drugs may require prior authorization. OTP services may require prior authorization.	**Covered** Some drugs may require prior authorization. OTP services may require prior authorization.
Outpatient Behavioral Health Services - Agency *For mental health and/or substance use disorder*	**Covered** May require prior authorization. Some services may require a $4 copay.	**Covered** May require prior authorization. Some services may require a $4 copay.	**Covered** May require prior authorization. Some services may require a $4 copay.	**Covered** May require prior authorization. Some services may require a $4 copay.

Slide 5 - Outpatient



OVERVIEW OF SOONERCARE ADULT BEHAVIORAL HEALTH SERVICES

	SoonerCare Traditional – Adults 21 and over	SoonerCare Choice – Adults 21 and over	Expansion SoonerCare Traditional – Adults 19-64	Expansion SoonerCare Choice – Adults 19-64
Outpatient Behavioral Health Services – Independent Practitioner *For mental health and/or substance use disorder*	**Covered for independent psychologists only** With prior authorization. Some services may require a $4 copay.	**Covered for independent psychologists only** With prior authorization. Some services may require a $4 copay.	**Covered for independent psychologists only** For expansion adults 21+ Some services may require a $4 copay. **Covered for both independent psychologists and independent LBHPs** For expansion adults 19-20	**Covered for independent psychologists only** For expansion adults 21+ Some services may require a $4 copay. **Covered for both independent psychologists and independent LBHPs** For expansion adults 19-20
Psychiatric Residential Treatment Facility	**No coverage**	**No coverage**	**No coverage** For expansion adults 21+ **Covered** For expansion adults 19-20	**No coverage** For expansion adults 21+ **Covered** For expansion adults 19-20
Residential Substance Use Disorder Treatment	**Covered** With prior authorization	**Covered** With prior authorization	**Covered** With prior authorization	**Covered** With prior authorization

Slide 4 - chart shows the options for Inpatient Adult Behavioral Health Services.
Slide 5 - chart shows the options for Outpatient Adult Behavioral Health Services.
SoonerCare Traditional – Adults 21 and over, SoonerCare Choice - Adults 21 and over.
Expansion SoonerCare Traditional - Adults 19-64, Expansion and SoonerCare Choice - Adults 19-64.
There are not many differences between those groups.
Inpatient Hospital Services, usually for psychiatric care but also available for what we call medical or chemical detoxification in a hospital, are covered like any other inpatient stay under SoonerCare. There could be a small co-pay.

GOLDEN NUGGET:
If on SoonerSelect services are the same as traditional.

Medicaid Assisted Treatment all forms including for opioid use disorder which includes using methadone is now covered. Some drugs and services may require prior authorization. Prior authorization is harder to talk about now because there are several entities involved.

Note: Outpatient Behavioral Health Services are covered through an agency.
For some services prior authorizations may be required and copays may be required depending on what kind of eligibility the member has.

Slide 6

Another recent change allows independent practitioners for adults.
Independent practitioners are individual licensed people, who are not a part of an agency, providing services and billing on their own.
The LBHP and psychologists are independent practitioners for kids and this change allows for independent psychologist services to be available for adults to see an independent psychologist who is on the Medicaid program.
On the residential services side, it is essentially not at a hospital but someone staying there overnight with a high degree of care being provided.
Psychiatric residential treatment facility is only available for individuals under 21.
The expansion population is 19–64, from 19-20 there is some access for those individuals on expansion. But once you hit 21 it's not a level of care that's available anymore.

Slide 7

Another part of the IMD waiver was the residential substance use disorder treatment, which means a facility where you go and stay and work to basically relieve your addictive symptoms. Those are all covered now because we have the IMD waiver which allows that.

	Question - What would a provider do if they had an individual that had no coverage for psychiatric residential treatment facility? For adults, depending on what type of condition they have. They would either go to an acute hospital or if it was a substance use disorder related, they might be able to go to a residential facility if their acuity was not too high. **Question -** On the IMD part of it, is that only for adults who are working through their substance addiction that needs that long-term care? Or is it any psychiatric medical needs? The exclusion was for adults. There is an existing federal authority for these IMD services to be provided to younger individuals and older individuals. But between like 19 and 64 there is no authority. The IMD waiver covers care for adults in an IMD, which would include a residential substance abuse use disorder treatment facility or a freestanding psychiatric hospital. Previously when adults went into a psychiatric hospital, we had no Medicaid coverage for those individuals. Now with the IMD waiver it is for both mental health and substance abuse use. Outpatient agency services, agency could be a community mental health center or any Medicaid provider, like a counseling center or provider that offers these services. **Question -** Where it says group and family therapy. If I have SoonerCare but the rest of my family members don't. Are we able to receive family therapy? Yes, you can do family therapy. There are codes for services with or without you being present. It has to be for the benefit of the 'member' and there is substantiation that it's benefiting the 'member' of the family. That typically includes screening and assessment service plan. The first step is an LBHP Licensed Behavioral Health Professional that is the umbrella term to cover, because there are many licensure types, the clinical psychologists are included. Screening and assessment will be done. A treatment plan developed with you which may include one or more services. Individual group family therapy is one of the common services, also rehabilitation and skill development, peer recovery support services which is when you are getting services from a peer who has similar experience of the person who is receiving services. Depending on the provider type case management and crisis intervention can include onsite or mobile crisis response. There are crisis units, like a residential level of care for crisis short term and URCs, an urgent recovery clinic basically like an emergency room for behavioral health. This isn't every single service but is a good representation of what is available at an outpatient agency.	

The independent psychologist services most people access are developmental and behavioral testing and evaluation. They do psychological testing and offer individual group and family therapy and assessment.
Those are the two categories of outpatient services you can access.

Slide 8

Inpatient really means hospital that includes acute psychiatric care and a freestanding inpatient psychiatric hospital like Griffin and Laureate, and psychiatric hospital units. Some general hospitals have units that do similar types of care that of a freestanding psychiatric hospital.
Both are covered under the SoonerCare program as well as withdrawal management in a hospital.
Someone on the substance use disorder side can also access services in a hospital.

Residential levels of care mean someone overnight but it's not a hospital.
It's sort of a subacute residential facility. That includes our residential substance use disorder treatment facilities and then residential withdrawal management.

There is ASAM which talks about the different levels of care for addictive related services. There are three levels in that residential area.
A halfway house- is the lowest level, least amount of services but people are living there.
Residential people live there but there are more services.
Medically managed withdrawal management or sometimes called detox is a short-term residential stay where they are trying to stabilize someone from the effects of a drug, some type of drug.
There are not a lot of these, but there are some in the state.

Question - If they're 19 to 20, when they're receiving mental health services, are they automatically assigned to a case manager or not necessarily?
I don't think so.

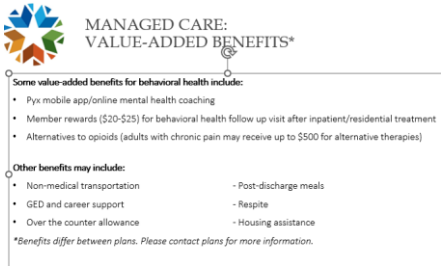
	Question - When I think about the residential facility, with the expansion and greater access, now are we seeing a shortage of those beds? It seems okay. We used to have a waiting list. Since Covid there hasn't been as much of a lack of beds. Now that they're covered under Medicaid, it's made things a little bit more sustainable. I am not hearing that people are having to wait, **Comments:** Maybe it is access to preventative, that external support before it gets to a crisis meeting. Yes. And the crisis continuum we've been working on. Since post covid healthcare has really changed. I'm hearing the same thing on the inpatient side. Some of the more high-level need on the youth side where we're still having to send some kids out of state that is still there. I have a family that has been looking for a therapist or some behavioral health help and called several place and they are taking new patients but not new SoonerCare patients. Have this person check with a Certified Community Behavioral Health Center (CCBHC). **Question-** A person calls 988 because they are really struggling. Would you explain what happens when a person calls 988? There are a variety of things that can happen. You will be connected to a person who will assess your needs. They determine you're in need of some help but you're not in a crisis. They will try to connect you to your CCBHC so that you can have a follow-up appointment with that entity. They might determine they can de-escalate you on the phone with an LBHP and do follow-up care later. Many times, they determine this person is in crisis and will send a mobile team out to them to figure out what needs to happen next. The mobile team comes out to that person, and they say, we are able to de-escalate, we feel like things are okay, we are going to follow-up with these services. Or they might say, this person really needs to go to a hospital Or we need to take them to the URC to figure out what's going on. Now there is Medicaid covered crisis transport that will take that person to where they need to go. So, they might go to urgent recovery care, and they might go to something else. Yes. Just wherever they need to go. If the mobile crisis team comes out, they will determine where that person needs to go.	

One piece I think is cool is if you call 988 and they can de-escalate, but they want to get you connected to a certified community behavioral health center in your neighborhood, they will actually call the next day and make sure that connection happens. And that's amazing.

If things aren't working the way they should be or that you feel like they should be working, please just let us know. We work with a lot of contractors, sometimes things break down, sometimes things don't happen like we want them to, but if we don't know, we can't fix it.
Let us know if you know they're not getting connected after the fact or whatever.
If it's just not, people aren't getting access to the care that they need.

Some of the urgent recovery care centers are even accepting people who have an intellectual disability and a mental health concern.
It can be challenging.
The person was verbal.
The whole system has been transformed.
Yes. There's a lot of work that has happened over the past five years.

Slide # 9 Value added benefits slide



Some of you are on a managed care plan. If you are in a SoonerSelect plan, the SoonerCare service array is the same in that everything offered through SoonerCare Traditional will be offered through SoonerSelect.
There may be some additional benefits that a plan may offer, but the array that's offered through SoonerCare will be the same.
Just like the limitations and the caps on services will be the same.
The provider qualifications for services will be the same.
Nothing in the basic service array will change.
What may differ in a managed care plan is the prior authorization processes may be different.
It's not going to be OHCA or DMH, it's going to be that plan provider reimbursement may be different.

GOLDEN NUGGET:
Prior Authorizations may be different by plan.

	Right now, I don't know of any differences in what we've been paying versus what they're paying. But there is some flexibility there to pay more or a little bit differently. At least in the future points of contact might be different. The plans do have their own value-added benefits. These are additional benefits that SoonerCare Traditional or if you're not on a SoonerSelect plan, you wouldn't have access to. But you do have access through your specific plan. **Question -** If you are on a managed care plan and you have a crisis and call 988 and they deem the best course of action is to go to urgent recovery care center, does that still work the same? Yeah. Yes, there is no prior authorization for crisis services like that. If you went to the URC, you would be covered under your plan. Yes **Question -** Just to confirm the contracted entities would not have additional prior authorization. They can only have what was already agreed upon by SoonerCare. Is that correct? They will not have additional criteria. Now their process may be a little different, but they can't have more restrictive criteria. Thank you. **Question -** URCS is it like an ER for someone who's having a behavioral health crisis? That's how we describe it. We don't officially call it that because it's not an emergency room. **Comment/Question -** They are not going to keep you there long. If they deem you need more support, they are going to move you. Where would they move you to from there? They could move you to a higher level of care or lower level of care. It is basically a place for someone who is in a crisis to go there. They can stabilize the person immediately and then determine where do they need to go from here. It could be they need to go to a crisis unit or an inpatient hospital or we have them stabilized and we are going to make these follow-up appointments with their outpatient provider and follow-up with them after this, but they don't need to go to a higher level of care. Some of the value-added benefits are specific to behavioral health. I am talking about these globally, not anything specific to any specific plan. If you want to know about your value-added benefits for your plan, there's a handy side by side on your website. You can contact the plan directly to talk about it. I think all three of them include picks. You can go on this mobile app, and it is online mental health coaching.	**GOLDEN NUGGET:** Online mobile health coaching

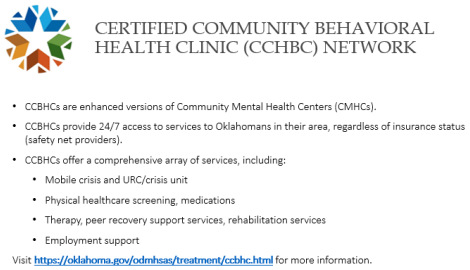
It might be a little more geared towards younger individuals, but it is an online sort of mental health coach, for lack of a better word.
They do member rewards. If you do a behavioral health follow-up visit after your inpatient or residential treatment, there's a $20 or $25 reward in one or more of the plans.
At least one of them offers alternatives to opioids for adults with chronic pain. You can receive up to $500 for alternative therapies. Acupuncture or massage therapy. There might be specific criteria to access these services, but they are available.
Other benefits that may be included: non-medical transportation, GED, career support, over the counter allowance like ibuprofen, and post discharge meals, respite and housing assistance. The added benefits may differ between the three plans.
OHCA has a side-by-side comparison of all of these value-added benefits by plan.

Comments - For those under the aged, blind, and disabled, don't have access to that.
If that is something you think needs to be available which would be under the managed care, you need to advocate for that. Because as of right now, it's not available.
This value added brings in a whole level of opportunities for those using the managed care entities.

The one which our group has talked about over the last 12 years is non-medical transportation.
I am hearing from families that are involved with the child welfare system, they are taking them to court to help them make sure they are able to make all of their appointments because they know globally that it is going to keep the family healthy if they make all of those appointments. There is a limit, but that's phenomenal for populations that transportation is difficult.

Even with the limits, at least with Humana on the transportation, it's just a matter of requesting more.
That's good to know.

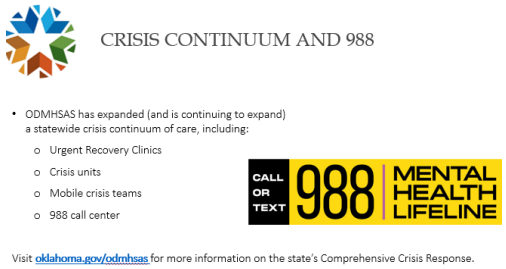
Slide 10



Certified Community Behavioral Health Clinic, (CCBHC) are all also community mental health centers.

CCBHCs are enhanced versions of the Community Mental Health Centers (CMHC).
They are the safety net provider network.
Each CMHC/CCBHC covers an area of the state and then has to offer 24-hour access to services and offer access to services for anyone regardless of insurance status.
If you are familiar with a FQHC, a CCVHC is kind of like the behavioral health version of that.
They are going to provide assistance to anyone, and there may be a sliding fee schedule, if you have insurance, you don't have Medicaid, but it will be like an FQHC and probably not going to be anything too burdensome.
They are offering access to anyone in the state who needs it.
They have to offer a comprehensive array of services, not just therapy.
They have to do employment support therapy, peer recovery, support services, rehab services.
Also do physical healthcare screenings and medications and of course mobile crisis, URC crisis units.
Most of the URCs and the crisis units in the state are run by CCBHCs.
There are two state operated units in Oklahoma City Oklahoma County Crisis Intervention Center and Oklahoma Crisis Recovery Unit (Oklahoma City PEC and Oak Roof if you're familiar with them)
To find services near you click this link https://oklahoma.gov/odmhsas/treatment/ccbhc.html
There is a map that shows you where the units are located.

Slide 11



Calling 988 is the first step if someone needs urgent help. Then they will take it from there and figure out what needs to happen. It is part of a crisis continuum.
We have been expanding at least 15 or 20 sites over the past few years, specifically the number of URCs and crisis units. To ensure that when someone calls 988 and needs that level of care, it is available and wrapped it around with the transport so when they need to urgently get somewhere they have transport.
It's different than NEMT(non-emergency medical transportation) where you call and have an appointment in a few days. This is like, I need to get somewhere now and, and there's a transportation vendor available to do that. So I think that's it. I'm happy to, and hopefully

	Comment – Hopefully, a lot of this is going to keep people out of jail for having a behavioral health crisis. They don't need to be there; they need to be where they can get real help. **Comment -** Muskogee did a lot when they trained with the police department. iPads were provided. If someone is having a mental health crisis, they can meet with a therapist right away. It has been a big help. The mental health court where people were sitting in jail for months and having mental health issues and just sitting there. And getting no medication. Yes. On the federal level a new focus is on pre-release services. There is a CMS mandate coming out for youth that will be starting soon. Next year we will be looking at individuals who are in OJ facility or former foster care youth in prison, providing them with some pre-release and post-release services. We are also looking at a similar type of waiver to the IMD waiver which is a potential pre-release waiver. That waiver would allow a similar type of service array for any adult or an adult with a behavioral health issue or something to also get pre-release and post-release services to help with that transition out of jail. Also making sure that when they are released from prison or jail there is a plan around their treatment being continued, getting their meds, having a place to live and all of that. This is a big project we have been talking about with the healthcare authority. **Comment -** The Department of Mental Health and Department of Corrections teamed up together and Oklahoma was accepted into a Medicaid and corrections policy academy that's being run by the Department of Justice and council for state governments. We are very excited about that possibility. That group should be able to provide a lot of technical assistance and expertise from around the country of other states that are working on this too. **Question -** Do you all have any initiatives in place to promote or normalize using therapy and mental health services in men and youth and in those populations that don't normalize it? Yes. There was advertising with 988. A billboard about even cowboys' cry. Trying to partner with the 988 branding to make that more normalized was a big push. Adult men are like the high-risk group. That is something to bring back to our communications department is we need to make sure that continues	

	Comment - Even community groups, I think men do better in group settings to get comfortable with the idea. Yes. **Comment -** Last year a girl 15 or 16 committed suicide at school. One of my sons knew her and seen her that day. When he got home, we talked about it. I asked him and a few of his friends, and none of them have heard of 988. A good idea is for the schools to put that number 988 in every kid's hand and post it where they are always seeing it. Counselors had to go into the schools and counsel many kids because it really affected them. Some of the kids said she was just down that day. They didn't know it was to that point. **Comments –** Many of the middle schools and high schools have 988 on their badges. We have done outreach with schools. The badge is a good idea. Maybe advocating to the principal or superintendent, we would be happy to partner with that. **Comment -** Another school district recently sent an email to parents starting either January or next school year that on their iPads when they go into Canvas there will be an option - if you need to talk to somebody. Click here. 988 is on their badges. There are also current discussions, and this is not directly DMH, but the Department of Ed and OHCA are talking about expanding behavioral health services in schools. That's probably part of a general push, of access to services and awareness in schools. Because I think we understand how important this is. There was a school shooting at a school football game. Many of the kids are still processing through that. I contacted the superintendents of the schools my sons go to via email, and asked about putting in metal detectors? They said no, we can't afford it, but they are doing it. I would recommend to bypass the principal and go straight to the superintendent. I have a friend who is a DEA agent and went to a JV football game after that shooting happened. Metal detectors had been installed. He walked right through and was carrying. He found the principal and said we have a problem. I walked right through the metal detector, and I am carrying. They immediately called the superintendent, and they were fixed.	**RECOMMENDATION:** Increase awareness of 988 in schools

	Comment - If you like the badge idea then before they print next year, let's get a conversation going, how much would it cost? Can we do it? Can we use it as a preventative instead of waiting until after something happens then we decide to do it. This is what we are here for. What are ideas that we can do? **Comment –** There are two things that we need to address as a state. Valid outcomes for those with dual diagnosis. While they do respond, there are not a lot of options for long-term support for a mental health intervention for those who have a mental and/or intellectual disability or on the autism spectrum. There is not a lot out there. The other one is a younger child at risk of hurting a younger sibling. Which then puts us at risk of having the younger sibling removed from the home but not old enough to go to an impatient facility for children (eight years old). We have a family in a crisis. We are putting resources together and are going to attempt to go out of state because the family, all of them, are physically at risk of being harmed. The youngest child is at the highest risk. There's not a lot of availability in our state. Ten years ago, we didn't even have a quarter of this opportunity and in fact we took therapies away from non- agencies because we didn't have good monitoring. We didn't allow it in schools because we didn't have good monitoring. Now we've really kind of honed that and we're expanding it. **Comment -** The other thing is that most people, not even providers, don't know who to call when they don't know what to do. When you have a child that's too young or there's no bed available. If they called 988, that only can help just so much, and then when they don't know what to do, and it just gets dropped. I don't know if there's a way, and if you would want to do this on a population base, but at least we keep people to make sure they know if you don't have a service that's the right service for the person you're serving, who can I call? Because I don't know a phone number, unless I pick up the phone and call someone from the office but most people don't have those phone numbers. I wish we could fix that. I've always said if we could put a red button on the front of every agency's website that says help, they could click on that and get help. But how in the world any agency could staff that is beyond me. Yes, and sometimes the challenge is just finding a place for someone to go. Sometimes it takes the staff a little time to figure out where this person can go. **Comment -** What scares me is when they contact one of us and say, where should we send this child? Well, we have had people go here and there and there and SoonerCare covered it, check with that.	

Website – Toolkit & Hidden Gems (Nicole Victorine)	The Toolkit and Hidden Gems will be at the next MATF meeting.	
Lunch -		
Legislative Interim Studies	Interim studies usually happen early fall every year. These are opportunities for legislators to dig into a topic deeper. Presenters from the public and private sector join in together topic to see if there's anything they might need to do legislatively in session. It allows for a more in-depth discussion on a particular topic to at a lot of different issues across the board. As an agency we don't typically request any interim studies, but we go and present when asked and pay attention to them and attend ones that might affect us. There may be a question for the Health Care Authority, so it's good to be present. Last week there was a study on medical incentives for childbirth coverage and one on non-Emergency medical transportation. The discussion was on the transportation network across the state and especially in rural areas. And it didn't focus so much on Sooner Ride as much as how can we get all of the stakeholders at the table in these rural areas to create a system that works for them. Future studies that we will attend: The oversight and protection of vulnerable adults. Psychologists and prescriptive authority methods for addressing mental health in crisis Medical care for the homeless. Administrative rules They are looking at agency responsiveness to public comments Interim studies that we presented at: Medicaid coverage for Omni Pods, which is a tubeless insulin pump system. A senator and some other groups that are very interested in Medicaid covering that item. We shared with them the fiscal impact in the end. Talked about value-based agreements and how we work on those with manufacturers. It was a good study for us to be able to talk about our pharmacy team, how we try to be very fiscally responsible and how our team collects millions in rebates. Last year was over $700 million in rebates, which help offset those pharmacy costs and be able to talk about how Oklahoma is a leader in value-based agreements and how we'd be very open to entering into a value-based agreement with this particular manufacturer. We presented at a school-based services study. We gave an update to say what we're doing in that area. Working with the Department of Education to expand school-based services outside of the kids that are on an IEP and expanding it to all Medicaid eligible kids. Looking at any additional codes we need to open and part of that process. We received a 3-year grant a couple months ago but its money's flowing down to OSDE and for technical assistance for school districts to teach them how to build Medicaid.	

	Presented on a study called the status of poverty across the state" what current measures we have in place, what is SoonerCcare. Assure everyone understood eligibility and covered services, the value-added benefits that we've seen under SoonerSelect that address a lot of the issues that they were talking about that day, like housing assistance, nutritional assistance. There are a couple of mental health related studies.	
Policy Updates	Policy updates that are going to be coming soon. 1. Justice Involved Youth Services - requires states to provide physical and behavioral health screenings and diagnostic services for incarcerated youth and former foster care youth who are going to be reentering the community. We are working with the Department of Corrections and OJA to figure out how these services are going to be delivered and how we are going to identify the population that will be receiving them. An operational plan must be submitted to CMS by January 1, 2025. 2. Updates to Residential SUD Policy – allows additional practitioners. This will be a permanent rule – September 1, 2025. 3. Crisis Services Limitations – this is a DMH request modifying service limits, it's an increase in hours. This will be a permanent rule – September 1, 2025 4. Diagnosis Clarification for Inpatient Psychiatric Services – this clarifies the diagnosis criteria for inpatient psychiatric services. This is a permanent rule – September 1, 2025. 5. Doula Certifying Organization Criteria - we currently provide doula services. There is no national organization that identifies who is a qualified doula certifying group. OHCA sets our own approval process, but we don't have anything in rules currently that explains what that criteria is. This is putting that into the rules. September 1, 2025. 6. PACE Policy Revisions – removing the requirement that they be licensed as an adult daycare. OHCA will have more oversight on that. There are other eligibility criteria that we are updating. The licensure requirement will be emergency on January 1, 2025, and all other revisions will be September 1, 2025. 7. Title XXI State Plan Revisions - updating the CHIP state plan. Outdated language to revise to reflect changes made to SoonerCare including the revocation of Insure Oklahoma Individual Plan and the addition of SoonerSelect. The Sickle Cell Disease Care Kit Health Services Initiative (HSI) project will be removed. Most of the population served by this HSI has transitioned to the SoonerSelect program. Proposed July 1, 2025.	

	8. Electronic Visit Verification (EVV) Rule Revisions – adding rules to clarify that home health agencies must use EVV and live-in caregivers for personal care services will have to use EVV. This is a permanent rule September 2025. **Comments -** That seems like a significant change that's happening because we had an exception for those living in the same home. Is this correct that is going away? I will have to follow up with you on that one. Federally it's required and we weren't requiring it, now we have to. But it says - add live-in caregivers. I don't know how else you could take that. We wrote an exception when Oklahoma brought in EVV by mandate. We put an exception because the caregivers said wait, how can I do it for 30 minutes here and 10 minutes here and an hour and a half here. And they said, you are right, we don't have to. This change is significant. We are going to get huge pushbacks because with self-directed services going up 400% in the last four years. There is a big population this will affect. I will follow up with you. This is just a summary, and I haven't reviewed this draft yet. We might have to revisit the language. I would be happy to talk to you about it. 9. In Lieu of Service or Setting (ILOS) Policy - this is a small change; we have to define what is in lieu of services is in our rules. It has to be an approvable state plan benefit. This is a permanent rule September 1,2025. 10. 1915(b) Waiver Amendment – we need to revise our waiver to show that the family planning is going to stay on the fee for service. There is some cleanup with the auto assignment process. The amendment will reduce the choice period to 30 days and update the auto assignment process to reflect the current method of assigning enrollees equally among the CEs. March 1, 2025 11. Recovery Audit Contractor (RAC) Waiver – previously OHCA had been approved for an exception to the Medicaid Recovery Audit Contractor, OHCA did not have to hire a recovery audit contractor. This extends the exception due to the agency's program integrity process. OHCA is seeking an amendment to the state plan to extend this exception for an additional two years.	

	An update on the school-based services. We were planning to go live in January, but we will start it in July 2025. So that we can implement the grant to get the schools up to speed on billing and do more pre-work before that goes live.	
	Concerns, Questions, and other comments submitted on the notes - **Concern -** with the PHQ9 evaluation provided through the Portal. **Concern -** changes concerning sickle cell to managed care. **Question –** How many nurse care coordinators are there and will monitoring the portal put additional stretch on care? **Question –** Are people who are dual eligible (Medicare/Medicaid) eligible for care management? New app/website – I love it. Pre & post release of youth in OJA custody. Discussion about transportation Difference between OHCA and ODMHSAS I learned about the value-added benefits More on school-based services and what they look like	
Stipend forms, Future Agenda Items	Please complete your stipend form. If you think of something during the meeting and wrote it down, email or text it to OFN staff or Co-Chair. It was a good meeting and a lot of information. We don't want to miss those 'ahaus'. There is some note paper if you want to write it. Our next meeting is December 7th.	
Future MATF Meetings: December 7, 2024, February 1, 2025, April 5, 2025, June 7, 2025 Future agenda items: Medical: Accessing Adult Preventive Care re: mammograms, paps, colonoscopies. Adult Physical Therapy: What is the limit per year per incident? What extra benefits are there for high-risk pregnancies? (no information listed in handbook) Limits on RX - what are options for more than 6 medications? School Based service (updates) summer 2025\) Board of Directors Meetings: http://www.okhca.org/about.aspx?id= Board of Directors Meetings: Link for Board Meeting information here: *http://www.okhca.org/about.aspx?id=2671* Comments and questions may be submitted online through the Policy Change Blog and the Native American Consultation Page by contacting the OHCA Federal & State Reporting Division by telephone at 405-522-7914 or via email at HCAcommunityengagement@okhca.org		