SoonerCare
Oklahoma Health Care Authority

Member Advisory Task Force

MATF Notes
Co-Chairs: Wanda Felty, Nicole Victorine
April 5, 2025

Members: ***12 Present***
OHCA Staff: ***10 Present***
OFN Staff: ***4 Present***
Guest: ***3 Present***

Item	Notes	Recommendations / Golden Nuggets
Coffee Time at HCA/ Home		
Welcome & Review Minutes – MATF Cards Announcement: SC New Income Guidelines	Welcome to everyone. Introductions were made. • Previous meeting notes are sent out prior to the meeting. Please review. The notes may have golden nuggets which are things you may not have thought about or didn't know. Also, during the conversations there may be suggestions that come up for the Oklahoma Health Care Authority (OHCA) or the Contracted Entities (CE). • The colored cards have been updated to one card with 3 sections, circle the appropriate category for your feedback: o Recommendations to OHCA or the CE. o MATF or SoonerCare members would like more information about something being discussed during the meeting. o Golden Nuggets o Please write clearly, and include the date, and your name (optional). o Professionals can use the cards too. o The new Income Guidelines were posted on the OHCA website April 1st. SoonerCare and Insure Oklahoma Income Guidelines o The Income Guidelines are set at the federal level. The income level did increase. o OHCA covers 138% of the poverty levels for whichever program it is for. o It was effect April 1st. o Could OHCA through a query find anybody that lost benefits in the last year due to income who might qualify with the new levels? o MATF members tell friends and neighbors about the new guidelines. o Recommendation to do social medica posts.	**Recommendation** Social Media post about the increase of the Federal Poverty Level. If anyone has lost access to SoonerCare due to income they may want to review the changes.

	The Age, Blind and Disabled (ABD) access SoonerCare through Human Services, may want to send a request and ask them to update those guidelines according to the ABD qualifications for eligibility have changed. **Question -** Is there any concern that the Soon-to-Be Sooners program will go away? **Answer –** We have not received anything official. The Soon-to-Be Sooners program is only for non-citizens. https://oklahoma.gov/ohca/providers/stbs.html o This program qualifies the unborn baby as the receiver of Sooner Care Services. o It's a great program when we think of the value of human life. It is a great opportunity to just about it from your perspective as a person in Oklahoma if you choose to talk about that.	**Golden Nugget –** April 1st, income guidelines increased due to Federal Poverty level percentage increase.
Policy & Legislative Updates	The process of a bill. • A legislator files a bill, and it will be heard in a committee. The committee will vote on it to see if they want to move forward with the bill and have it heard on the whole floor of the House of Representatives or the Senate. If it passes the committee and it then passes to the other chamber and the process is repeated there. o All bills had to be out of their chamber of origin last week. o OHCA had six agency request bills, five of those bills are still moving forward. • **Senate Bill 56** is the paid family caregiver bill. This bill establishes our paid family caregiver program. o There are about 200 members or so with complex care needs who fit the requirements for private duty nursing (PDN). o PDN could utilize this paid family caregiver program to have a family member be employed through a home health agency and get reimbursed for some of the services that they're already providing. It passed through the Senate with a unanimous vote. It will be heard by the House committee Monday. o This is for the zero to 20 age group of children who are utilizing or have utilized private duty nursing in the home. o Prior authorizations are required, and the parent/caregiver will be required to be trained by the home health agency for the specific needs of the child. The LPN or RN will ensure that the individual trained is safe to administer care for that child. Specified criteria have not been set because it has not made it through the process. The parent/caregiver will be required to complete documentation reports of the care given.	

- OHS has something similar through a waiver called Legally Responsible Individual (LRI). This is for parents who are legally responsible to provide for their minor child's care. There is an application process. They look at the tasks that are on the child's plan of care equal to tasks that any typical parent would do.
  This is only for the developmental disability services waivers and the criteria to access that is an IQ of 70 or below. People with an IQ above 70 can't access this program.

Question - The demographic of women that I serve have felonies in their past. For those moms that have special needs children and literally have no family, what does that look like for them in terms of being caregivers for their children?
Answer - Their child is qualified for at minimum a private duty nursing level of care. They will need to pass a CB background check and then it depends on what the felony is.

Question – If it passes, what's the timeline before it becomes law, and families could start doing this?
Answer - Sometime in 2026.

Other OHCA bills –

- **Senate Bill 903** – Brings OHCA into compliance that requires 25% of the Medical Advisory Committee (MAC) to be comprised of members from the MATF. This passed the Senate floor 38 yes and seven no votes. It will go to the House and be heard on Wednesday.
- **House Bill 2055** – Did not get heard in committee.
  The language that is in there was shifted to House Bill 1810 and did pass the floor.
- **House Bill 2834** - passed the House floor and is moving to the Senate.
  - This expands Medicaid coverage for adults, for physical therapy, occupational therapy and speech therapy in the home and the clinic setting.
  - A 3% rate increase on what OHCA reimburses for. If this passes, the rate will increase from 93% to 96%.
- **House Bill 2268** - Another coverage mandate which requires Medicaid to cover cognitive assessments and care planning for individuals the physician deems to have either Alzheimer's or dementia or cognitive needs. This passed the House floor.
- **House Bill 1808** - requires 24-hour turnaround times for PAs for urgent prescription drugs as well as for PAs to be active for three years for various prior authorizations.
- **House Bill 1575** - this creates a kind of one-stop shop for applications for various programs (Medicaid, TANF, temporary assistance for ED families. Also, SNAP and WIC may be involved).

	You would not have to go to each of the different program's application sites but do it all in one place. Enter your information and, and it would tell you, you're eligible for program X and Y, but maybe not Z. We are working closely with OHS to see what implementation would look like. • Member Requested that **House Bill 1837** - be added to the tracking radar. The bill allows for or changes the way people with ABLE accounts to restrict the callback for Medicaid. It passed the House. o What we hear from families is that they are not using those ABLE accounts to the full limit because of concern of callbacks. Many states have a statute that prevents the callback for Medicaid benefits. o Could OHCA to look into and talk about what the impact is. o If the callback is a concern and restricting people from using it, is there something we can do. OHCA looked into HB 1837 when it was in committee initially. This would be more something OHS would be involved in. But if there is something you think OHCA needs to be more actively involved in, we are happy to look at it. **Question** – Is all the language of House Bill 2055 is now in House Bill 1810 and moving on? **Answer -** Yes. The language passed last year but due to some systems needs we were not able to implement. This extends the implementation deadline to July 2026. House Bill 1810 touches a lot of other things. **Question** – Is there anything that MATF members could do to help with passing these bills? **Answer -** If legislators hear from their constituents, I think it has some sway. If there are stories or anecdotes on why their constituents are going to be positively impacted by this. It is a powerful tool. **School-based Services -** A quick overview. • School-based services that are medically necessary services pursuant to an IEP are reimbursable services. The schools can bill Medicaid for providing services. • Qualified providers with licenses and certifications are contracted with OHCA. The school districts contracted with OHCA can get some reimbursement, because they are providing the services. • There are about 547 districts and currently 140 are contracted with OHCA. • Some of the services pursuant to a plan of care (the child's IEP) are PT, OT, speech, personal care, limited nursing services pursuant to a plan of care.	

	• This does not affect the services they are getting as outpatients or in the community. The outpatient services have their own set of limits. School-based services also have their own set of limits.
	• The biggest barrier with the school districts and why we have a low number is manpower. Also, they're just trying to understand the needs.
	• We are trying to push out training.
	• Oklahoma was awarded a grant of $2.5 million for three years to help the school districts infrastructure so that they can get some additional training and more outreach from the healthcare authority.
	• Working closely with the State Department of Ed and the school districts across Oklahoma. Trying to help those districts utilize the reimbursements that are available.
	• We are looking into language and rules to possibly open that up to services outside of an IEP.
	• Meeting with small groups across the state of Oklahoma, all the school districts to see what their needs are and what the barriers are.
	
	Question - When someone tells us that we should talk with school personnel, it would be beneficial if we knew exactly who to talk - is it the superintendent or the director of special education, or someone else?
	Answer: If you feel that your child may have to receive services through an IEP, you have the right to reach out to the special education director, even the teacher helping the child, or the school counselor.
	An assessment must be completed, and the parent must give consent for the assessment. If there is a need, they will do a further evaluation and then have a team meeting with the special providers.
	Comment - It is not that easy at those schools. It's very intimidating and discouraging. They intimidate parents and they absolutely intimidate kids.
	Response - If you know parents that are having problems with schools, I would like to be notified so that when I do have discussions with the State Department of Ed. When you are dealing with IDA, it is a federal law and it's a requirement that schools provide that.
	
	We are hoping that if we can get schools to start reimbursing that they can get some funding to help.
	
	There have been changes to the billing process.
	• The State Department of Ed has a vendor through PCG consulting group.
	  o There is a charge which is a percentage of the claim.
	  o The school districts have a choice of who they want to have to bill for those services.
		Golden Nugget – Schools that are required to provide medical services listed on a student's IEP are eligible for reimbursement from OHCA.
		
		Golden Nugget – SoonerCare has increased reimbursement rates for schools providing IEP-related medical services.
		
		Need to Know How does school-based services work when the child has a contracted entity and not aged, blind and disabled?

	It is contracted through the school, the district, and they must hire or subcontract the professionals to provide the services. o The paperwork has been reduced because the IEPs are now done electronically. o The documentation must be there. They can use "Ed Plan" which is a DOE portal. o Everything can be completed online, even if they do not have PCG to do the billing. It is less time-consuming than writing. It is to help with maybe missing pieces that could come back on an audit. It is a medical service, and schools are providing those medical services. It is very important that they do the documentation for the services provided. We removed the barriers of prior authorizations. **Question -** Is it a choice that must be made on the district level or can it be made on the school level? **Answer -** It is at a district level. **Response -** Encourage schools to get connected with OHCA-School Based Services because she will teach them how to do it. **Question -** I would like contact information, because several of these rural schools do not understand it. **Comment -** There are two totally different curriculums when we're talking about OT, speech and all - when it's medically necessary or when it's educationally necessary. Sometimes the IEP team get the two confused. They should never make you pick one or the other. For your meeting with the school be sure to have all your documents to show that it is medically necessary. If it's medically necessary, the school must provide it. If it's an educational thing it is a completely different curriculum and a different therapist that does that part. There is a dedicated school-based page on the public website OKHCA.org. There is policy, fee schedule, training PowerPoint, and at the bottom an email SoonerCareEducation@ohca.org for in-person training on the provider portal PAR's, claims, etc. be sure to mention school-based and it will go directly to Lana Brown. **Question –** How will the deconstruction of the Department of Education affect things. **Answer -** It is a federal decision. From what I understand, it is not going to affect IDA, it may move to a different location.	

SoonerCare Traditional Overview	Moved to the June Meeting.	
Lunch		
SoonerSelect option period communication materials review and process	Enrollment letters have been sent out. This is for both medical and dental plans. **Question –** Since it started April 1st last year, does that mean our anniversary is April 1st of every year? **Answer -** If you're not wanting to switch plans, you will stay in the same plan you do not have to do anything. The opportunity to change your plan will be between May 1st and June 13th. Be sure to visit the website to view the value-added services. These are services that are outside of the plan. The Children's Specialty Program is for a specific special population and has its own separate chart. After you are on a plan and if you decide it is not what you need you have 90 days to change your plan. Tribal can opt out at any time during the plan and can opt back in during the next open enrollment period. **Question –** If the baby is not enrolled until birth, do they have to wait 90 days to be enrolled or are they automatically enrolled? If the mother is enrolled in a plan, the baby is going to follow mom. **Note:** If you change, you will want to make sure that your providers are contracted with that entity unless you are willing to change. **Contracted Entities (CE):** Aetna - www.aetnabetterhealth.com Humana Healthy Horizons in Oklahoma – www.Humana.com Oklahoma Complete Health – www.oklahomacompletehealth.com ***Recommendation***: When materials are sent to members from the CEs be sure to have the OHCA logo on the envelope, so members know it is their insurance information.	**Golden Nugget –** Tribal members that enroll in SoonerSelect can transition to traditional SoonerCare at any time. However, they can only enroll with a contracted entity during open enrollment period **Recommendation** When sending enrollment or other information to Members, include the OHCA logo or name on the envelope to help members recognize the connection between the contracted entity and OHCA. **Golden Nugget –** Call Humana's main number and ask for a Care Manager to get your area's community outreach coordinator's information to

	The contacted entities have community engagement liaisons and social determinants throughout the state.	understand your benefits or invitations to events.
	RESOURCE: Supporters of Families with Sickle Cell Velvet Brown Executive Director & Parent Supporters of Families with Sickle Cell Disease, Inc. 918.926.0100/ 918. 619. 6174 swithsicklecell@att.net Glenda Porter Email:glendap@swithsicklecell.com Care Coordinator/Advocate/Graphics Supporters of Families with SCD, Inc. Business Phone: 918.809.1327 Personal Phone: 937.607.7250 www.sicklecelloklahoma.org	
Stipend forms, Future Agenda Items	June 7 is the next meeting. Be sure to complete your stipend forms.	

Future MATF Meetings: June 7, 2025
Future agenda items: Nutrition Services, June: Changes to MATF, SoonerCare Traditional Overview

Board of Directors Meetings: 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