Oklahoma

Money Follows the Person Operational Protocol Template

OPERATIONAL PROTOCOL VERSION 1.0

GRANT 1LICMS300144

January 20, 2026

Contents of the MFP OP template

HOW TO USE THE MONEY FOLLOWS THE PERSON OPERATIONAL PROTOCOL TEMPLATE

Purpose

The Operational Protocol (OP) is the operational guide that outlines the Demonstration and addresses how the state or territory will meet the objectives of the Money Follows the Person (MFP) Demonstration. The OP describes how the state or territory will operationalize processes to ensure that the state or territory's Demonstration is equipped with the tools, infrastructure, systems, and policies to make MFP Demonstration goals and initiatives successful.

The state or territory must review and amend the OP every three years, or more frequently as needed, in response to changes in (1) federal, state, or territory law, regulation, or policy impacting MFP eligibility, enrollment, or program operations; and (2) MFP operations, inclusive of changes to any of the required MFP OP elements. Refer to MFP Program Terms and Conditions (PTC) 36 for specific requirements around amending the OP.

While the OP describes "how" the state or territory operates the MFP program, "what" the state or territory plans to do to advance MFP and Medicaid home and community-based services (HCBS) is included in the state or territory's unique MFP Work Plan. Reporting on progress is included in the state or territory's Semi-Annual Progress Report (SAR).

Instructions

The OP template consists of 13 sections. Section A is an overview of the state or territory's MFP Demonstration; sections B through M are the required operational elements of the state or territory's MFP Demonstration. Each section contains prompts for information that are labeled by section and prompt number order (for example, section A.1, prompt A.1.1). The state or territory is required to respond to prompts in each section. Each prompt provides:

- Guidance on how to insert information
- Displays and tools for formatting and inserting information:
  - **Text response boxes.** Information may be entered in multiple lines of text and, where applicable, an external document may be uploaded into a text box.
  - **Table shells.** Table shells display the layout of tables without the information or data. Some table shells contain example entries in red text. Table shell rows may be added if needed. Table shells titled "Example Table" can be modified.
  - **Checkboxes.** Checkboxes are displayed as a checklist in which to place a checkmark to make a selection.

The yellow line at left indicates instructional text and is followed either by a text response box, checkbox, or a table shell.

A few tips for entering information

- Text insertions must be clear, concise, and consistent.
- Directly address each prompt.
- Use the "Other Information" text box when additional information is necessary to further support, explain, or justify a response to a prompt.
- Limit text responses to no more than three pages.

- Use bullet points, tables, flow charts, and diagrams to help break up long sections of text and to briefly summarize information.
- Use preferred terms and spell out first use of acronyms.
- Do not leave prompts blank. Enter "Not Applicable" for OP prompts that are not relevant to the state or territory's MFP program.

Using hyperlinks and embedding documents

- Use hyperlinks to link to external documents that are relevant to the MFP program, including MFP marketing and educational materials, service-related documents such as assessments and program checklists, and information contained on external websites.
- Hyperlinks must be documented in Appendix A.1 of the OP.
- If you are embedding external documents within the template, follow these instructions and select "Display as icon." This Word feature allows documents to be embedded as clickable icons and may be a preferable alternative to pasting long documents in the appendix or hyperlinking to a document.
- Accessibility features can be maintained by assigning alt text to the icons representing embedded objects.

Before submitting the OP, complete the following three steps:

1. Ensure that all hyperlinks work.
2. Update the contents of the MFP OP template above by right-clicking anywhere within the field and selecting "Update field." This will automatically update the page numbers in the contents list.
3. If amending or updating the OP, complete the change log.

Change log

If amending or updating the OP, complete the change log by inserting entries into Table 1. The first two lines of the table provide examples of how to populate the change log.

Table 1. Change log

Section	Prompt	Date of OP submission	Changes made since last revision of OP

SECTION A. MFP PROGRAM OVERVIEW

This section briefly describes how the state or territory's MFP Demonstration is designed to meet unique state or territory long-term services and supports (LTSS) system reform efforts to increase the use of HCBS, rather than institutional LTSS. Use the prompts in this section to report on the state or territory's LTSS system assessment and gap analysis and to identify the state or territory's MFP Demonstration target population and geographic area(s) of service.

A.1. State or territory system and gap analysis

A.1.1. Summary of state or territory LTSS system and gap analysis

The summary must address these components:

- Identify LTSS population needs
- Identify geographic area(s) of need
- Identify ways the state or territory can test new approaches and flexibilities in its Medicaid programs to strengthen HCBS through the MFP Demonstration
- Identify ways to provide opportunities to furnish MFP Demonstration services in a more equitable manner
- Identify and determine measurable, attainable, and timely MFP Demonstration goals and outcomes

LTSS System Gap Analysis

In 2018, Oklahoma declared its intention to become a "Top 10" state in areas such as health care, education, and economic growth. To support those efforts to become a Top 10 state in health care and human services, Oklahoma passed House Bill 3289 which commissioned a report to identify challenges associated with the State's long-term services and supports (LTSS) system. The *Long-Term Care Services and Supports Advisory Committee Report* (LTSS Report) focused on the LTSS continuum that addresses the needs of the older adult and physical disability populations, which includes two of the three populations served by Oklahoma's Money Follows the Person program, called Living Choice.

In 2023, Oklahoma Human Services published *The Current State of Aging in Oklahoma* as a component of the Multisector Plan on Aging for the State. This report identifies additional gaps in the LTSS landscape. Below is a summary of the identified gaps from each report.

Living Choice also serves individuals with Intellectual and Developmental Disabilities (I/DD) through parallel processes operated by the Division of Developmental Disabilities Services (DDS). DDS does not maintain a waiting list for the Community Waiver. DDS case managers contact each person or their representative to complete an assessment of needs. A resource navigation plan is completed and provided for each person, based on their needs and any generic resources for which the person may be eligible. Applicants or their representatives can contact DDS at any time to indicate a change in needs, request an updated navigation plan, or request emergency HCBS. When there is an emergency, staff complete another assessment to determine if the situation meets the criteria to access emergency waiver supports. When the person resides in a facility, meets the Money Follows the Person criteria, and wants to transition back into the community, DDS works with that person's team to identify and locate necessary services and supports to move the person to the community setting of their choice.

Older Adult and Physical Disability Gaps

The LTSS Report and Current State of Aging in Oklahoma reports act as guides to allow the Living Choice program to better understand the challenges within the LTSS continuum in the State. The reports

provide information gathered from original and secondary research as well as stakeholder engagement activities such as interviews and surveys. Excerpts from the two reports below highlight the current gaps in Oklahoma's LTSS landscape for older adults and people with physical disabilities.

Table A.1.1.a Example Gaps from the LTSS Report[1]

Topic	Example Gap
National Challenges	
Retirement	Seventy-nine percent of middle-income baby boomers have no savings for retirement care.
Alzheimer's / Dementia	Medicaid costs for caring for people with Alzheimer's in 2019 was expected to be $499 million with a projected 21% increase in change of cost by 2025.
Transportation	Public transportation systems have limitations on hours of operations, availability of accessible vehicles, and reliable pick-up and drop-off times. These limitations can create hardships for older adults and are often incompatible with their needs.
Oklahoma's Challenges	
Alzheimer's / Dementia	In 2017, the number of deaths from Alzheimer's in Oklahoma was 1,752, a 175% increase from 2000. In Oklahoma, Medicare spending on people with dementia in 2018 dollars totaled $25,175 per capita.
Housing	Oklahoma is facing an affordable housing crisis driven by many factors. The mismatch of supply and demand, limited and aging housing stock, changing needs of smaller households and an aging population, rising construction costs and often restrictive zoning ordinances all play a role. However, it is often difficult to tease out their impacts on specific communities and local housing market.
Medicaid HCBS Waivers	There is a need to increase reimbursement rates for ADvantage Case Management services. With the addition of the recently introduced Harmony web-based management system, the type of employee required to effectively navigate this system has changed. Current levels of reimbursement hamper providers' ability to attract appropriate talent – the low rate does not allow open market competition for good, qualified employees. The goal of ADvantage Case Management is to allow Oklahomans to age in place as long as possible. As the older adult population expands, the use of case managers will be an important and cost-effective component in managing expenses related to LTSS for the older adult population.
Outreach and Education	• The general population does not know where to turn when ageing services are needed. When an older adult needs services and supports in the home, access becomes the most important issue. • Oklahomans do not understand the aging process, aging services in the community, and the options that are available. With the multitude of services available, finding

[1] Long Term Care Services and Supports Advisory Committee Report

Topic	Example Gap
	the right ones to meet the needs of elders and families should not be complicated.
Rebalancing	• As of 2019, Oklahoma expends dollars at an approximate rate of 30% for HCBS and 70% for Long Term Care Facilities. • AARP in 2018 illustrates that in Oklahoma, 22.8% of our nursing home residents have "low care needs" as compared to a national average of 11.5%. "Low care needs" are defined as having difficulty with no more than two activities of daily living.
Regulatory Reform	The State has multiple programs braided with federal funding and regulations. Some regulations have been interpreted differently from time to time and from state to state. Regulations need to be examined to determine which ones are presenting barriers, whether it's barriers for consumers, providers, or state programs.
Transportation	There are many areas in Oklahoma that do not have transportation services available for older adults. This shortage creates a hardship on many older Oklahomans and is a barrier to accessing many Home and Community-Based Services options that help them remain independent.
Workforce	• AARP ranks Oklahoma 47th for the number of neurologists and geriatricians, which earned an undesired designation as a neurological desert. Our state's funding and incentives are not adequate to attract and retain workers and trainers. • According to AARP, Oklahoma's wages are ranked 47th in the nation for a Personal Care Aide and 46th in the nation for a Certified Nurse Aide. These wage rankings are alarming and present a great need for change. Aging services providers have not received adequate rate increases to support living wages for their employees.

Data from the Current State of Aging in Oklahoma Report

In 2024, Oklahoma published their Multisector Plan on Aging (MPA), a 10-year strategic plan for addressing the needs of older adults (and people with physical disabilities). As part of the development of the MPA, the State collected and analyzed a wide variety of data sources with forward-looking trends. Figures and their descriptions below provide a snapshot of the data collected in the Current State of Aging Report and contribute to the understanding of the gaps in Oklahoma's LTSS system.

Figure A.1.1.a: Nursing Facility Utilization – 2023 and Projected Utilization for 2030

The data in Figure A.1.1.a shows that many of Oklahoma's nursing homes are already near capacity, with the trend continuing through the end of this decade.

Figure A.1.1.a: Medical Doctor Rate by County

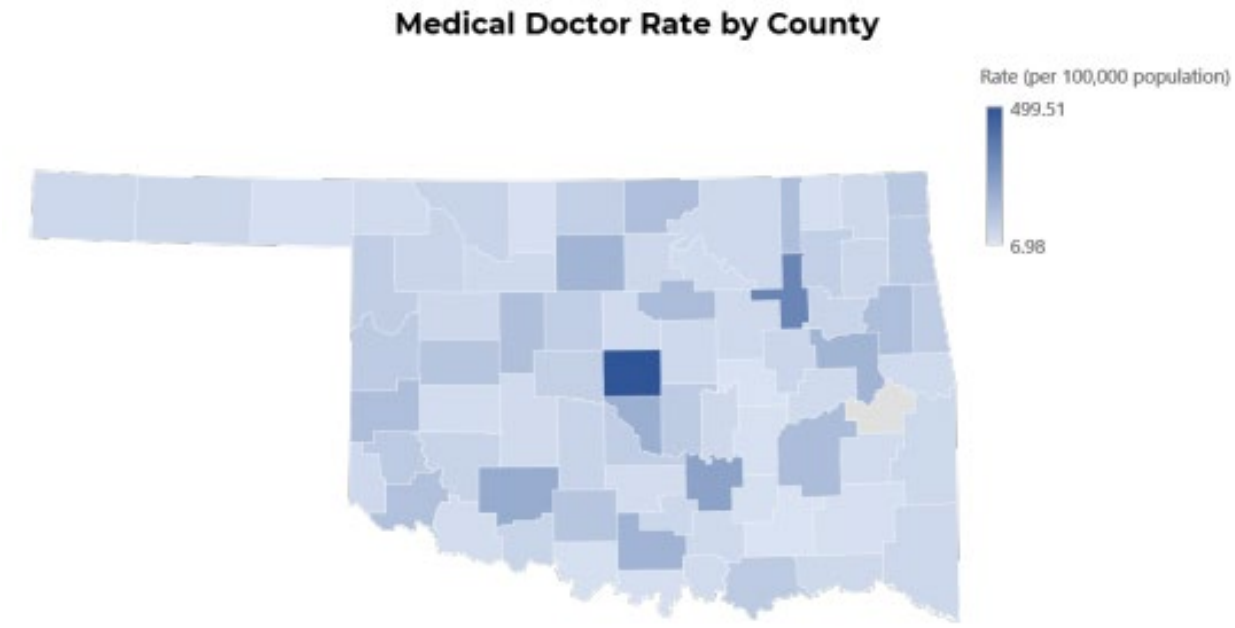
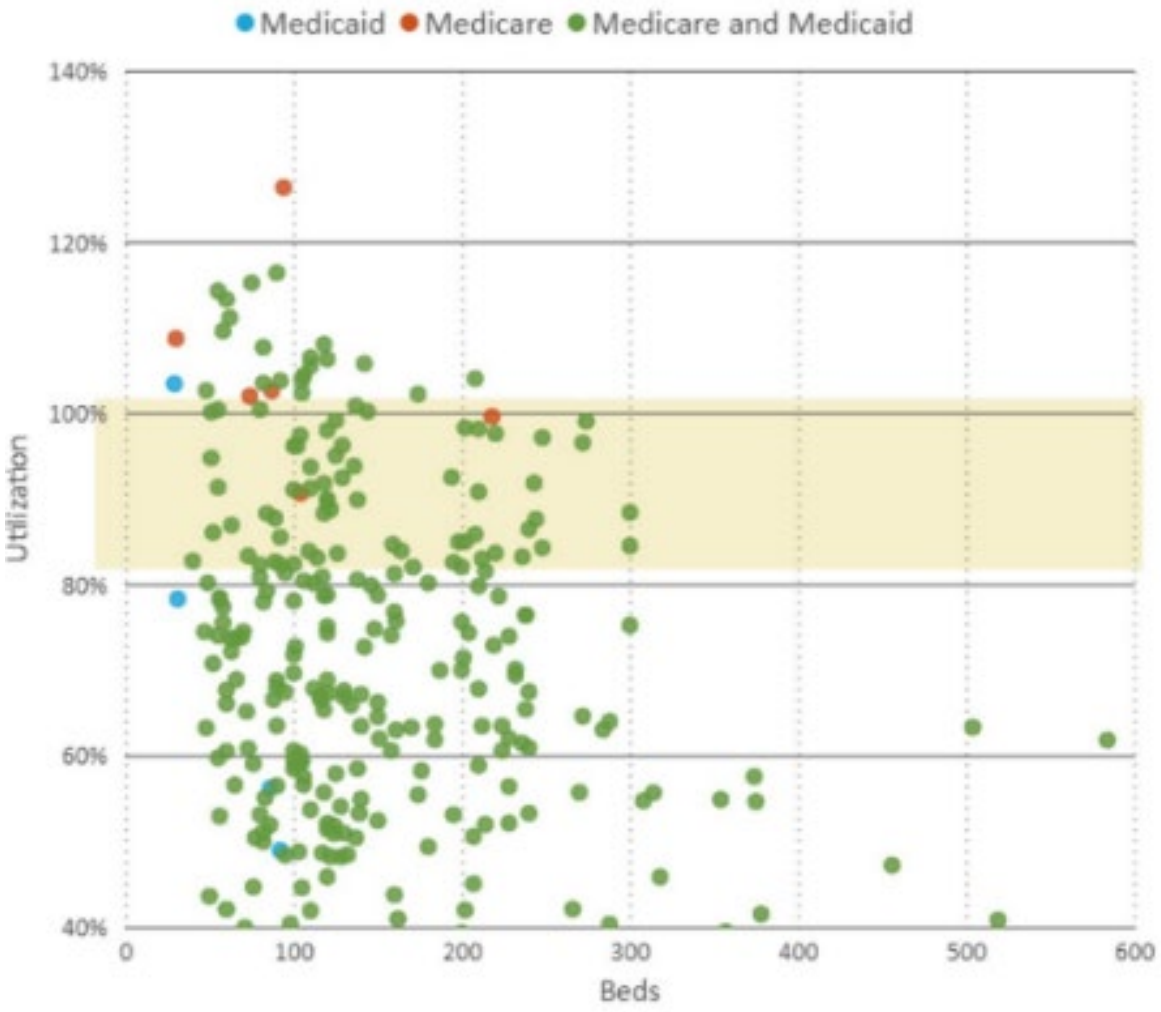


Figure A.1.1.b: Oklahoma Nursing Facility Utilization 2023

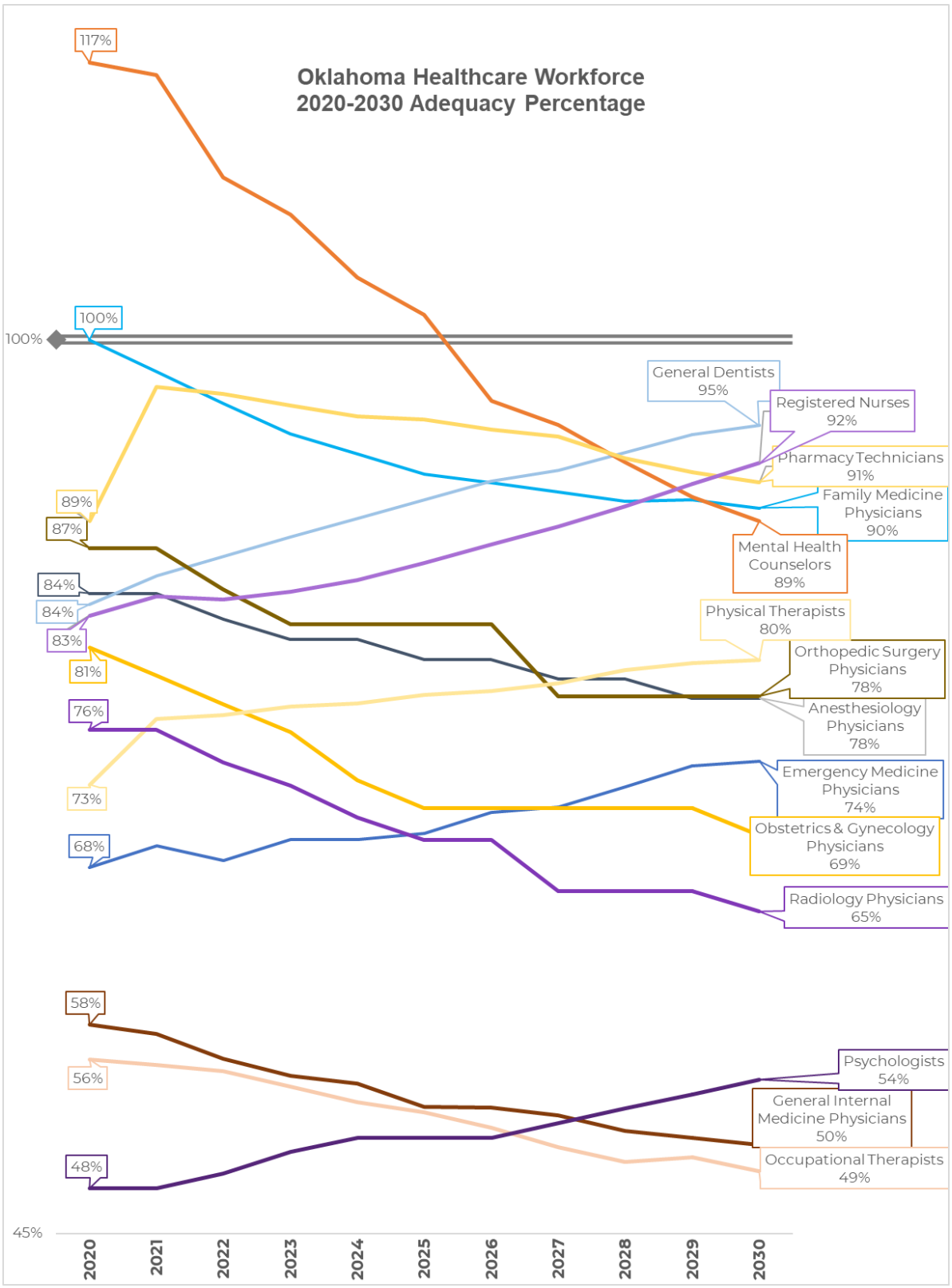
Figure A.1.1.c Oklahoma Projected Nursing Facility Utilization by 2030



The medical workforce in Oklahoma has challenges related to the availablity of physicians. As Figure A.1.1.d indicates, the availability of physicians centers in the municipal areas of Oklahoma City and Tulsa, with rural areas experiencing a significant disparity in the number of available doctors.

Lastly, the report provided projections for the Oklahoma Healthcare Workforce adequacy percentage. The adequacy percentage is a measure of the number of healthcare professionals available based on population. Currently, Oklahoma has less than 100% adequacy for most healthcare professionals with a projected decline through 2030.

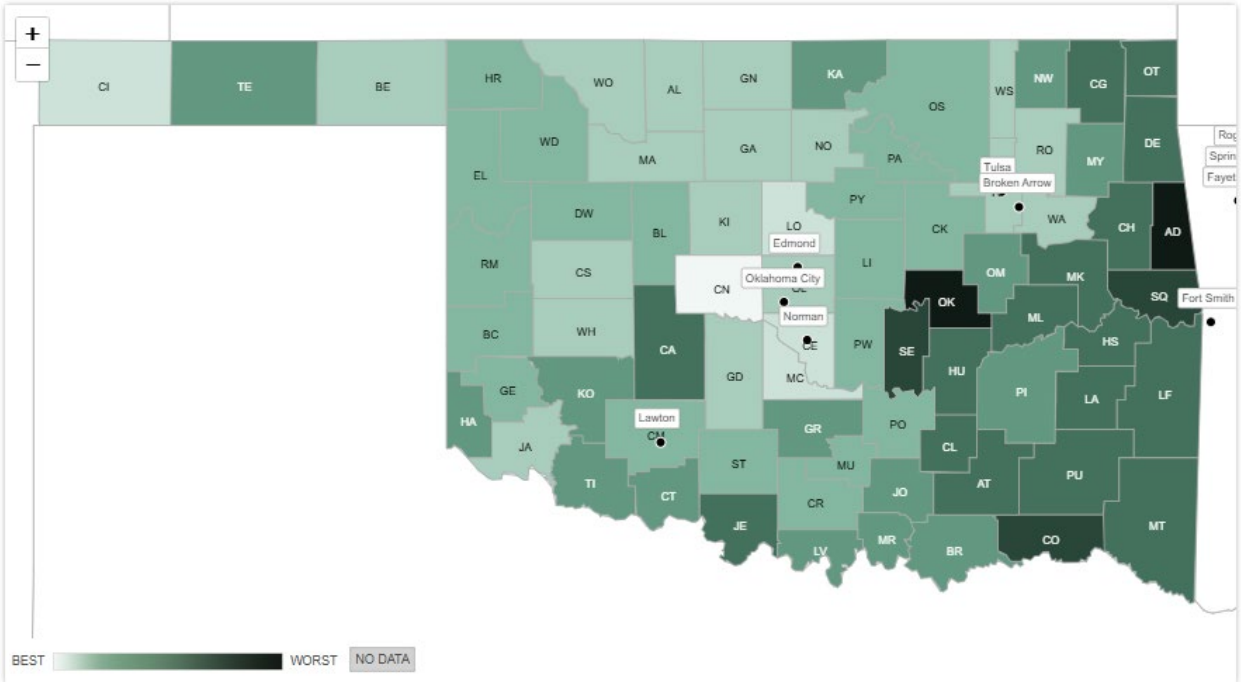
Figure A.1.1.d Healthcare Workforce Adequacy by Profession



Geographic Gaps

Data from County Health Rankings (countyhealthrankings.org) provides insight into the challenges related to Oklahomans health and social determinants landscape by county. Figures A.1.1.e – A.1.1.h below outline several examples.

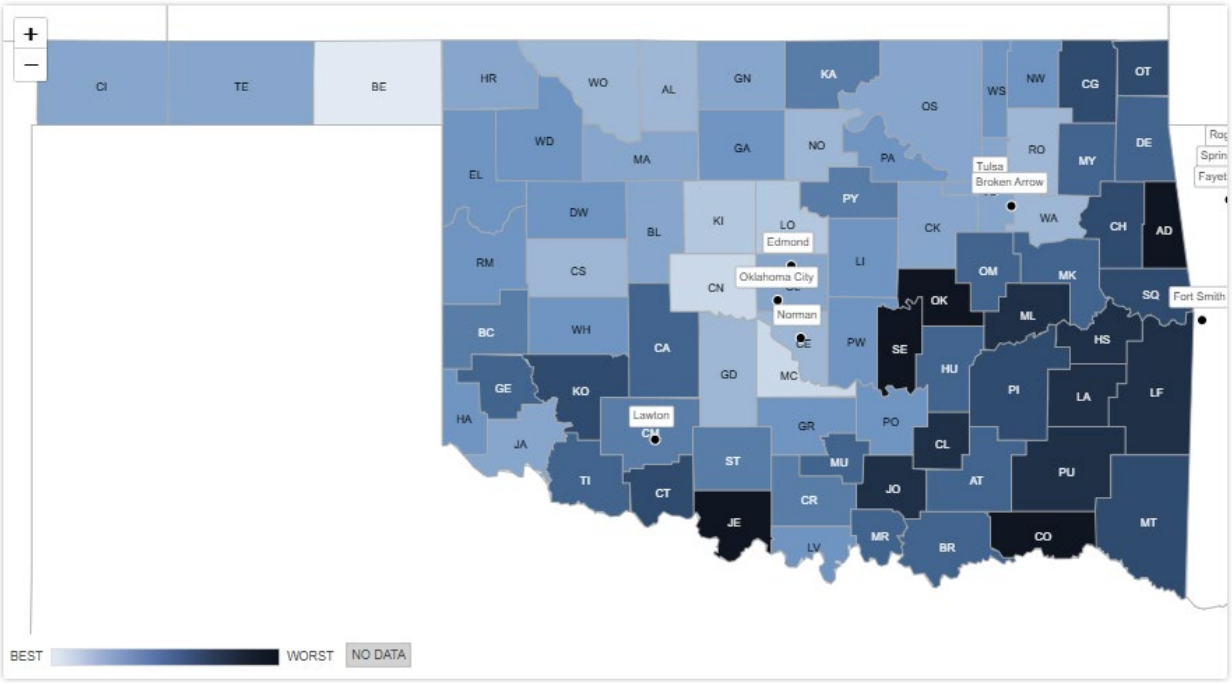
Figure A.1.1.e Instances of Frequent Physical Distress by County[2]



In Oklahoma, 12% of adults reported experiencing poor physical health for 14 or more of the last 30 days, with a range from 10% to 17% of adults across counties in the state.

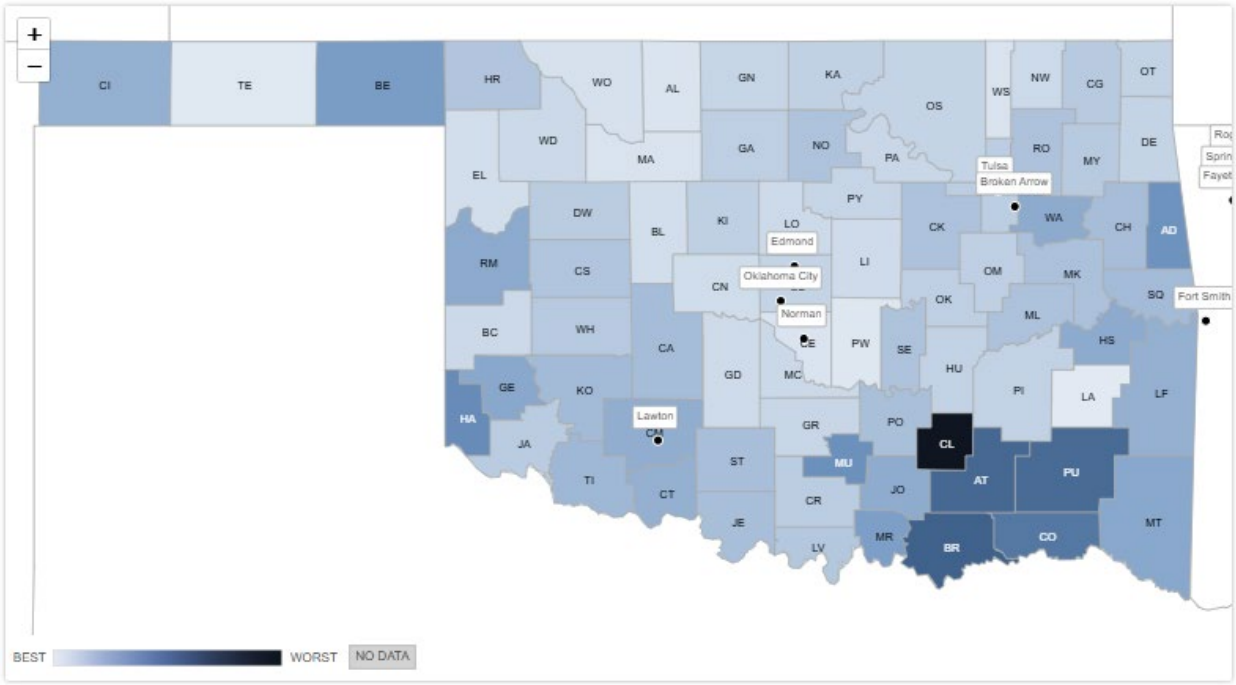
[2] County Health Rankings: Data By County, Oklahoma Frequent Physical Distress

Figure A.1.1.f Oklahoma Food Insecurity by County[3]



In Oklahoma, 14% of people did not have a reliable source of food, with a range from 8% to 18% of people across counties in the state.

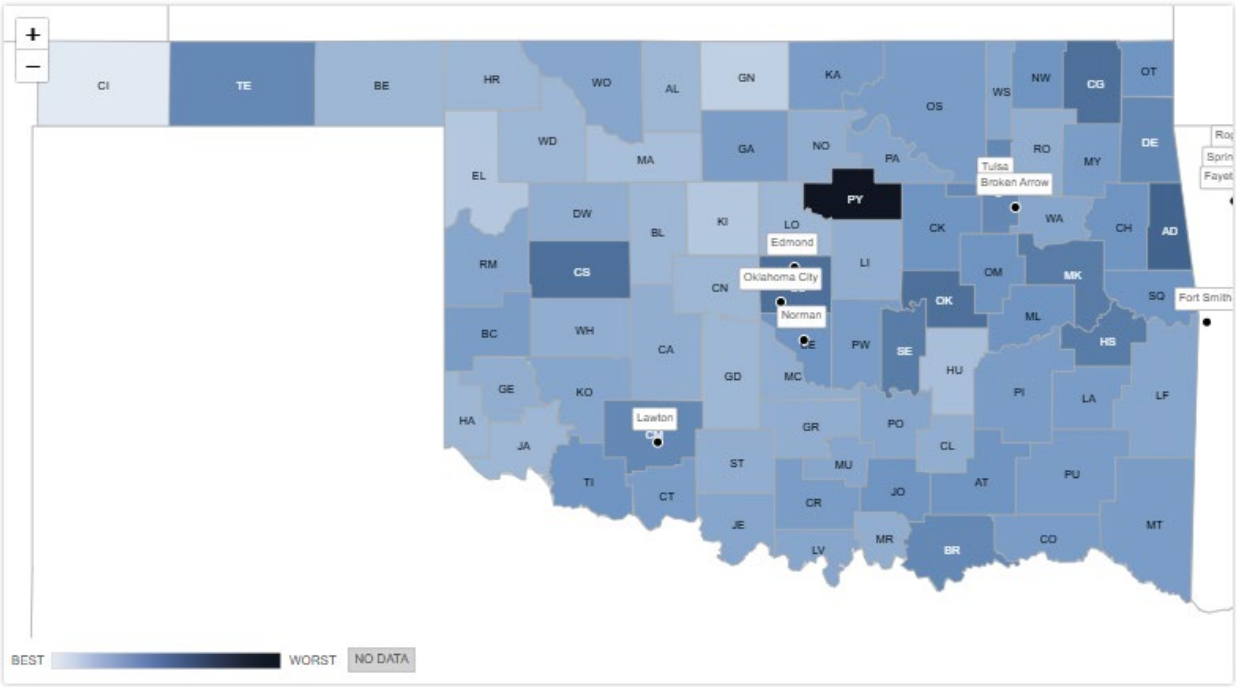
Figure A.1.1.g Oklahoma Preventable Hospital Stays by County[4]



[3] County Health Rankings: Data by County, Oklahoma Food Insecurity
[4] County Health Rankings: Data by County, Oklahoma Severe Housing Problems

In Oklahoma, 3,069 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment, with a range from 1,628 to 9,353 preventable hospital stays across counties in the state.

Figure A.1.1.h Oklahoma Severe Housing Problems by County



In Oklahoma, 13% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities, with a range from 3% to 23% of households across counties in the state.

Living Choice Gap Analysis

In January 2025, the Oklahoma Health Care Authority (OHCA) commissioned a contractor to develop a gap analysis of the Living Choice program in preparation for the development of the Operational Protocol. The contractor reviewed Living Choice documentation and conducted stakeholder interviews with state agencies, contractors, and Living Choice staff. The gap analysis identified 5 recommendations, listed below:

1. Provide additional clinical and non-clinical services in the demonstration
2. Expand the number of Assisted Living providers available to Living Choice participants
3. Improve coordination and communication among stakeholders
4. Enhance the Living Choices Quality Management Strategy
5. Streamline the recruitment of participants, providers, and Tribes.

OHCA will integrate these recommendations into the Living Choice program over the next 2 years. Should a recommendation serve as an effective Work Plan initiative, OHCA will incorporate the recommendation upon the completion of current workplan initiatives. OHCA will move forward with recommendations not incorporated into the Work Plan with a two-year implementation plan to be developed by Living Choice staff in 2025.

Test New Approaches and Flexibilities to Strengthen HCBS

Self-Direction

In 2005, the Oklahoma Legislature enacted the Oklahoma Self-Directed Care Act. This legislation directed OHCA to establish a self-directed care program based on the principles of consumer choice and control.

Self-direction in the context of home and community-based long-term care services is designed to give individuals 19 years or older with disabilities or long-term illnesses more choices and greater control over the purchase of the home and community-based services they receive. In a true self-directed service delivery model, an individual budget is designed with the individual during the person-centered planning process. The individual can purchase the services he or she needs with much more flexibility than traditional models in which funds flow from the Medicaid agency to a provider agency. Using a self-directed approach, the individual has the right to make decisions about his or her personal care providers while directing and controlling the services provided.

Self-direction as a service option in Oklahoma's Living Choice program became available in November of 2012 with full implementation by July 2013 based on OHCA's rulemaking and implementation process. The operational protocol indicates three models of self-direction that is offered to individuals with physical disabilities or chronic long-term illnesses who transition to the community through Living Choice.

For self-directed services to be successful, the philosophy of self-determination and self-direction must be fully integrated into the service delivery system. The Living Choice project will provide Oklahomans with opportunities to integrate self-direction in the entire consumer experience in home and community-based services to the extent each individual wishes and will not be dependent on whether the care is delivered by residential provider agency employees or managed by the individual.

Experiences gained with Consumer Directed Personal Assistant Supports and Services CD-PASS will provide an opportunity for the Living Choice project to blend the most favorable outcomes into an improved self-directed model. The new model allows for a range of self-directed opportunities from which the individual can choose and have responsibility for the choices and decisions they make while working with a specified budget. Current utilization of self-direction in the Living Choice project is low due to a variety of challenges: slower than expected de-institutionalization and "learned helplessness," participant reticence to assume self-directed responsibilities, and the absence of natural supports to assist with self-direction responsibilities.

Members of the three DDS waivers can utilize Self-Direction (SD) to receive at least a portion of their services, self-direct direct support and goods and services in the In-Home Supports Waiver for Children, In-Home Supports Waiver for Adults, and the Community Waiver. With SD, a representative of the member, not a provider agency, manages personal care services for the member. Members who utilize the self-direction service model have representatives who are able to recruit, hire, and train their Habitation Training Specialist (HTS) and receive Self-Directed Goods and Services. HTS are trained by the members or those most familiar with the needs of the members to carry out activities of daily living, training, supervision, and community integration. Employers of record determine the amount staff members are paid for services within the State's established limits with assistance from a contracted Financial Management Services (FMS). The FMS agency is responsible for ensuring employment complies with State and Federal Labor Law requirements.

Housing

Access to housing continues to be a barrier for Living Choice program participants. The Oklahoma Housing Finance Agency (OHFA) provides rental assistance in the form of Housing Choice Vouchers (HCV) to those seeking affordable housing. The HCV program helps eligible low-income families pay a portion of their rent, with the remainder paid for through OHFA funds. To enhance the availability of housing resources for Living Choice participants, OHCA entered a memorandum of understanding (MOU) with OFHA in 2012 that would provide priority processing for Living Choices participants over the age of 65 or with a physical disability.

The Living Choice Housing Coordinator will leverage the success of this relationship to increase available housing options for program participants. This housing initiative seeks to increase the coordination with community housing partners to build more productive housing placements, resulting in quicker housing acquisition. The Housing Coordinator will engage with local housing authorities through a communications and outreach plan. Program staff will evaluate the time from approval to transition every 6 months to improve the coordination with community housing partners to build a more efficient system.

Methods to Deliver Demonstration Services in a More Equitable Manner

The Living Choice program seeks applicants from qualified institutions in the state of Oklahoma. All referrals are addressed on a first-come, first-served basis. Transition Coordination (TC) teams work with each referral based on the policies and procedures set forth by this Operational Protocol and field-level manuals. Once Living Choice staff deem a referral eligible, based on the national Money Follows the Person (MFP) eligibility criteria, the person-centered service planning (PCSP) process begins. Each participant receives a needs assessment, and the TC develops the PCSP to address those assessed needs.

The primary barrier to Living Choice participation is securing accessible and affordable housing. Many individuals referred to the program do not have ready access to housing, which can delay their transition or even cause their transition planning to stall. The current Living Choice Workplan includes a housing initiative aimed at expanding the availability of housing options for program participants.

Additional information on the Living Choice program's approach to overall equity of the program's administration can be found in Section K: Equity of this Operational Protocol.

Program Goals and Desired Outcomes

CMS approved the Living Choice Work Plan for 2024 – Period 2 in January of 2025. The Work Plan includes goals for transitions and state-specific initiatives. Table A.1.1.b provides details on transition goals through the second quarter of 2027 while Table A.1.1.c outlines Oklahoma's initiatives.

Table A.1.1.b Living Choice Transition Goals

Quarter	Older Adults	Physical Disability	I/DD	Mental Health / Substance Use Disorder	Total by Quater
Q1 2025	8	7	8	N/A	23
Q2 2025	8	7	7	N/A	22
Q3 2025	8	7	7	N/A	22
Q4 2025	7	7	7	N/A	21
Q1 2026	9	8	9	N/A	26

Quarter	Older Adults	Physical Disability	I/DD	Mental Health / Substance Use Disorder	Total by Quater
Q2 2026	9	8	8	N/A	25
Q3 2026	9	8	8	N/A	25
Q4 2026	9	8	8	N/A	25
Q1 2027	11	10	10	N/A	31
Q2 2027	10	9	10	N/A	29
Totals	**88**	**79**	**82**	**N/A**	**249**

Table A.1.1.c State-specific Initiatives for the Living Choice Program

Initiative	Description	Goals
Community Outreach	Increase enrollment among eligible residents by raising awareness of Oklahoma's Living Choice and other state funded HCBS programs rather than institutional care.	• Engage with 30 nursing facilities. • Increase program enrollment in underserved communities by 20%.
Self-Direction	Provide participants with opportunities to integrate self-direction into their use of HCBS.	• Increase participation in self-direction by 10% annually.
Housing Related Supports	Enhance the Living Choice partnership with the Oklahoma Housing Finance Agency.	• Increase community housing partnerships by 10% through June 2025.
HCBS Quality Measure Set (QMS)	Partner with 1915(c) HCBS waivers to implement QMS mandatory measures.	• Implement QMS measures by June 2025.
Tribal Initiative	Develop methods to identify the unique needs of participating tribal entities related to transportation.	• The number of tribes that offer transportation services by December 31, 2025.

A.2. Service areas and target groups of the MFP program

A.2.1. Service areas

Specify the service area(s) in which the MFP Demonstration operates.

☒ State or territory-wide

☐ If not state or territory-wide, indicate specific jurisdictions:

Click or tap here to enter text.

A.2.2. Target groups

Complete Table A.2.2 to indicate the MFP target population(s) included in the state or territory's Demonstration and indicate the corresponding state or territory operating agency administering Medicaid

HCBS. Please note that target groups falling into the "Other" category must be defined here and throughout the OP.

Table A.2.2. MFP target population groups

Select all that apply	Target group of eligible individuals	State or territory operating agency
☒	Older adults	Oklahoma Healthcare Authority
☒	Individuals with physical disabilities (PD)	Oklahoma Healthcare Authority
☒	Individuals with intellectual and developmental disabilities (I/DD)	Oklahoma Human Services - Developmental Disabilities Services
☐	Individuals with mental health and substance disorders (MH/SUD)	N/A
☐	Other, please specify (e.g., HIV/AIDS, brain injury)	N/A

Describe reasons for targeting certain MFP populations. Include geographic strategies, considerations specific to rural areas, provider network considerations, and alignment with state or territory Olmstead plans and rebalancing strategies.

Older Adults and People with Physical Disabilities

The Living Choice Project and Oklahoma Human Services, Division of Community Living, Aging, and Protective Services (CAP) target older adults (65 or older) and people with disabilities (19 years or older) who face challenges when they transition to the community. The populations targeted often do not have natural support available to assist them with living in the community. Data from the 2010 Nursing Home Data Compendium published by the CMS, indicate that over 42 percent of older persons currently living in nursing facilities in Oklahoma do not require significant assistance with activities of daily living, as of 2009. The LTSS Report, discussed in the Gap Analysis in this section, confirms with more recent data that Oklahoma nursing homes continue to house individuals with low support needs. Targeting these individuals will have a notable impact on the current long-term care system in Oklahoma by identifying these individuals and providing them with the option of living in the community with HCBS.

Individuals with Intellectual / Developmental Disabilities

Living Choice partners with Oklahoma Human Services, Division of Developmental Disabilities Services (DDS) to support persons ages 19 and up who have a primary diagnosis of intellectual disabilities to transition into community-based settings. Individuals served may also have other developmental disabilities in addition to intellectual disabilities such as autism, cerebral palsy, Down syndrome, etc. DDS currently operates a wait list for the 1915(c) HCBS waiver services. DDS and the Living Choice program work closely together to support the transition needs of individuals as resources in HCBS become available.

Geographic Considerations and the Provider Network

The state of Oklahoma has 77 counties, many of which are considered rural or frontier. Rural and frontier counties can be more difficult to serve due to the distance between towns and residences. For that reason, the Living Choice program pays a 'very rural' differential to Transition Coordinators (TCs). There are two different rates for TCs: standard and very rural. The standard rate is paid for every county in the state of Oklahoma except for those that may be considered very rural. These counties carry a very rural designation since they are difficult to staff and have services provided. The very rural rate is higher than the standard rate.

For additional information on the Living Choice provider network, see Section E: Benefits and Services of this Operational Protocol.

A.3. Other information

If needed, provide other information regarding the state or territory's service area(s), target populations, or reporting that is not addressed elsewhere in the template.

[No additional information for this section.]

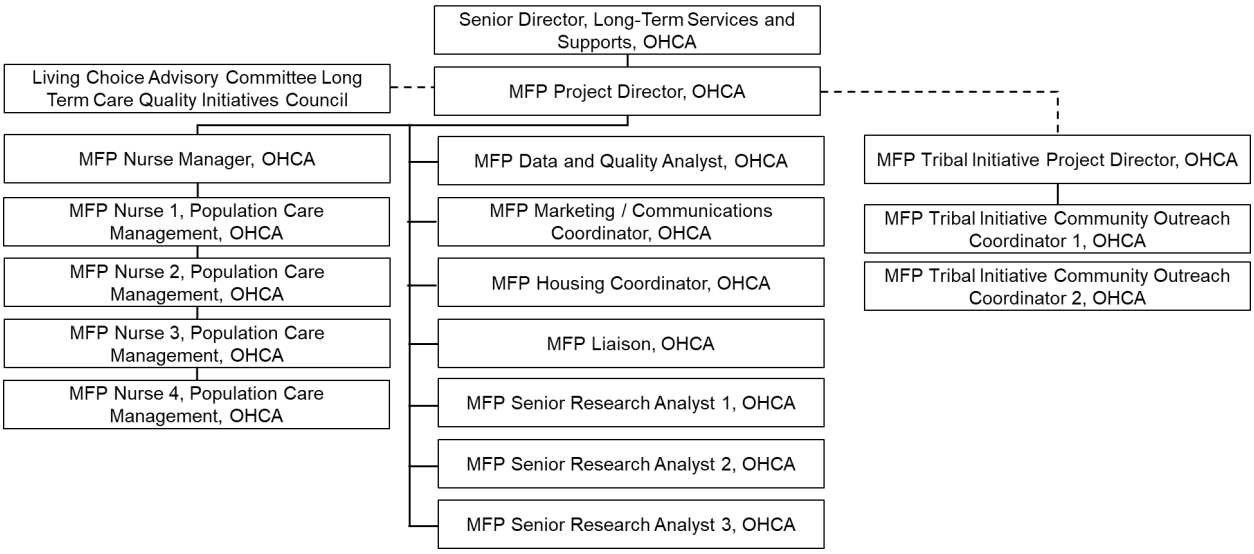
SECTION B. PROJECT ADMINISTRATION

B.1. Administrative structure

B.1.1. Organizational chart

Provide an organizational chart that shows the entity responsible for the management of the MFP cooperative agreement and the Authorized Organizational Representative;[5] how the management entity relates to all other departments, agencies, and service systems providing HCBS to MFP participants; and the relationship of the organizational structure to the state or territory Medicaid agency and state or territory Medicaid director (SMD).

Upload the organizational chart into either the appendix or text box or provide an external link.



B.1.2. Administrative structure

Describe how the state or territory will structure the administration of the MFP program, including how roles and responsibilities will be coordinated across state or territory operating agencies and managed care plans (MCP) (if applicable). Clearly indicate how the organizational and structural administration will function to implement, operate, and monitor the OP elements of the Demonstration.

Table B.1.2. Administrative structure

Administrative entity (state/territory, other government entity, MCP or contractor/consultant)	OP element(s)	MFP role and key responsibilities (how the entity will implement, operate, or monitor the OP element)	Formal commitments (for example, Memorandum of Understanding)
Oklahoma Health Care Authority (OHCA)	All OP elements	Oversee the primary administrative elements of the MFP program and provide oversight for partner	N/A

[5] The Authorized Organizational Representative is defined in the MFP Demonstration Program Terms and Conditions (PTC 25).

Administrative entity (state/territory, other government entity, MCP or contractor/consultant)	OP element(s)	MFP role and key responsibilities (how the entity will implement, operate, or monitor the OP element)	Formal commitments (for example, Memorandum of Understanding)
		agencies and organizations involved in the MFP program and its services.	
Oklahoma Human Services (OHS) – Developmental Disabilities Services (DDS)	Section E: Benefits and Services, Section F: Transition and Housing Services, Section H: Reporting	Administer services for members enrolled in the following 1915(c) Home- and Community-Based Services waivers: the Community Waiver, In-Home Supports Waiver for Adults, In-Home Supports Waiver for Children, and the Homeward Bound Waiver.	Memorandum of Understanding (MOU)
Oklahoma Housing Finance Agency (OHFA)	Section F: Transition and Housing Services	Administer housing choice vouchers for members transitioning back to their communities and assisting members in finding affordable housing options.	MOU
OHS – Community Living, Aging, and Protective Services (CAP)	Section E: Benefits and Services, Section F: Transition and Housing Services, Section H: Reporting	Perform administrative functions and facilitate service delivery for members enrolled in the 1915(c) Home- and Community-Based ADvantage Waiver.	MOU

B.2. Staffing

B.2.1. Project director and data and quality analyst

Upload the job description and performance evaluation criteria for these positions into the appendix or provide an external link.

Title	Job Description
MFP Project Director	The Project Director provides general supervision and monitoring of the Living Choice program. They maintain responsibility for oversight of the budget, development of contracts, CMS reports, administrative oversight, and development of the operational protocol. They also coordinate quarterly Long Term Care Quality Improvement

Title	Job Description
	Committee LTCQIC meetings, and serve as a liaison for CMS, stakeholders, provider agencies, and consumers.
MFP Data and Quality Analyst	Under the direction of the MFP Director, the Data and Quality Analyst (DQA) maintain responsibility for the financial and budget accounting and data reporting of quality activities for the MFP demonstration grant. These responsibilities include developing relationships with and gathering data from MFP partners, contractors, staff, and providers to monitor the efforts and outcomes to complete required State and Federal reporting. The DQA monitors the accrual and expenditure of MFP service dollars and administrative funds, prepares the budget and grant funding requests, completes MFP adjustments & accruals, acts as a liaison with CMS Budget and Management Office, and with OHCA's General Accounting.

B.2.2. Other project staff

Complete Example Table B.2.2 for all non-contract positions. Describe the MFP role, responsibilities, and relevant OP element(s) for each position in the last column on the table. Responses for the last column may be provided as table text, embedded documents, external links, or text indicating where the response has been added in the appendix. The relevant OP element(s) for each role are the MFP program components (as defined by the major section headers of this document; for instance, D. Community Engagement, E. Benefits and Services, and H. Reporting) on which the staff person in that position will work.

Table B.2.2.a MFP Demonstration staff

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate Demonstration or Supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
Senior Director, Long-Term Services and Supports (LTSS)	25%	Administrative	Non-contract	See Job Description in table below.
MFP Project Director	100%	Administrative	Non-contract	See Job Description in table below.
MFP Tribal Project Director	100%	Administrative	Non-contract	See Job Description in table below.
MFP Tribal Community Outreach Coordinator (2 positions)	100%	Administrative	Non-contract	See Job Description in table below.

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate Demonstration or Supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
MFP Data and Quality Analyst	100%	Administrative	Non-contract	See Job Description in table below.
MFP Nurse Manager	100%	Administrative	Non-contract	See Job Description in table below.
MFP Nurse (4 positions)	100%	Administrative	Non-contract	See Job Description in table below.
MFP Program Specialist (3 positions)	100%	Administrative	Non-contract	See Job Description in table below.
MFP Marketing / Communications Coordinator	100%	Administrative	Non-contract	See Job Description in table below.
MFP Housing Coordinator	100%	Administrative	Non-contract	See Job Description in table below.
MFP Liaison	100%	Administrative	Non-contract	See Job Description in table below.

Table B.2.2.b Other Project Staff

Role	Job Description
Senior Director, Long-Term Services and Supports (LTSS)	The role of the LTSS Senior Director ensures compliance with federal and state policies, manages CMS accountabilities, and drives the success of all LTSS initiatives, including the Money Follows the Person (MFP) program. The Senior Director oversees reporting, compliance, and performance metrics required by CMS for LTSS and MFP programs. Regarding MFP & MFP-TI the Senior Director provides administrative support for MFP Project Directors, as part of the Senior Director's role 25% of their time is allocated to grant activities. The Senior Director integrates MFP administrative and oversight activities into Oklahoma's LTSS strategic goals. This position also supports MFP staff in building partnerships with internal and external stakeholders, advocacy groups, families, and other state agencies to strengthen the LTSS infrastructure.

Role	Job Description
	By integrating MFP activities into the broader Medicaid framework, the role advances Oklahoma's goals of expanding access to Home and Community-Based Services (HCBS), reducing reliance on institutional care, and promoting person-centered care. Through oversight of MFP deliverables, CMS compliance, and strategic integration, this role ensures that MFP programs remain effective, sustainable, and aligned with the state's vision for long-term care.
MFP Tribal Project Director	The MFP-TI Project Director's primary responsibility is the management and oversight of the MFP Tribal grant project and all grant related activities including fiscal and administrative activities. The project director devotes 100% of his time to the program. This position supervises two full-time Outreach Coordinator positions. Additionally, they are responsible for recruiting grant partners, collaboration, invoice monitoring, developing process for program implementation and reporting to agency leadership on program progress.
MFP Tribal Community Outreach Coordinator (2 positions)	This position serves as primary recruitment and relationship management. TCOC also serves as technical assistance lead and provider liaison for the MFP Tribal grant. The Community Outreach Coordinator engages with external and internal partners to promote the program and oversee transitions from planning to implementation for tribal partners to become Medicaid waiver providers of home and community-based services. This position is highly visible and requires a high level of communication and planning skills. It maintains responsibility for connecting and organizing with all 39 federally recognized tribal governments throughout the state.
MFP Nurse Manager	Oversee the Living Choice Nurse staff and assure completion of clinical assessments for Living Choice in a timely manner. Additional responsibilities include: tracking and trending critical incidents and investigations, completes the Uniform Comprehensive Assessment Tool (UCAT) Part III, completes all pre-transition paperwork at the member orientation, schedules assessments to assess potential Living Choice candidates, assists with the approval of Living Choice member service plans, addendums, participates in critical incident investigations, and participates in required meetings concerning Living Choice members.
MFP Nurse (4 positions)	Conducts statewide pre-assessment screenings for potential Living Choice applicants. The Living Choice nurse conducts an assessment utilizing the Uniform Comprehensive Assessment Tool (UCAT) along with other pre-transition documents. The UCAT is the State approved tool for determining Level of Care (LOC) and evaluating individual needs for HCBS waiver programs. The nurse then submits findings to the OHCA Medicaid Provider Service Unit (MPSU) for physicians review to confirm program appropriateness. Documentation confirming the decision is attached to the case within the clinician-based system and referred to the Living Choice Program Specialist indicating approval or denial. These positions are administrative as the MFP nurse provides pre-MFP enrollment assessments and documentation.
MFP Program Specialist (3 positions)	Performs administrative functions to assist applicants who have requested participation in the Living Choice program. This position serves MFP exclusively providing administrative monitoring and oversight for the program. Program Specialist serve as member advocate in the relationship between the

Role	Job Description
	contracted case management/transition coordination provider and the member's family/informal support. Assisting case management, home care and other MFP providers ensuring service authorization and service delivery align with the person-centered service plan. Program Specialist are also responsible for maintaining program knowledge and ensuring compliance with state and federal MFP requirements. They monitor/review transition planning for individuals moving from institutional care to a home and community-based setting. These positions facilitate appropriate use of program funds and monitor member satisfaction and supports successful transitions.
MFP Marketing / Communications Coordinator	The Marketing and Communications Coordinator educates and informs the public of the purpose, benefits and services of Oklahoma's Living Choice program. This position coordinates outreach efforts to inform disability advocacy groups, hospitals, long-term care facilities, and the public about the Living Choice program. The primary focus of the marketing and public awareness initiative is the early identification of individuals who have the capability to live in the community.
MFP Housing Coordinator	The Living Choice Housing Coordinator supports the Living Choice program helping members gain access to safe, and affordable housing. This position coordinates with local housing agencies, landlords and community housing programs. As well as soliciting stakeholder input in exploration of other housing opportunities that may exist within the state. The Housing Coordinator also identifies housing barriers and actively works to mitigate these barriers. The Housing Coordinator assists with conducting research, planning, and coordinating activities for the purpose of developing new initiatives to expand housing resources for program participants.
MFP Liaison	Responsible for MFP program introduction to potential members; this position serves as subject matter expert ensuring accurate knowledge of program eligibility and the enrollment process. This position receives and processes all MFP referrals/applications. Using a variety of systems, the MFP Liaison assures that preliminary eligibility criteria are met. This position is responsible for submitting referrals to Adult Protective Services (APS) for the purpose of obtaining historical information that may identify a potential risk to community transition prior to the clinical assessment. The Liaison conducts the Member Transition Experience Survey (MTE). The MTE is designed to gain insight into the transition process based on the members' experience. This information is used in our quality improvement strategies. The MFP Liaison supports the Program Specialist and the Clinical Team by ensuring their joint efforts result in a successful community transition and quality indicators are met.

B.2.3. In-kind support

Describe positions providing in-kind support (that is, support from non-MFP staff) to the MFP Demonstration. Indicate the percentage of time each individual or position is dedicated to the grant and the roles and responsibilities of each position. Indicate the OP element(s) the positions will support. If a large number of staff provide in-kind support to the MFP Demonstration, describe the staff in general or aggregate terms, such as contracting specialists, fiscal staff, etc.

Organizations that partner with the Living Choice program provide in-kind support through collaboration efforts, communication with program staff, and administrative support for partnership activities. Table B.2.3, below, describes in-kind support by organization in general terms.

Table B.2.3: In-Kind Support by Organizational Partner

Partner	In-Kind Support Description
Administration	Partner organizations support Living Choice activities through general administration duties, e.g., information technology and records management (5% of time spent on project)
Contracts	Partner organizations manage contract negotiations, deliverables, and performance measures. (5% of time spent on project)
Finance	Partner finance departments process contract payments, assure accurate billing for Living Choice services, and manage funds provided through Living Choice contracts. (10% of time spent on project)
Staffing	Partner organizations provide support for Living Choice program operations, such as managers, receptionists, and other staff that allow staff funded by Living Choices to complete their duties. (5% of time spent on project)
CAP Data System	CAP maintains and operates a case management platform, Harmony, that all Living Choice program staff access and use to document Living Choice activities. CAP provides access, updates, and maintenance of the Harmony system without compensation from OHCA. (5% of time spent on project)
DDS Data System	DDS maintains a data system, Client Contact Manager (CCM), that incorporates Living Choice available services into the software application for tracking. (5% of time spent on project)

B.2.4. Staffing and contract execution timeline

Provide a hiring timeline (start and end date) for non-contract staff. For contract, consultant, or subrecipient positions, provide the contract execution date and expected expiration/end date.

Table B.2.4 Staffing and Contract Execution Timelines

Role	Start Date
Senior Director, Long-Term Services and Supports (LTSS)	Position pre-dates the Living Choice program
MFP Project Director	**Feb 2023**
MFP Tribal Initiative Project Director	**Jan 2022**
MFP Data and Quality Analyst	**April 2023**
MFP Tribal Initiative Community Outreach Coordinator (2 positions)	**Jun 2022, Apr 2023.**
MFP Nurse Manager	**Jul 2022**

Role	Start Date
MFP Nurse (4 positions)	**Aug 2024, Mar 2016, Jul 2023, Oct 2024**
MFP Program Specialist (3 positions)	**Apr 2025, Apr 2023, Apr 2022**
MFP Marketing / Communications Coordinator	**Jun 2022**
MFP Housing Coordinator	**Apr 2022**
MFP Liaison	**Sep 2014**

B.3. Billing and reimbursement

B.3.1. Billing and reimbursement procedures

Describe how the state or territory will establish billing and reimbursement procedures to link Medicaid claims to MFP individuals. Include the following:

- Description of MFP identifier codes in the Medicaid Management Information System (MMIS) and if applicable in the state or territory accounting system
- Description of procedures for ensuring against duplication of payment for the Demonstration and Medicaid programs
- If the state or territory operates a managed long-term service and supports (MLTSS) program, description of your state or territory's managed care claiming methodology to determine the portion of the capitation rate that is attributable to qualified HCBS listed in Attachment A of the MFP PTC
- Procedures for fraud control and monitoring

Table B.3.1.a: Billing Identifier Codes

Waiver Services	Service Code	Modifier 1	Modifier 2
Adult Day Health	S5100	–	–
Advanced Supportive/Restorative	T1019	TF	–
Community Transition	T2038	–	–
Direct Skilled Nursing – Licensed Practical Nurse	G0300	–	–
Direct Skilled Nursing – Registered Nurse	G0299	–	–
Environmental Modifications	S5165	–	–
Home Delivered Meals	S5170	–	–
In-Home Extended Respite	S9125	–	–
In-home Respite	T1005	–	–
Institutional Transitional Coordination – Standard	T1016 – S	U3	–
Institutional Transitional Coordination – Very Rural	T1016 – VR	TN	U3
NF Extended Respite	UB120	–	–
Personal Care	T1019	–	–
Personal Care In Adult Day Health	S5105	–	–

Waiver Services	Service Code	Modifier 1	Modifier 2
Personal Emergency Response System – Install	S5160	–	–
Personal Emergency Response System – monthly	S5161	–	–
Prescriptions	W1111	–	–
Private Duty Nursing	T1000	–	–
RN Assessment/Evaluation	T1002	–	–
Specialized Medical Equipment and Supplies	HCPCS	–	–
Transition Coordination – Standard	T1016	–	–
Transition Coordination – Very Rural	T1016	TN	–
THERAPY SERVICES:			
Occupational Therapy	G0152	–	–
Physical Therapy	G0151	–	–
Respiratory Therapy	G0237	–	–
Speech/Language Therapy	G0153	–	–
Therapy in Adult Day Health	S5105	TG	–

Table B.3.1.b: Billing Identifier Codes for the IID Population

Waiver Services	Service Code	Modifier 1	Modifier 2
Daily Living Supports	T2033		
Habilitation Training Specialist Services	T2017		
Intensive Personal Support Services	T2017	TF	
Group Home Services	T1020		
Transportation Services - Regular	S0215		
Transportation Services – Adapted	A0130		
Transportation Services – Public	T2004		
Community-Based Prevocational Services	T2015	TF	
Enhanced Community-Based Prevocational Services	T2015		
Prevocational Supplemental Supports	T2015	TG	
Center-Based Prevocational Services	T2015	U1	
Individual Placement in Community-Based	T2015	U4	
Employment Specialist	T2019		
Job Coaching Groups of 2-3	T2019	HQ	

Waiver Services	Service Code	Modifier 1	Modifier 2
Job Coaching Groups of 4-5	T2019	TF	
Enhanced Job Coaching Groups of 4-5	T2019	TG	
Enhanced Job Coaching Groups of 2-3	T2019	TG	HQ
Job Stabilization/Extended Services	T2019	U1	
Individual Placement in Job Coaching	T2019	U4	
Value-Based Incentive Quality Payment	T2025	UK	
Nutrition Service – Initial Assessment	97802		
Nutrition Therapy – Initial Assessment & Intervention	97802	U5	
Nutrition Therapy – Initial Assessment & Intervention	97802	UK	
Home Care Training to Client, Per Session	S5109		
Home Care Training, Nonfamily, Per Session	S5116		

Flow of Billings

Providers of direct care services bill claims for Living Choice through an electronic visit verification system, and they are subject to all validation procedures included in the MMIS. All claims for Living Choices demonstration services must match an active prior authorization. Transition Coordinators (TCs) create prior authorization in each plan of care. All claims processed through the MMIS are subject to post-payment validation including but not limited to the Surveillance and Utilization Review System (SURS) unit at OHCA. When a post-payment review identifies problems with service validation, staff void erroneous or invalidated claims from the claims payment system and OHCA recoups the previous payments from the provider.

Billing Validation Process and Duplicate Billing

Claims for services cannot be filed for payment until after the service is rendered. Any provider who files a claim for a service that was not rendered is committing Medicaid fraud. Medicaid fraud can be detected through the post-payment validation process of the OHCA. Providers may, upon occasion, submit claims in error that violate payment policies (e.g., duplicate billing. MMIS edits and audits monitor for duplicate payments automatically). The post-payment review process will identify any erroneous claims missed through the MMIS edits and audits.

Financial Integrity

OHCA Program Integrity (PI) staff maintain responsibility for audits of all waiver services. Errors in provider claims include claims payment without corresponding documentation of service delivery and claims payment exceeds service plan authorization. PI staff measure claims error incidence for each client and over all clients reviewed. Prevalence of provider claims errors from the initial review may lead to additional sampling. If the audit detects a pattern of inappropriate billing, PI staff make a referral to the SURS Unit for review and further investigation of the provider's billing practices.

PI generates a final report for each of the audits indicating the number of cases audited and the findings pertaining to approval of the plan of care and the financial expenditures of each person in the Living Choice project. PI distributes this report to the OHCA Chief Executive Officer and the OHCA State Medicaid Director. The Living Choice Unit and Audit Management Unit both retain copies of each report.

Payment for Institutional Transitional Coordination

When a Living Choice Project participant successfully transitions from the nursing facility to the community, the TC submits an addendum for the participant, signed by the participant, the TC, and the TC's supervisor, that shows the total number of billable units used by the transition coordination agency for the transition. These units begin when the TC contacts the referred participant to set up the initial Living Choice Project orientation and end on the day the participant leaves the nursing facility. Included in these units are all the various visits where the TC works with the participant to complete the paperwork required by the Living Choice Project. These units also include the time spent developing the community plan, which includes all the services the participant accesses in the community. There are two different rates for TCs: standard and very rural. The standard rate is paid for every county in the state of Oklahoma except for those that may be considered very rural. These counties carry a very rural designation since it is difficult to find staff and have services provided. The very rural rate is higher than the standard rate.

The addendum submitted for this service carries one of two service codes depending upon whether the service is provided at the standard or "very rural" rate. In Oklahoma, these service codes are as follows: Standard – T1016-U3; Very Rural – T1016TN-U3. MMIS codes these services with the beginning and ending date on the addendum that is equal to (or the same as) the date of transition. TCs then add the coded service to the participant's plan as an amendment and the MMIS creates a prior authorization (PA) for the specified number of units with the required effective and end dates being the same.

Developmental Disabilities Services (DDS) provides State Plan Targeted Case Management Services to participants. Case management services are provided by OHS/DDS state employees and authorizations for services are not prior authorized. The DDS Case Manager and DDS Transition Coordinator coordinate activities to ensure the appropriate support is in place to meet the members' needs upon and after transition.

Payment for Home Establishment Expenses

Transition coordinators have a mechanism they can use to request up to, but no more than, $3,000 to assist the participant with deposits for rent, utilities, phone, and other types of services plus the purchase of basic home items for the bedroom, living room, kitchen, bathroom, and other miscellaneous items such as a starter supply of food. This amount of money is a one-time allowance per participant. Any remaining funds are available for the length of the member's enrollment in the program or until the allowance has been exhausted. A one-time benefit of $2,000 will be considered for members who have been re-institutionalized or have had a qualifying incident whereas the member has more than 18 months in a long-term care facility, and requests to transition back into the community.

After the participant transitions to the community, the transition coordinator submits an addendum and receipt(s) for items purchased with the Community Transition Funds Request form to the Living Choice staff including the service code and the final amount. The dates for the addendum correspond to the date the transition occurred, i.e., the beginning and ending date on the addendum must be the same as (equal to) the date of transition. The participant, TC, and TC supervisor will sign the completed addendum, then the TC transmits the form to Living Choice program staff. Living Choice staff adds the planned service to the member's service plan and requests the prior authorization for the approved service from the MMIS prior authorization subsystem.

Payment Process for a Failed Transition

The Living Choice Project acknowledges that every participant who enters the transition process will not transition. The transition coordination agencies working with participants spend many hours with those participants to attempt a successful transition to the community. Based on CMS policy guidance dated 10/1/2011, the transition coordination agencies are allowed reimbursement for services provided for the last 180 days worked to support the transition of the participant. Living Choice program policy requires submission of the case notes showing the billable units claimed on the Alternative Funds Request Form. The Alternative Funds Request documentation is submitted to the MFP Program Specialist for review. Once the MFP Program Specialist has reviewed and reconciled the request, it is then forwarded to the MFP Project Director for final approval. The MFP Program Specialist fills out the approval on the form and

sends the approved form back to the transition coordinator, whose agency then creates and submits the Alternative Funds Invoice to the OHCA contracts department.

B.4. Budget process

B.4.1. Budget development process

Describe how the state or territory will prepare the MFP budget. Include the following:

- Process for projecting annual expenditures
- Cross-agency roles and responsibilities for developing, reviewing, and approving the budget
- Procedures for adjusting or reconciling the budget

Annual Expenditure Development

The Living Choice Program Director and Data Quality Analyst begins the annual expenditure budget development process through a team meeting with Living Choice program staff. Prior to the meeting, program staff review the current year's budget and determine if the budgeted amounts meet the needs of the program activities under their management. During the meeting, program staff may request additional funds based on the prior year's budget compared to the current needs, additional staff, new initiatives, updates / replacement to equipment and other factors. As an example, Table B.4.1.a below outlines the new initiatives documented in the Work Plan for 2024 Period 2 and the associated budget amounts needed.

Table B.4.1 Work Plan Initiative Budgets

Work Plan Initiative	Requested Budget Amount (Per Quarter) in Dollars
Community Outreach	$2,021
Self-Direction	$3,044
Housing Initiative	$2,021
Quality Measures Set Workgroup/-Quality Improvement Initiative	$1,008
Tribal Initiative	$12,000

After development of the budget requests for the new year from program staff, the Program Director and Data Quality Analyst collaborate with OHCA LTSS leadership to identify any methods the program budget can support the high-level goals for Medicaid LTSS in Oklahoma. The Program Director and Data Quality Analyst then consolidate requests from OHCA LTSS leadership and program staff to develop the new year budget. Budget development begins with the *MFP_Budget_Workbook_20XX* document developed by CMS for use by MFP program staff. The Program Director populates the workbook according to CMS instructions to develop an accurate budget projection for the new year.

Cross-Agency Roles in Budget Development

The Living Choice program collaborates with the OHS divisions of CAP and DDS through the LTCQIC/LCAC meetings to identify potential challenges that the program can address. CAP and DDS work closely with OHCA as partners in the Living Choice program and as operating agencies for several 1915(c) waivers. The perspective of these two agencies provides insights into the needs of the LTSS system in Oklahoma. If the Living Choice program can mitigate the identified challenges through additions to Work Plan initiatives or line items within the budget, the Project Director considers them for inclusion in the budget.

Procedures to Adjust / Reconcile the Living Choice Budget

Living Choice program staff review the budget as part of internal quarterly report development. As part of this quarterly budget review, program staff review the budget for the following items to determine whether they need to adjust the budget.

Items that may trigger a significant budget adjustment:

- Variance in expected number of transitions: A significant variance in transitions directly impacts the expected amount of Demonstration and Supplemental services, in addition to the enhanced Federal Medical Assistance Percentage (FMAP) provided by CMS for MFP.
- Variance in expected staffing: Change in the number of staff as outlined in the budget (whether addition or subtraction) affects both the Personnel and Fringe Benefits projections associated with the MFP Budget Workbook.
- Changes in Subrecipients: The addition or subtraction of subrecipients, e.g., the early or late close out of a contract as well as updates to existing subrecipients may impact quarterly budgets.

As discussed above in Section B.3.1, Fiscal Integrity, OHCA's Program Integrity unit audits all waiver services in addition to the Living Choice program. Program staff receive the audit reports and compare them to the associated budget to reconcile actual expenditures with budgeted expenditures. Program staff review variances and their associated cause to make adjustments to the budgeting process.

B.5. Other information

If needed, provide other information regarding the state or territory's MFP Demonstration administration that is not addressed elsewhere in the template.

[No other information identified for inclusion.]

SECTION C. RECRUITMENT, ENROLLMENT, OUTREACH, AND EDUCATION

C.1. MFP-qualified inpatient facility recruitment

C.1.1. MFP-qualified inpatient facility types

In Table C.1.1, describe how the state or territory will collect and verify that MFP participants are transitioning to the community from an MFP-qualified inpatient facility. Describe the process for each target population and inpatient facility type. If there are multiple "other" populations to note, illustrate the type(s) of inpatient facilities separately for each "other" population with a new row.

Table C.1.1. MFP-qualified inpatient facility type by target group

Target population(s)	MFP-qualified inpatient facility types from which the target population will transition	Description of data collection and verification procedures
Older adults	☒ Nursing facility ☐ ICF/IID ☒ Hospital ☐ IMD	The Living Choice program receives referrals for individuals who reside in nursing facilities licensed by the Oklahoma State Department of Health (OSDH). After an application is submitted, it is added to the Harmony data management system (Harmony). Program staff confirm the individual resides in a facility that is an approved Medicaid provider in good standing using the MMIS.
Individuals with PD	☒ Nursing facility ☐ ICF/IID ☒ Hospital ☐ IMD	The Living Choice program receives referrals for individuals who reside in nursing facilities licensed by the Oklahoma Department of Health (OSDH). After an application is submitted, it is added to the Harmony data management system (Harmony). Program staff confirm the individual resides in a facility that is an approved Medicaid provider in good standing using the MMIS.
Individuals with I/DD	☐ Nursing facility ☒ ICF/IID ☐ Hospital ☐ IMD	The Living Choice program receives referrals for individuals who reside in intermediate care facilities for individuals with intellectual disabilities (ICF/IID) licensed by OSDH. Referrals can also come from the wait list for HCBS maintained by DDS. Program staff document the referral in the Harmony data system and DDS staff document the information in the CCM data system.
Individuals with MH/SUD	☐ Nursing facility ☐ ICF/IID ☐ Hospital ☐ IMD	Living Choices does not recruit for individuals with mental health needs / substance use disorder (MH/SUD).
Other, please specify in text box below (e.g., HIV/AIDS, brain injury)	☐ Nursing facility ☐ ICF/IID ☐ Hospital ☐ IMD	N/A

Note: MFP programs transitioning MFP participants from an IMD (see PTC 14) must provide a description in section C.1.2 of the OP of how the state or territory will verify certain requirements, such as that the individual meets MFP individual eligibility criteria.
ICF/IID = Intermediate Care Facility for Individuals with Intellectual Disabilities; IMD = Institution for Mental Diseases.

C.1.2. Institution for mental diseases (IMD) exclusion

For MFP programs transitioning MFP participants from an IMD (see PTC 14), provide a description of how the state or territory will verify that the:

- Individual meets the MFP individual eligibility criteria
- Individuals are receiving one of these benefits:
  - Services for individuals ages 65 and older in an IMD, referred to as "IMD over 65"
  - Inpatient psychiatric services for individuals younger than 21, referred to as "psych under 21"
  - Medicaid beneficiaries ages 21 through 64 residing in an IMD who are receiving services that are covered under a Substance Use Disorder or Serious Mental Illness section 1115 demonstration

The Living Choice program does not transition participants from IMDs.

C.1.3. Strategies for recruiting MFP-qualified inpatient facilities

Describe strategies for recruiting MFP-qualified inpatient facilities to engage in the development and implementation of person-centered transition programs that offer residents the choice of leaving the facility to return to the community. Include geographic strategies, considerations specific to rural areas, alignment with state or territory Olmstead plans and rebalancing strategies, and facility access and engagement approaches.

The Living Choice Project employs a comprehensive early identification system to recruit, identify, screen, and assess older adults and individuals with disabilities. This system involves extensive outreach to primary referral sources, such as nursing facility administrators, hospital discharge planners, and OHS Ombudsmen. The program's inpatient recruitment strategy aims to educate and inform targeted groups about the Living Choice program. Nursing home administrators and discharge planners identify residents who may benefit from HCBS. Living Choice program staff electronically send information packets to nursing facility administrators statewide, which include a brochure and eligibility information. Staff at the nursing homes refer residents interested in living outside the facility. The project also focuses on educating family members of institutionalized participants and allows them to refer individuals directly through the Living Choice program website. Local Ombudsmen at OHS offices help identify individuals wishing to receive HCBS.

Recruitment: Aging and Physical Disability Populations

The Living Choice program, along with partner agencies, targets individuals from long-term care institutions who can safely live in the community. Identification of older persons with disabilities or long-term illnesses is conducted through extensive community outreach among nursing facility residents, family members, Areawide Aging Agencies (AAAs), advocacy networks, community social service organizations, and Ombudsmen at county OHS offices. OHCA has a data use agreement with CMS to extract information from the Medicaid Minimum Data Set, Section Q (MDS-Q) to identify individuals who wish to live in the community. Specific outreach methods include targeting cities through AAAs, family advocacy networks, notifications to nursing facility administrators, information dissemination to local Ombudsmen, and marketing through each Centers for Independent Living (CIL). Team members are available by phone or in person to answer specific questions, and recruitment efforts are conducted statewide.

Recruitment: Intellectual and Developmental Disabilities (I/DD) Population

The Robert M. Greer Center in Enid, Oklahoma, is a short-term treatment facility for individuals with intellectual disabilities and co-occurring mental health needs. Staff at Greer will inform parents and guardians about the Living Choice Project and provide information to residents who have indicated a desire to transition to the community in their Individual plan. The Greer case manager disseminates this information to all team members of individuals wishing to transition. Similarly, the DDS marketer / recruiter informs participants living in ICF/IIDs, their parents, or guardians about the Living Choice program and provide information to private ICF/IID residents with community transition goals. The DDS marketer / recruiter also shares this information with all team members of individuals wishing to transition. Additionally, DDS staff include information about the Living Choice program in their division newsletter, which they mail to all DDS staff, families, and provider agencies. Living Choice program staff also participate in DDS conferences.

C.2. MFP participant recruitment and enrollment

C.2.1. Eligibility criteria for participation in MFP

Describe any state or territory-specific MFP eligibility criteria. For example, describe your state or territory's requirements for individuals' length of stay in an MFP-qualified inpatient facility if more than 60 consecutive days. See section IV of the MFP PTC for a description of MFP eligibility criteria.

Oklahoma's Living Choice program offers services to individuals with physical disabilities aged 19-64, individuals with chronic illnesses aged 65 and older, and individuals with intellectual disabilities aged 19 and older. In addition to these categorical age requirements, individuals must meet the following requirements:

- The individual must be determined eligible for SoonerCare, Oklahoma's Medicaid program for at least one day prior to transition
- The individual must have lived in the institutional setting for sixty consecutive days prior to transition
- Hospital, skilled nursing services or skilled rehabilitative services days are counted towards the length-of-stay requirements.

If an individual is determined to be eligible for services, the staff from OHCA completes an assessment to determine the level of support and services necessary to live in the community. If an individual referred is not eligible for the Living Choice program, then the individual receives notification in writing. If an individual does not agree with the decision, staff from the Living Choice program explain the individual's rights for an appeal. With approval from the individual, Living Choice program staff may refer the individual to other services.

DDS completes a needs assessment to determine if the individual meets the criteria for the MFP program. The following criteria must be met:

- At least 19 years of age
- Reside in an ICF/IDD for at least 60 consecutive days prior to moving
- At least one day of Medicaid paid LTC services prior to moving
- Cannot be a resident of ICF/IDD in lieu of incarceration

If an individual referred is not eligible for the Living Choice program, then the individual receives notification in writing. If an individual does not agree with the decision, staff from the Living Choice program explain the individual's rights for an appeal. With approval from the individual, DDS program staff may refer the individual to other services.

C.2.2. Participant recruitment and enrollment process

Describe the MFP participant recruitment and enrollment process, indicating differences as applicable for each target group and inpatient facility type identified in C.1.1. Include the following:

- Describe the process to identify eligible individuals interested in transitioning from an inpatient facility to a qualified residence.
- Describe the role of No Wrong Door (NWD) systems to recruit and enroll MFP participants.
- Describe how the state or territory will verify MFP individual eligibility criteria.
- Describe the provider(s) rendering services to recruit and enroll individuals into MFP.
- Describe how the state or territory will ensure a person-centered planning process during the MFP recruitment and enrollment process. The person-centered planning process must include a person-centered service plan that identifies the individual's needs and individualized strategies and interventions for meeting those needs and be led by the individual and the individual's legally authorized representative if applicable.

Participant Identification

The Living Choice Project employs a comprehensive system to identify and recruit individuals with disabilities or long-term illnesses. This system includes extensive outreach to primary referral sources like individuals and their families, as well as secondary sources such as nursing facility administrators and hospital discharge planners. Nursing home administrators and discharge planners are specifically asked to identify residents who may benefit from community-based long-term care services. Additionally, nursing home staff are tasked with sending referral information for residents interested in receiving services in the community.

Once an individual who wishes to transition from an institution is identified because of targeted outreach efforts to primary and secondary referral sources, the Living Choice nursing staff will conduct an assessment using the Uniform Comprehensive Assessment Tool (UCAT) to screen and identify appropriate members for the program. If Living Choice determines a member is eligible for participation LC staff begin the transition planning process. The Living Choice Demonstration can support procurement of home establishment services such as housing deposits, furniture, utility deposits, and other services deemed appropriate and approved by the MFP Project Director. For individuals with intellectual disabilities, a DDS Case Manager (CM) is assigned. A DDS Registered Nurse (RN) will be assigned to those who receive community residential supports or group home services. Both the DDS CM and RN are state employees (Oklahoma Human Services – Developmental Disabilities Services). The team determines program participation using a Person-Centered Assessment and the LTC 300 and various other professional assessments as deemed necessary.

No Wrong Door (NWD)

In Oklahoma, the OHCA's No Wrong Door initiative provides 24/7 access to enrollment, instant eligibility determinations for SoonerCare, and same-day alignment with a Primary Care Physician (PCP)/medical home. These features significantly reduce barriers to enrollment and ensure that individuals receive timely and appropriate care. By simplifying the intake, assessment, and eligibility processes, NWD systems make it easier for potential Living Choice participants to navigate the complex landscape of LTSS. Additionally, NWD systems offer information on other state services, reducing the need for face-to-face interviews and data entry, and creating a platform for interagency collaboration. This holistic approach ensures that individuals transitioning from institutional settings to community-based settings under the Living Choice program receive comprehensive support and guidance. The streamlined processes and accessible information provided by NWD systems are essential in making the program

more efficient and effective, ultimately helping more individuals move from institutional care to community-based settings.

Eligibility Verification

The Living Choice application is readily available online for anyone to complete. Upon receipt of a completed Living Choice Project application, staff from the OHCA determine eligibility for the Living Choice project. To be eligible for transition through the Living Choice project, an individual must meet all the requirements as documented in Section C.2.1.

As part of the intake process, documents are collected to confirm eligibility for the Living Choice program. Some potential documents they collect to support eligibility confirmation are:

- Inpatient facility face sheet
- SoonerCare card
- State-issued identification
- Medical and physical history

Person-Centered Process

As lead agency, the OHCA ensures that TCs develop written person-centered plans, called Community Service Plans (CSPs), for each eligible individual that wants to participate in the Living Choice program. Once an individual's assessment is complete, the individual, his or her family members, legal guardians or other representatives convene a person-centered planning team for the purpose of developing the CSP. Members of the transition team include the individual, his or her family members, his or her legal guardians, advocates, friends, and the TC from one of the provider agencies. The CSP uses the findings of the assessment and will help the participant understand the options available for transition.

The CSP includes, but is not limited to, the following information:

- The available options and services available for transition to the community
- The benefits and services available through the Living Choice project
- Informs the individual, his or her family members, legal guardian, advocate or other representative about the benefits, risks, and alternatives to planned services
- Freedom of choice to reside in a qualified community residence (A qualified community residence is defined as a home leased or owned by the individual; an apartment leased by the individual, a certified assisted living facility, or a residence in which no more than four unrelated individuals reside.)
- A source of income
- Accessible health care
- Transportation
- Access to peer support
- Access to natural support (if available).

Additionally, the CSP specifies the following:

- All services, including how and by whom they are to be provided
- Service goals, including objectives and expected duration of each service element
- The individual's desired outcomes.

C.2.3. Data sources for recruiting MFP participants

Describe how the state or territory will process and organize data sources to identify and recruit MFP participants. The description must include the use of the Minimum Data Set (MDS) Section Q and must describe any variability among MFP target populations, MFP-qualified inpatient facilities, and state or territory operating agencies.

The MDS-Q is the primary data source used by Oklahoma to identify and recruit Living Choice participants. The survey identifies if an individual has a desire to move back into the community. Section Q of the MDS 3.0 focuses on Resident Participation in Assessment and Goal Setting. It identifies the residents' goals and expectations relating to where they live and whether they stay in the nursing home or transition to other living situations. The MDS 3.0 is used with all nursing home residents, regardless of payment source. MDS Coordinators at nursing homes should send referral information on all residents who state they want to receive services in the community when asked the questions found in the MDS-Q to the Living Choice program.

Additionally, any member of the community that wishes to refer an individual to the Living Choice program may submit a referral on the Living Choice program website. Living Choice program staff receive the referrals and route them to the appropriate transition coordination agency.

C.3. Outreach and marketing to participants, providers, and the community

C.3.1. Marketing plan

Describe how the state or territory will develop and implement a marketing plan to recruit and enroll MFP participants. Include a description of the following:

- Strategy or strategies to provide cultural, linguistic, and disability competency in the production and dissemination of marketing materials
- Types of marketing materials and tools
- Types of media approaches (print, radio, television, direct mail, social media, search engine, and so on)

Upload printed marketing materials or provide an external link to the materials in the appendix, as appropriate.

Living Choice Project conducts marketing and public awareness programming to educate and inform the public of the purpose, benefits, and services of the Living Choice Project. The OHCA conducts a statewide and targeted media campaign to increase the identification of potential participants who wish to live in the community. The Living Choice Marketing / Communications Coordinator develops and oversees the execution of the marketing and public awareness program.

The Living Choice marketing and public awareness program:

- Uses the Living Choice Advisory Committee and provider network of long-term health care providers in the identification and referral of potential participants who wish to live in the community
- Promotes community-based options and services available through the Living Choice program
- Provides information regarding safeguards to protect the rights of potential participants
- Develops Living Choice program brochures with information about the program and service offerings
- Displays a Living Choice project exhibit at conferences and meetings
- Markets the Living Choice project on the OHCA website.

The Living Choice program also contracted with a marketing firm to develop a new brochure, develop its new logo, design a two-page reference guide for the Living Choice program, and work with the staff of the Living Choice program to design annual reports. The Living Choice program created promotional materials in both English and Spanish, the two languages most often spoken in Oklahoma. The program confirmed the Spanish-language materials translations read in plain language and translations were accurate to the language's natural methods of speaking, not a word-for-word translation of the English text to assure cultural competency and effective communication.

Brochures are an important printed marketing tool for the program and are regularly updated or added to market Living Choice to nurse facilities, transition coordination / case management agencies, families and loved ones of potential participants, and other sources of referrals that will provide a more holistic explanation of the Living Choice program. OHCA also developed a welcome booklet that is distributed to newly approved participants to provide a roadmap for what they can expect as they move through the transition process. This booklet can also be used as a planning tool to support members in identifying items needed to reestablish a home in the community. The booklet also includes information on the waivers that participants can graduate into upon completion of the demonstration program as well as information on other available services.

Figure C.3.1.a Sample Living Choice Brochure

Living Choice Trifold P1.pdf

Figure C.1.3.b Sample Living Choice Flyer

Living Choice Flyer P2.pdf

Figure C.3.1.c Example Living Choice One-Pager

Living Choice Flyer P3.pdf

C.3.2. Outreach and education plan

Describe how the state or territory will develop and implement an outreach and education plan to recruit MFP inpatient providers, service providers, affordable and accessible housing providers, community-based organizations, and other relevant entities. Include a description of the following:

- Methods and tools
- Collaboration opportunities
- Types of events and training

Upload outreach and education materials into the appendix or provide an external link.

Living Choice program staff in Oklahoma visit major hospital groups to inform administrators, discharge planners, social workers, and other hospital staff about the project and its associated waivers. This ensures that when a Living Choice participant or waiver member enters a facility, the staff knows who to contact to maintain continuity of care. The OHCA website provides up-to-date information on the Living Choice Project, with regular reviews and updates for content, graphics, readability, and functionality, ensuring accessibility as required by state and federal law. Media relations efforts include sharing stories about Living Choice participants with media outlets to raise public awareness and highlight the project's accomplishments. The OHCA Communications division collaborates with the Living Choice Project staff to identify and pitch stories to the media, aiming to increase the project's visibility and highlight success stories. Additionally, OHCA has created a media kit to position Living Choice program staff as experts on community-based long-term care issues. Staff also disseminate information through brochures and presentations at disability-related conferences statewide, targeting disability advocacy groups and other relevant audiences.

The Gap Analysis for the Living Choice program, described in Section A.1, indicates there is a need for further outreach to improve coordination and communication among stakeholders. Living Choice staff, led by the Program Director and Marketing / Communications Coordinator, intend to address the findings of the Gap Analysis over the next 2 years. Potential methods to address the need for additional outreach could include updates to the marketing plan, enhancement of the Living Choice Advisory Committee role and / or activities, and an expansion of the number and types of stakeholders included in outreach efforts.

C.3.3. Stevens Amendment and accessibility requirements

Select the boxes below to confirm the state or territory adheres to the requirements regarding the Stevens Amendment and comply with accessibility laws.

☒ The state or territory affirms that it has established procedures for complying with the requirements in Section 26.G and 26.H of the CMS Standard Terms and Conditions (STC) regarding the Stevens Amendment, which describes actions federal award recipients must take when engaging in public reporting and acknowledgement of sponsors.

☒ The state or territory acknowledges responsibility for complying with federal laws regarding accessibility (Attachment B of CMS STC).

C.4. Informed consent

C.4.1. Informed consent criteria

Describe how the state or territory will implement procedures for obtaining informed consent. Include the following:

- Process for ensuring that each eligible individual or the individual's legally authorized representative will be provided with the opportunity to make an informed choice regarding whether to participate in the MFP Demonstration
- Process for ensuring that each eligible individual or the individual's legally authorized representative will have input into, and approve the selection of, the qualified residence in which the individual will reside and the setting in which the individual will receive HCBS
- Process for ensuring individuals are informed about all aspects of the transition process; have full knowledge of the services and support that will be provided both during and after the program year; and are informed of their rights and responsibilities as a participant, including the right to file reports or complaints regarding violation of their rights or other critical incidents
- Method(s) for obtaining informed consent (written, verbal, digital, and so on)

Provide an external link to informed consent forms and informational material. Alternatively, paste or embed those materials into the appendix or the text box below. If using the appendix, use the text box to indicate where in the appendix these materials can be found.

The Living Choice program obtains informed consent through confirmation that each transition coordination agency involved has its own internal policies to obtain informed consent and assure potential participants of their rights. These agencies use the Living Choice Participant Consent and Rights older adults and individuals with physical disabilities. As the lead agency, OHCA maintains responsibility to inform all participants served of their rights and responsibilities, providing sufficient information for individuals to make informed choices about receiving services, and ensuring the effective implementation of these protections by each public and private agency involved in the provision of services. Protections for individuals transitioning from institutions to their own homes are established through provider agreements, which specify the provisions or arrangements for these transitions.

In the Living Choice program TCs obtain, written, informed consent before:

- Conducting the initial assessment for the Living Choice program
- Initiating transition planning services for the first time.

Before a participant enters the Living Choice program, the participant or their legal guardian must sign a consent form that includes the following information:

- A statement that he or she voluntarily agrees to participate
- An explanation of the purpose of the Living Choice program
- A guarantee of confidentiality
- A clear description of possible risks of participation
- The signature of the participant or their legal guardian.

In the Living Choice Project, "consent" means that:

- The individual or his or her guardian is fully informed of all information relevant to the activities for which consent is sought in the individual's native language or alternative method of communication
- The individual or his or her guardian understands and agrees in writing to participate in the implementation of certain activities for which consent is sought, and the consent describes the activity and lists the records (if any) that will be released and to whom
- The individual or their legal guardian understands that the granting of consent is voluntary on the part of the individual and may be revoked at any time.

If the individual or their legal guardian does not provide consent with respect to transition-related services, OHCA as the leading agency will make reasonable efforts to assure that the individual or their guardian:

- Is fully aware of the nature of the services that will be available
- Understands that the individual will not be able to receive transition services through the Living Choice program unless consent is given.

Housing

TCs in the Living Choice program assist all potential participants to find an affordable MFP-qualified community residence. During the transition planning process, each case manager informs the participant that they must reside in an MFP-qualified community residence to qualify for the Living Choice Project. The individual may choose their community residence. Each TC documents the individual's choice in the Individual Transition Plan. OHFA partners with the Living Choice Project to make available housing choice vouchers for members transitioning back to their communities throughout Oklahoma. Effective 2022, OHCA added a Housing Coordinator for the Living Choice program who assists members of The Living Choice program to find affordable housing options.

C.5. Legally authorized representative

C.5.1. Procedures for MFP engagement with a legally authorized representative

Describe how the MFP Demonstration will engage with a legally authorized representative and how the process aligns with state or territory policy. Include the following:

- Procedures for engaging with a legally authorized representative as part of an individual's person-centered planning process during the transition period and the 365-day MFP enrollment period
- Specific strategies and approaches when working with inpatient facility administrators who are serving as a legally authorized representative, particularly around identifying and eliminating conflict of interest concerns

- Process for verifying that an MFP participant's legally authorized representative has (1) a known relationship with the individual; (2) ongoing interaction with the individual; and (3) recent knowledge of the individual's welfare

A legally authorized representative (LAR) will be engaged during the person-centered planning process by being responsible for convening a person-centered planning team to develop a person-centered plan. The LAR shall be informed of all the benefits, risks, and alternatives to planned services. The LAR will be engaged in the following ways:

- Informed Consent: Representatives help obtain informed consent from participants, ensuring they understand their rights and the services available through the Living Choice program. This includes explaining the benefits and potential risks associated with transitioning to community-based care.
- Decision-Making Support: They assist participants to make informed decisions about their care plans, including selecting appropriate HCBS that meet their needs and preferences.
- Coordination of Services: Representatives work closely with Living Choice program staff and TCs to coordinate the necessary supports and services for a smooth transition. This includes arranging for housing, medical care, and other essential services.
- Advocacy: They advocate on behalf of participants to ensure care plans meet their needs and express their wants, needs, and preferences throughout the transition process. These assurances include addressing any issues or barriers that may arise during the move from institutional care to community living.
- Monitoring and Follow-Up: After the transition, representatives continue to monitor the participants' well-being, and the effectiveness of the services provided. They assure us that any adjustments needed to the care plan are made promptly to support the participants' successful integration into the community.

Administrators as LARs

The Oklahoma Nursing Care Act[6] prohibits any employee of a nursing facility to act as guardian for a resident unless they are the spouse of the resident or a relative of the resident within the second degree of consanguinity and is otherwise eligible for appointment as a guardian. If an administrator meets these criteria, the Living Choice program will engage with them as they would any other LAR.

Verification of LARs

The verification process for legally authorized representatives in Oklahoma's Living Choice program involves several steps to ensure the representatives are legitimate and capable of acting in the best interests of the participants. This process includes:

- Verification of legal documents, such as power of attorney or guardianship papers, to confirm the representative's authority to act on behalf of the participant
- Conducting interviews with the representative and, if possible, the participant to assess the representative's understanding of the participant's needs and their ability to advocate effectively
- Regularly reviewing the representative's actions and decisions to ensure they align with the participant's best interests and the goals of the Living Choice program.

These strategies and verification processes help assure that legally authorized representatives are well-prepared and trustworthy, providing essential support to participants transitioning to community-based living.

[6] Oklahoma Nursing Care Act

C.5.2. Re-enrollment

Describe the state or territory's MFP re-enrollment policy (1) for individuals who have been re-institutionalized or hospitalized prior to completing their 365-day MFP enrollment period, and (2) for individuals who have been re-institutionalized after completing their 365-day MFP enrollment period. Include actions that occur at 30- and 60-day intervals during an individual's institutional or hospital stay.

In the event of a denial the Living Choice re-enrollment policy is that a member may re-apply one year after the date of denial. Members are notified with a "Notice of Denial or Termination Letter". The letter provides the reason for the denial and the effective date. The participant has the right to submit an appeal against any adverse decision as detailed in the instructions provided in the letter.

Living Choice members who are re-institutionalized for more than 30 days due to a change in medical condition may be disenrolled. Members may require an additional clinical assessment to address any additional needs not already identified in the person-centered service plan. Program staff will evaluate any additional needs of the members to determine continued program participation.

The enrollment period for participation in MFP is 365-days. Members who complete the enrollment period will be transitioned to another home and community-based program (I.e. a 1915c waiver, PACE, or State Plan program). Members who are re-institutionalized or hospitalized after completing the 365-day MFP enrollment period may re-apply after one year of being in the institution.

C.6. Other information

If needed, provide other information regarding the state or territory's approach to recruitment, enrollment, outreach, and education that is not addressed elsewhere in the template.

[No other information identified for inclusion.]

SECTION D. COMMUNITY ENGAGEMENT

Describe how the state or territory will engage the broad community, including but not limited to, Medicaid agency leadership, participants in HCBS programs, residents in long-term care facilities, long-term care facility staff, family members and other caregivers, HCBS providers, the aging and disability network, MCPs, housing providers, and the direct care workforce, to inform the state or territory's approach to the design of the MFP Demonstration and how the state or territory can leverage the MFP Demonstration to expand and enhance the HCBS system. Include a description of the state or territory's strategy(s), structure of the engagement process, engagement tools, communication process, and how the process will be strengthened throughout the MFP program period of performance.

The Living Choice program maintains ongoing community engagement efforts. The most successful initiative has been the Living Choice Advisory Committee (LCAC), whose role is to advise and assist OHCA and its partner agencies in designing, developing, and implementing the Living Choice program, offering consumer and family perspectives. Oklahoma engages individuals with disabilities or long-term illnesses, their family members, representatives from partner agencies, local and non-profit agencies, and advocacy groups. For further information on Oklahoma's community engagement process, see Table D.1.

The LCAC engages in a variety of activities to achieve its purpose. The following are examples of activities however; these examples do not constitute an exhaustive list. The LCAC, through its membership, will:

- Monitor, review, and evaluate, not less than annually, the implementation of the Living Choice Project and suggest recommendations for action
- Encourage and support effective coordination of activities and programs in home and community based long term care for participants
- Recommend to the OHCA Board, other state agencies and legislators as appropriate, plans, policies, and procedures to develop effective and appropriate programs for older adults and people with disabilities
- Study ways and means of promoting public awareness and understanding of disabilities and long-term illnesses; consider existing legislation and recommend changes and/or new laws affecting older adults and people with disabilities
- Endorse and support activities which will contribute to the goals and objectives of the Living Choice program and the implementation of programs for older adults and people with disabilities in Oklahoma
- To the maximum extent feasible, review and comment on the Medicaid state plan and other programs within Oklahoma that relate to community based long term care services affecting older adults and people with disabilities.
- Provide a public forum for discussion of long-term care issues.
- Expand efforts to educate the public about home and community based long term care issues and alternatives
- Establish work teams to address systems issues and barriers to community living for older adults and people with disabilities
- Conduct an annual comprehensive review and analysis of Oklahoman's long term health care services system and make recommendations to the OHCA board on how to improve the long-term health care services system.

D.1. Community engagement process

States or territories may use Example Table D.1 to list those engaged in the design and implementation of the MFP Demonstration; to indicate the related OP element(s); and a brief description of the engagement structure, including the type and frequency of engagement and role(s) in the engagement process.

Table D.1: Community Engagement (Description and Frequency)

Entities	OP Element(s)	Description of the Engagement Process
MFP participants	Section C, Section E, Section F, Section G, Section L	Upon receiving the grant award in January 2007, the Oklahoma Health Care Authority (OHCA) staff formed a Living Choice workgroup to develop the initial operational protocol. After hiring the Living Choice Project Director in November 2007, OHCA staff recruited additional volunteers to establish the Living Choice Advisory Committee (LCAC). The OHCA Board convened the LCAC following the approval of the initial operational protocol, with several members advising the Project Director and providing input on the revised protocol. The LCAC was officially recognized by the OHCA Board on July 1, 2008. The LCAC's role is to advise and assist OHCA and its partner agencies in designing, developing, and implementing the Living Choice program, offering consumer and family perspectives. Membership on the LCAC includes individuals aged 19 or older with disabilities or long-term illnesses, their family members, representatives from partner agencies, local and non-profit agencies, and advocacy groups. At least 50 percent of the LCAC members must be individuals with disabilities or long-term illnesses, or their immediate relatives or guardians. Each member selects a designee who may vote on their behalf during meetings. The Living Choice Project staff recruits and trains LCAC members on the committee's purpose and advisory capacity. Membership is voluntary, and members serve through the end of the Living Choice Project. Additionally, Living Choice transition coordinators regularly speak with Living Choice participants over the course of their participation in the program. When participants desire to provide input into the program, TCs can capture that input. Program staff regularly review feedback and work to address any concerns or challenges. The Living Choice Advisory Committee (LCAC) engages in various activities to fulfill its purpose. These activities include monitoring, reviewing, and evaluating the implementation of the Living Choice Project annually, and suggesting recommendations for action. The LCAC encourages effective coordination of home and community-based long-term care programs for individuals aged 19 or older with disabilities or long-term illnesses. It recommends plans, policies, and procedures to the OHCA Board, other state agencies, and legislators to develop appropriate programs for these individuals. The LCAC studies ways to promote public awareness and understanding of disabilities and long-term illnesses, considers existing legislation, and recommends changes or new laws. It endorses activities that contribute to the goals of the Living Choice Project and reviews the Medicaid state plan and other related programs. The LCAC provides a public forum for discussing long-term care issues, educates the public about home and community-

Entities	OP Element(s)	Description of the Engagement Process
		based care alternatives, establishes work teams to address barriers to community living, and conducts annual reviews of Oklahoma's long-term health care services system, making recommendations for improvement. The LCAC holds at least four meetings per federal fiscal year, with prior notice and reminders provided. Meetings are open to the public, and special meetings can be called by the Living Choice Project Director. Members are expected to attend all scheduled meetings and participate in other relevant activities. Necessary expenses incurred by LCAC members are reimbursed according to Oklahoma travel regulations and OHCA rules, including expenses for childcare and personal care attendants. Updated copies of travel regulations are provided annually to LCAC members.
Residents in inpatient facilities	Section C	The Living Choice TCs engage with residents in nursing facilities once they are referred to the program. Through the course of TC visits in inpatient facilities, they engage with residents who have not yet been referred to and actively encourage interested parties to become involved with the program.
Family members and caregivers	Section C, Section E, Section F, Section G, Section L	The Living Choice program regularly engages family members and informal caregivers over the course of a participant's enrollment. Conversations are noted in case notes, which are available to all program staff. Family and caregivers also have an opportunity to respond to surveys, provide feedback to the Living Choice email, or be a part of the LCAC if they choose.
Centers for Independent Living	N/A	Centers for Independent Living (CILs) are nonprofit community-based nonresidential organizations that are run by and for people with disabilities, providing programs and services to help individuals have a more independent lifestyle. CILs have a fee-for-service contract with the Department of Rehabilitation Services to provide independent living services to people with disabilities, who have an employment outcome. The core services that the CILs provide include systems advocacy, individual advocacy, peer counseling, information and referral, and independent living skills training. The Living Choice Program collaborates with CILs to ensure that participants receive comprehensive support tailored to their needs. This collaboration helps participants achieve greater independence and integration into their communities. The program also leverages the expertise and resources of CILs to enhance the quality and effectiveness of its services. The Oklahoma Centers for Independent Living are in Bartlesville, Enid, McAlester, Norman, and Tulsa.
Long-term care facilities	Section C	Living Choice program staff regularly engage with long-term care facility staff through regular Living Choice operations. The program

Entities	OP Element(s)	Description of the Engagement Process
		works closely with long-term care facilities to identify eligible participants who are interested in transitioning to community-based settings. This involves coordinating with facility staff to ensure that participants meet the necessary criteria and are prepared for the transition. The program provides training and support to long-term care facility staff to help them understand the goals and processes of the Living Choice Program. This includes educating staff on how to assist participants in preparing for their transition and ensuring continuity of care. Finally, the program collects feedback from long-term care facilities to identify areas for improvement and enhance the overall effectiveness of the transition process. This feedback is used to make data-driven decisions and implement best practices
HCBS providers	N/A	The Living Choice Program engages with HCBS providers to work with them to develop care plans, provide training and support, offer feedback opportunities, and collaboratively improve the program.
Housing partners	Section F	The Living Choice Housing Specialist, who reports directly to the Living Choice Program Director, leads all efforts related to housing supports. The Housing Specialist manages the partnership agreements and continues to actively develop new housing resources throughout the state. The Living Choice program currently operates with three partners to provide resources for affordable, accessible housing in Oklahoma: the Oklahoma City Housing Authority (OCHA), OHFA, and the Affordable Home Ownership Opportunities People with Disabilities (AHOOPD).
Managed care plans	N/A	N/A
Aging and disability networks	Section E, Section F, Section K	The Living Choice Project and partner agencies target members from long-term care institutions who can live safely in the community. Identification of older persons with disabilities or long-term illnesses is being done through extensive community outreach among nursing facility residents, family members, Areawide Aging Agencies (AAAs), advocacy networks and community social service organizations and Ombudsmen at county OHS offices. The OHCA has a data use agreement with CMS to extract information from the Medicaid Minimum Data Set that can be used to identify individuals who wish to live in the community. Staff from the OHCA have partnered with staff from each of the following organizations to facilitate these transitions and to rebalance Oklahoma's long-term care system: Oklahoma Human Services – Community, Aging and Protective Services (CAP) and Oklahoma Human Services – Developmental Disabilities Services (DDS). Finally, Oklahoma's Aging Services Division (ASD) helps develop systems that support independence and help protect the quality of life for older persons as well as promotes citizen involvement in planning and delivering services.

Entities	OP Element(s)	Description of the Engagement Process
Direct care workforce	N/A	Home and community based residential provider agencies are required to provide the services authorized in the participant's transition plan. The residential provider agency may utilize an alternative direct support worker to prevent a lapse in service. Back-up plans addressing how the individual can continue to have their care needs met in their direct care workers' absence are required for each transition plan.

D.2. Other information

If needed, provide other information regarding the state or territory's approach to engagement that is not addressed elsewhere in the template.

[No other information identified for this section.]

SECTION E. BENEFITS AND SERVICES

Describe how the MFP Demonstration will provide opportunities for MFP participants to receive high-quality services in their own homes or community rather than institutions. The state or territory must describe qualified HCBS (PTC 16 and Attachment A in the PTC), Demonstration services (PTC 17), and supplemental services (PTC 24) that it will provide under the MFP Demonstration.

E.1. Qualified HCBS

The qualified HCBS program is the Medicaid service package(s) that the state or territory will make available to an MFP participant when they move to a community-based residence. This program can be comprised of any Medicaid home and community-based state plan services and HCBS waiver program services. MFP-qualified HCBS are listed and described in Attachment A to the MFP PTC.

The state or territory must describe:

- Qualified HCBS available to MFP participants
- Target population
- Any proposed Medicaid coverage strategy to amend and implement changes to the state plan or HCBS waiver program(s) to carry out the Demonstration; these descriptions must indicate:
  - The specific HCBS program that will be changed or amended
  - Which authority the HCBS program operates under
  - When the change or amendment will occur

The state or territory may insert information using (1) Example Table E.1, (2) a description in the text response box below, or (3) a combination of both a table and a separate text description.

Oklahoma's Living Choice program gives eligible Oklahomans the opportunity to live in their own homes in a community setting while receiving the necessary services and support to meet their needs. With the right support, many individuals can regain their independence as active and engaged community members. Living Choice offers various community-based services to help make the move successful.

Individuals will enter the Living Choice program on the first day of their discharge from to the institution to the community through the end of the first year of their transition. Day one for a Living Choice participant will be the date of their transition into the community. On day 366, individuals will move from the Living Choice program into one of the HCBS waivers or SoonerCare Medicaid state plan services.

The Living Choice project consists of a different mix of services for each population. Each person transitioned from an institution through the Living Choice project has access to the HCBS listed in the table below.

Table E.1.a: 1915(c) HCBS by Waiver in Oklahoma

Service	Advantage Waiver	Medically Fragile Waiver	Community Waiver	Homeward Bound Waiver	In-home Supports for Adults Waiver	In-Home Supports for Children Waiver
Target Population	Aged and Disabled (Ages 19+)	Medically Fragile and Technology Dependent (Ages 19+)	IID Population (Ages 3+)	IID Population (Ages 21+)	IID Population (Ages 18+)	IID Population (Ages 3-17)
Adult Day Health	X		X			

Service	Advantage Waiver	Medically Fragile Waiver	Community Waiver	Homeward Bound Waiver	In-home Supports for Adults Waiver	In-Home Supports for Children Waiver
Target Population	Aged and Disabled (Ages 19+)	Medically Fragile and Technology Dependent (Ages 19+)	IID Population (Ages 3+)	IID Population (Ages 21+)	IID Population (Ages 18+)	IID Population (Ages 3-17)
Advanced Supportive/Restorative Assistance	X					
Agency Companion			X			
Assisted Living Services	X					
Assistive Technology	X					
Audiology Services			X			
Behavioral health and substance abuse services (outpatient)						
Case Management	X					
Community Transition Services			X			
Consumer-Directed Personal Assistance Supports and Services	X					
Daily Living Supports			X			
Dental Services			X			
Durable medical equipment and supplies						
Environmental Accessibility Modifications	X		X			
Extended Nursing	X		X			
Extensive Residential Supports			X			
Family Counseling / Training			X			
Group Home			X			
Habilitation Training Specialist Services			X			
Home Delivered Meals	X					

Service	Advantage Waiver	Medically Fragile Waiver	Community Waiver	Homeward Bound Waiver	In-home Supports for Adults Waiver	In-Home Supports for Children Waiver
Target Population	Aged and Disabled (Ages 19+)	Medically Fragile and Technology Dependent (Ages 19+)	IID Population (Ages 3+)	IID Population (Ages 21+)	IID Population (Ages 18+)	IID Population (Ages 3-17)
Homemaker			X			
Home health services						
Institution Transition Services	X					
Intensive Personal Support			X	X		
Medical supplies and equipment						
Nursing	X		X			
Nutrition Services			X			
Optometry			X			
Personal Care	X					
Personal Emergency Response System (PERS)	X					
Physician services, including preventive services						
Psychological Services			X			
Prescribed Drugs	X					
Prevocational Services			X			
Private Duty Nursing						
Remote Supports	X		X			
Respite	X		X			
Self-Directed Goods and Services (SD-GS)			X			
Skilled Nursing	X					
Specialized Medical Equipment and Supplies	X		X			
Specialized Foster Care/Family Home/Care						

Service	Advantage Waiver	Medically Fragile Waiver	Community Waiver	Homeward Bound Waiver	In-home Supports for Adults Waiver	In-Home Supports for Children Waiver
Target Population	Aged and Disabled (Ages 19+)	Medically Fragile and Technology Dependent (Ages 19+)	IID Population (Ages 3+)	IID Population (Ages 21+)	IID Population (Ages 18+)	IID Population (Ages 3-17)
Supported Employment			X			
Therapy services including physical, occupational, speech, and respiratory	X					
Transitional Case Management						
Transportation			X			

Table E.1.b MFP-qualified HCBS

MFP-qualified HCBS	Qualified HCBS description	MFP target population(s)
HCBS under section 1905(a) state plan services	N/A	N/A
HCBS under sections 1915(c), 1915(i), 1915(j) and 1915(k)	Listed above in Table E.1.a	• Aged and Disabled (Ages 19+) • Medically Fragile and Technology Dependent (Ages 19+) • ID Population (Ages 3+)
Other HCBS options (describe) The Program of All-Inclusive Care for	The Program of All-inclusive Care for the Elderly (PACE) model is centered on the belief that it is better for the well-being of seniors with chronic care needs to be served in the community whenever possible. The goal is to maximize the participant's autonomy and ability to reside in their community while receiving quality care at a lower cost relative to	Participants must meet the following eligibility requirements: • Must be 55 years or older • Live in a PACE service area • Need a nursing home-level of care (as certified by the state)

MFP-qualified HCBS	Qualified HCBS description	MFP target population(s)
the Elderly (PACE)	traditional Medicare, Medicaid and private-pay payment systems. PACE integrates Medicare and Medicaid through a partnership between OHCA, CMS, and PACE organizations. An interdisciplinary team, covering 12 specialties, provides a wide range of services, from primary care to long-term care, all tailored to each participant's needs. Services include home care, transportation, and access to the PACE center for medical, rehabilitation, meals, and social activities. PACE organizations receive monthly payments to cover all care needs for participants across different care settings.	• Be able to live safely in the community at the time of PACE enrollment The financial eligibility criteria and determination process is consistent with the state's Home and Community-Based Services (HCBS) program, where income is equal to or less than 300% of SSI Medicaid coverage.

E.2. MFP Demonstration services

E.2.1. Demonstration service description

MFP Demonstration services are qualified HCBS that could be provided, but are not currently provided, under the state or territory's Medicaid program. Demonstration services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. The state or territory is expected to test and evaluate Demonstration services. Demonstration services are not required to continue after the conclusion of the MFP Demonstration or for the participant at the end of the 365-day enrollment period. Demonstration service descriptions must include:

- The qualified HCBS Medicaid authority under which the service could be covered
- The target population(s) receiving the service
- For a new Demonstration service not currently covered under the state or territory's HCBS program, a description of the scope of the service including a definition of the discrete service; a complete list and description of any goods and services that will be provided; any conditions that apply to the provision of the service; and eligibility criteria
- For a Demonstration service currently authorized under the state or territory's Medicaid program, a description of how the service complements or supplements the authorized HCBS in an amount, frequency, scope, or duration greater than allowed under the state or territory's Medicaid program
- A description of how the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant

The state or territory may insert information using (1) Example Table E.2.1, (2) a description in the text response box, or (3) a combination of both a table and a separate text description.

Table E.2.1. Demonstration Services

Demonstration service title	HCBS Medicaid authority	MFP target population(s)	Amount, duration, and scope of service
Community Transition Services	1915(c)	• Older Adult • Physical Disability	Community Transition Services (CTS) are not covered for these populations as they are currently not provided in the HCBS waiver program serving this same population. Community Transition Services are one-time set-up expenses for members transitioning from a qualified Institutional setting to their own home or apartment. Services include security deposits, essential furnishings, set-up fees or deposits for utility or service access, including telephone, electricity, heating, water, moving expenses, and services necessary for health and safety. Cost of Community Transition Services post transition in combination with Supplemental Services purchased prior to transition may not exceed $3000.

Demonstration Services for Older Adults and Physical Disabilities

Individuals who are offered and receive MFP demonstration services are provided with a person-centered planning process via the case manager.

Demonstration Services for Individuals with IID

Individuals who transition from Oklahoma's ICF/IIDs immediately enter one of the 1915(c) waivers designed to serve that population. Individuals with IID receive the same transition planning services that exist within the Community waiver. Case managers in the Community waiver are employees of DDS and complete all activities related to the transition of persons with intellectual disabilities from public ICF/IIDs.

E.3. MFP supplemental services

E.3.1. Supplemental service descriptions

Supplemental services are one-time services to support an MFP participant's transition that are otherwise not allowable under the Medicaid program. Supplemental services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. Supplemental services are not required to continue after the conclusion of the MFP Demonstration or for the participant at the end of the 365-day enrollment period. The state or territory is expected to test and evaluate supplemental services. Supplemental service descriptions must include:

- The target population(s) receiving the service
- The category of the supplemental service (short-term housing assistance, food security, payment for activities prior to transitioning from an MFP-qualified inpatient facility, payment for securing a community-based home)
- The scope of the service, including a definition of the discrete service (for example, providing payment for activities prior to transitioning from an MFP-qualified inpatient facility, describe each discrete activity under this category, such as home accessibility modifications, vehicle adaptations, and home cleaning)
- An assurance that services are responsive to a person's needs and wants described in a person-centered plan
- A complete list and description of any goods and services that will be provided
- Any conditions that apply to the provision of the service
- How the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant
- Under the payment for activities prior to transitioning from an MFP-qualified inpatient facility, please include the following information for each discrete activity:
  - Specify the time period for when payment to a provider for rendering the supplemental service will occur (e.g., up to 15 days prior to discharge/transition to the community date)
  - Specify the time period for when the service will be rendered (e.g., up to 15 days prior to discharge/transition date

The state or territory must insert information using Example Table E.3.1 and may provide additional information in the text response box below.

Table E.3.1 Supplemental Services

Please note the maximum benefit for supplemental services through the MFP Demonstration is $5,000 ($3,000 for initial community transition, $2,000 will be considered in the event of a 12-month re-institutionalization. Program approval and financial eligibility must be met). For approved list see Section E of the Appendix (Deposits, Essential Household Items, Home Set-up, and Transportation to the Community). Members and transition coordinators should complete the list in Section E of the Appendix to determine move-in needs.

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
Short-term housing assistance **1. Housing Plan (separate entry required in E.3.2)** **2. Six-month rental assistance** **a. Unpaid rent/arrears** **b. Pet deposit** **3. Six-month utility payment assistance** **a. Deposits for internet/ cable/phone** **b. Electric/Gas/Water** **c. Overdue utility account**	N/A	N/A	N/A	N/A
Payment for activities prior to transitioning from an MFP qualified inpatient facility. 1. **One-time deposits/arrears** a. **Deposits for internet/phone** b. **Electric/Gas/Water** c. **Overdue utility account** d. **Housing security deposit** e. **Pet deposit** *All services under this category must be both delivered and paid for prior to the*	Older adults, Physical disability, Intellectual disability	**1. One-time deposits/arrears** a. Deposits for internet/phone up to $250, this is a one-time supplemental service and will be provided on a case-by-case basis. Services will be rendered and payment made prior to transition.	MFP will provide payment assistance for deposits under the following guidelines: **1. One-time deposits/arrears** a. Internet/phone service deposits for members participating in self-direction and members who require access to an electronic	The member's case manager will address these needs based on the individual's goals and preferences. A person-centered planning approach guides the service plan development process. The Case

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
participant's transition date. No payments for services in this category may be processed after the participant has transitioned to the community.		b. Electric/Gas/Water cost not to exceed $300.00, this Is a one-time supplemental service and will be provided on a case-by-case basis. Services will be rendered and payment made prior to transition. c. Overdue utility account arrears not to exceed $200, this Is a one-time supplemental service and will be provided on a case-by-case basis. Payment will be made prior to transition. d. Housing security deposits up to $1500, this Is a one-time supplemental service and will be provided on a case-by-case basis. Services will be rendered and payment made prior to transition. e. Pet deposit up to $150, this Is a one-time supplemental service and will be provided on a	visit verification system to track service delivery. Other community resources are available for individuals interested in phone services. b. Deposits for utility services such as electricity, gas and water will be supported using supplemental services for members establishing community residence under MFP as required by the local utility companies to establish service. These deposits will be paid to the appropriate provider prior to transition. c. The use of supplemental services for overdue utility accounts will be considered on an as needed basis if it is required to establish new services for members transitioning from an institution to a community setting. The amount authorized shall not exceed six months of arrears. d. MFP members may be eligible for assistance in securing	Manager explains the process to the MFP members and others that the member desires to participate in service planning. The MFP staff will ensure that a written Service Plan is developed for each eligible member participating in the MFP program.

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
		case-by-case basis. Services will be rendered and payment made prior to transition.	housing using supplemental services all deposits for securing housing will be paid to the housing administrator prior to transition. e. The use of supplemental services to pay a pet deposit is contingent on the member expressing their intent to obtain a service/emotional support animal.	
Payment for activities prior to transitioning from an MFP qualified inpatient facility. 2. **Personal hygiene items** 3. **Household items** a. **Furniture** b. **Appliances** c. **Houseware** d. **Home office supplies** **See Section E of the Appendix for the CTFR Form** *All services under this category must be both delivered and paid for prior to the participant's transition date. No payments for services in this category may be processed after the participant has transitioned to the community.*	Older adults, Physical disability, Intellectual disability	**2. Personal hygiene items** See Section E of the Appendix for the CTFR Form **3. Household items up to $3,000.00** a. Furniture b. Appliances c. Houseware d. Home office supplies	**2. Personal hygiene items** See Section E of the Appendix for the CTFR Form **3. Household items** a. Furniture b. Appliances c. Houseware d. Home office supplies See Section E of the Appendix for the CTFR Form	The member's case manager will address these needs based on the individual's goals and preferences. A person-centered planning approach guides the service plan development process. The Case Manager explains the process to the MFP members and others that the member desires to participate in service planning. The MFP staff will ensure that a written Service Plan is

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
				developed for each eligible member participating in the MFP program.
Payment for activities prior to transitioning from an MFP qualified inpatient facility. 4. **Transportation** a. **Moving company** b. **Transportation Move-in Day** *Individual Uber/Lyft/Taxi transportation costs are subject to variation based on local market conditions that fluctuate daily. For MFP members requiring transportation outside the local service area, costs will be evaluated on a case-by-case basis, taking into consideration alternative transportation options that may better meet the members' needs.* *MFP will conduct an annual analysis of Uber/Lyft/Taxi ride cost data to establish a reasonable reimbursement amount for budget planning purposes. This annual calculated amount will serve as the basis for projecting transportation expenses in the program budget.* 5. **Home cleaning** a. **Move-in cleaning** b. **Home setup** *All services under this category must be both delivered and paid for prior to the*	Older adults, Physical disability, Intellectual disability	**4. Transportation** a. Moving company Responsible for pick-up, transport, unloading and set-up of furniture and household items for members within 30 days prior to transition. **b. Transportation Move-in Day** Transportation may be provided for members on move-in day from an institutional setting to the new residence. This service will be provided on a as needed basis via Lyft, Uber, or Taxi. Cost for each one-way trip may not exceed $150.00. The provision of this service will help facilitate a successful transition for MFP members. **5. Home cleaning** a. Move in cleaning is a one-time make ready service to prepare	**4. Transportation** a. Moving Company Case managers are required to submit three bids for moving service to MFP staff for review and approval prior to moving date. Bids should include company/individual name, contact information and cost (including mileage fees). Total cost for the move shall not exceed $800. **5. Home cleaning** a. Move in cleaning is a one-time make ready service to prepare residence for new tenant occupancy. b. Home setup is a one-time service for paid for initial setup, organization and placement of personal decorative items for the members' new residence.	The member's case manager will address these needs based on the individual's needs, goals and preferences. A person-centered planning approach guides the service plan development process. The Case Manager explains the process to the MFP members and others that the member desires to participate in service planning. The MFP staff will ensure that a written Service Plan is developed for each eligible member participating in the MFP program.

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
participant's transition date. No payments for services in this category may be processed after the participant has transitioned to the community.		residence for new tenant occupancy. b. Home setup is a one-time service for paid for initial setup, organization and placement of personal decorative items for the members' new residence.		
Payment for activities prior to transitioning from an MFP qualified inpatient facility. 6. **Home accessibility** *All services under this category must be both delivered and paid for prior to the participant's transition date. No payments for services in this category may be processed after the participant has transitioned to the community.*	Older adults, Physical disability, Intellectual disability	**6. Home accessibility** Activities under this category will require a physician's order, a completed assessment by an occupational therapist/homecare RN, the submission of three bids for the service being requested, completion of the service by the selected vendor and inspection by occupational therapist/homecare RN. Payment for these services must be made up to 15 days prior to a member's transition from an MFP-qualified inpatient facility	**6. Home accessibility** Modifications include • installation of ramps • installation of grab bars • widening of doorways • modification of bathroom facilities • installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the health and safety of the members.	The member's case manager will address these needs based on the individual's needs, goals and preferences. A person-centered planning approach guides the service plan development process. The Case Manager explains the process to the MFP members and others that the member desires to participate in service planning. The MFP staff will ensure that a written Service Plan is developed for each eligible member

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
				participating in the MFP program.
Food security **1. Food Security Plan E.3.2 (See Section E of the Appendix)** **2. Ancillary food supply** Living Choice Food Security Plan 1.8.26.(Pantry Stocking List.docx ***Pantry stocking may also be** offered **post-transition in situations where access to food is limited due to an emergency or natural disaster.***	Older adults, Physical disability, Intellectual disability	Members are allowed up to 30 days' supply of food for the first month based upon need. Items may be purchased before or after transition. Members are allowed pantry stocking items as well as meat and produce items up to $500. For a full description of the food security plan and pantry stocking list see document links in the left column. Pantry stocking may also be offered post-transition in situations where access to food is limited due to an emergency or natural disaster. Pantry stocking may be offered post-transition under the following guidelines: • The service was not provided prior to transition.	See Living Choice Food Security Plan and Pantry Stocking List in Section E of the Appendix.	Food purchases may be modified based on the individual's needs as identified in their person-centered service plan. As part of the person-centered planning process the Living Choice case manager supports and encourages each member to determine how they will maintain a stocked pantry and address food insecurity once the demonstration period has ended. Members having access to food resources will continue as part of the person-centered planning process after the demonstration period.

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
		• Coverage period of up to a maximum of thirty (30) days • Members did not receive a (30) day food supply via pantry stocking services. • Amount not to exceed $500 per MFP eligible individual. • MFP members must have a remaining balance in their Community Transition Services account. • The 30-day food supply would only be available for MFP members who are still within their 365-day enrollment period. The 30-day food supply would only be available for MFP members who have not yet received this benefit.		
Payments for securing a community-based home prior to transitioning from an MFP qualified inpatient facility. **1. Application fees** **2. Administrative fees** **3. Personal documents**	Older adults, Physical disability, Intellectual disability	The case management provider will secure the required fees/documents using MFP supplemental funds. Payments for	When searching for subsidized housing and/or submitting applications for rental assistance programs you should also:	The member's case manager will address these needs based on the individual's goals and preferences.

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
All services under this category must be both delivered and paid for prior to the participant's transition date. No payments for services in this category may be processed after the participant has transitioned to the community.		securing a community-based home will include: **1. Application fees** Application fees will not exceed $150. Fees may be provided up to 60 days prior to transition. **2. Administrative fees** Administrative fees will not exceed $200. Administrative fees are application processing fees charged by property management. Fees may be provided up to 60 days prior to transition. **3. Personal documents** Personal document cost not to exceed not to exceed $100. Personal documents fees may be provided up to 180 days prior to transition.	• Obtain and review your credit reports, correcting incomplete and inaccurate information. • Find assistance to pay past unpaid utility bills. • Obtain and review criminal history/background reports. • Obtain and organize documents needed to complete rent-controlled and subsidized housing applications. • Obtain utility information from previous accounts.	A person-centered planning approach guides the service plan development process. The Case Manager explains the process to the MFP members and others that the member desires to participate in service planning. The MFP staff will ensure that a written Service Plan is developed for each eligible member participating in the MFP program.
Other supplemental service 1. **Clothing items** 2. **Transportation (Pre)** a. **Uber/Lift/Taxi** b. **Bicycle** *Individual Uber/Lyft/Taxi transportation costs are subject to variation based on local market conditions that fluctuate daily. For MFP members requiring transportation outside the local service area, costs will be evaluated on a case-by-case basis, taking*	Older adults, Physical disability, Intellectual disability	The MFP demonstration period covers 12 months. The items and services below must be purchased prior to member's transition. **1. Clothing items** Clothing allowance up to $300 **2. Transportation** a. Uber/Lyft/Taxi	**1. Clothing (as authorized)** See Page 2 of the Community Transition Funds Request form (essential household items) CTFR Form Section E of the Appendix **2. Transportation** a. Uber/Lyft/Taxi	Members and transition coordinators should complete the CTFR Form together to determine move-in needs. Reimbursement for items purchased require prior authorization and all purchases should be

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
into consideration alternative transportation options that may better meet the members' needs. *MFP will conduct an annual analysis of Uber/Lyft/Taxi ride cost data to establish a reasonable reimbursement amount for budget planning purposes. This annual calculated amount will serve as the basis for projecting transportation expenses in the program budget.* *All services under this category must be both delivered and paid for prior to the participant's transition date. No payments for services in this category may be processed after the participant has transitioned to the community.*		To assist members in completing housing applications and viewing properties prior to transition. b. Bicycle Bicycles allowance up to $150; item must be purchased prior to members' transition.	See Page 1 section B of the Community Transition Funds Request form. Not to exceed $150 per appointment. b. Bicycle The MFP program will allow for the purchase of a bicycle for members who indicate this as one of their modes of transportation. This item must be approved by the individual's personal physician. CTFR Form Section E of the Appendix	made prior to transition. Purchases will be based on the members needs and preferences as indicated on the members person-centered service plan. For reimbursement the case manager will submit the completed Community Transition Funds Request form (CTFR) along with all proper receipts.

TCs work with participants to identify the items most critical to the establishment of their home to support the use of the $3,000 in Community Transition Services Account. TCs document the needs and in the CSP and how the funds may address those needs. TCs then submit the Community Transition Funds Request form[7] to Living Choice staff for approval after procurement of identified items. For information on provider billing and reimbursement procedures, refer to Section B.3.1: Billing and Reimbursement Procedures.

[7] Community Transition Funds Request form

E.3.2. Supplemental services housing plan and food security plan

If providing short-term housing assistance or food pantry stocking, upload the required housing plan or food security plan that describes how these services will be administered and sustained. See the March 31, 2022 Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration for specific requirements for the housing and food security plans.


Living Choice Food Security Plan 1.8.26.(


Pantry Stocking List.docx

MFP is not submitting a housing plan and will not provide short-term housing assistance due to the requirement that the service be administered by an entity other than the Medicaid agency. The state plans to expand our partnership with the Oklahoma Housing Finance Agency (OHFA) to provide short-term housing assistance.

E.4. Managed long-term services and supports

Select the box below to indicate whether your state or territory operates an MLTSS program.

☐ Yes, the state or territory operates an MLTSS program that includes providing HCBS to these populations: (select all that apply).

- ☐ Older adults
- ☐ Adults with PD
- ☐ Individuals with I/DD
- ☐ Individuals with MH/SUD
- ☐ Other, please specify (e.g., HIV/AIDS, brain injury)

For states or territories that selected “Yes”, describe how the state or territory implements the MFP Demonstration under managed care programs. Clearly indicate the qualified HCBS, Demonstration, and supplemental services that are delivered under managed care. Additionally, describe how the MFP Demonstration supports or complements the state or territory’s MLTSS strategy for expanding HCBS, promoting community integration, ensuring quality, and increasing efficiency.

SoonerCare is Oklahoma's Medicaid program, managed by OHCA. It provides health care services to eligible low-income individuals, including children, pregnant women, elderly adults, and people with disabilities. SoonerCare covers a wide range of medical services such as doctor visits, hospital care, prescriptions, mental health services, and preventive care. The program aims to ensure that all eligible Oklahomans have access to necessary medical care, promoting better health outcomes and reducing the financial burden of medical expenses.

SoonerCare includes Medicaid managed care through the SoonerSelect program. OHCA partners with managed care organizations (MCOs) who provide comprehensive care for certain SoonerCare members. This program aims to improve care coordination and access to services for individuals requiring long-term care. SoonerSelect does not provide managed long-term services and supports (MLTSS) to members.

The program aims to provide comprehensive health care services to these groups under a fee-for-service model. To be eligible for the Living Choice program, individuals must be SoonerCare members. This

ensures they receive the necessary medical coverage and support during and after their transition from institutional care to community living.

E.5. Service providers

E.5.1. Qualified HCBS, MFP Demonstration, and supplemental service providers

For each qualified HCBS, MFP Demonstration, and supplemental service, include the following:

- Describe how the state or territory will ensure that providers have sufficient experience and training in the provision of their applicable supplemental services.
- Describe how the state or territory provides access to needed services or manages a waiting list when provider shortages or other barriers prevent timely provision of HCBS, MFP Demonstration, and supplemental services.
- Describe how the MFP program will ensure that MFP participants are offered the choice of a Medicaid-qualified provider under a person-centered planning process or the Medicaid authority limiting participants' choice of provider.

The state or territory may insert information using (1) Example Table E.5.1, (2) a description in the text response box, or (3) a combination of both a table and separate text description.

Example Table E.5.1.a Provider Qualifications for MFP Services for IDD/Community Waiver

Service	Provider qualifications
Adult Day Health	Adult Day Care Centers: Licensed by the State Department of Health in accordance with Section 1-873 of Title 63 of the Oklahoma Statutes and compliance with Oklahoma Administrative Code 310:605-5. Current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Adult Day Care Services to OHS/DDS HCBS waiver members.
Habilitation	Providers offering Habilitation Training Specialist (HTS) services to OHS/DDS HCBS waiver members must have a current SoonerCare Provider Agreement with OHCA. They are required to complete the OHS/DDS sanctioned training curriculum and be at least 18 years old. Providers must be specifically trained to meet the unique needs of the waiver member and successfully pass all required background checks as per 56 O.S. § 1025.2. Family members providing HTS services must adhere to the same standards as unrelated providers. Additionally, providers must receive supervision, guidance, and oversight from a contracted agency staff with a minimum of four years of college-level education and/or full-time equivalent experience in serving people with disabilities.
Homemaker	To be a Homemaker for OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with OHCA. They need to complete the OHS/DDS sanctioned training curriculum and be at least 18 years old. Providers must be specifically trained to meet the unique needs of the waiver member and successfully pass all required background checks as per 56 O.S. § 1025.2. Additionally, they must receive supervision, guidance, and oversight from a contracted agency staff with at least four years of college-level education and/or full-time equivalent experience in serving people with disabilities.
Prevocational Services	To be a prevocational service provider for OHS/DDS HCBS waiver members, individuals must have a current SoonerCare Provider Agreement with OHCA to offer employment services. Providers must be at least 18 years old, complete the OHS/DDS sanctioned training curriculum, and have no convictions or guilty pleas for misdemeanor assault and battery or felonies per 56 O.S. § 1025.2, unless a waiver is granted. Additionally, they must receive supervision and oversight from a person with at least four years of college-level education or full-time equivalent experience in serving individuals with disabilities.

Service	Provider qualifications
Respite	To provide Respite Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with OHCA. They need to complete the OHS/DDS sanctioned training curriculum, be at least 18 years old, and be specifically trained to meet the unique needs of the members. Additionally, providers must successfully complete all required background checks in accordance with 56 O.S. § 1025.2.
Supported Employment	To provide Supported Employment Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with OHCA. They need to complete the OHS/DDS sanctioned training curriculum, be at least 18 years old, and be specifically trained to meet the unique needs of the waiver member. Providers must also successfully complete all required background checks in accordance with 56 O.S. § 1025.2. Additionally, they must be supervised by an individual with at least four years of any combination of college-level education and/or full-time equivalent experience in serving people with developmental disabilities.
Dental Services	To provide Dental Services to OHS/DDS HCBS waiver members, providers must have a non-restrictive licensure to practice dentistry in the State of Oklahoma. If services are provided in a state adjacent to Oklahoma, the provider must hold a current licensure to practice dentistry in that state. Additionally, providers need a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to offer dental services, as well as a current SoonerCare General Provider Agreement - Special Provisions for Dentists with the Oklahoma Health Care Authority.
Nursing	To provide nursing services to OHS/DDS HCBS waiver members, medical professionals must be licensed to practice as a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in the state of Oklahoma. If services are provided in a state adjacent to Oklahoma, the professional must hold a current licensure to practice as an RN or LPN in that state. Additionally, providers need a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to offer nursing services.
Prescribed Drugs	To provide prescribed drugs, providers must have a license from the Oklahoma State Board of Pharmacy. Additionally, they need a current SoonerCare Provider Agreement for Pharmacy with the Oklahoma Health Care Authority.
Companion	To provide Companion Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. They need to complete the OHS/DDS sanctioned training curriculum. Individual provider staff must be specifically matched to the members and have an approved home profile per OAC 317:40-5-40. Staff must be at least 21 years old, specifically trained to meet the unique needs of the members, and successfully complete all required background checks in accordance with 56 O.S. § 1025.2. Additionally, they must receive supervision, guidance, and oversight from a contracted agency staff member with a combination of four years of college-level education and/or full-time equivalent experience in serving people with disabilities.
Audiology Services	To provide Audiology services to OHS/DDS HCBS waiver members, providers must be licensed by the State Board of Examiners for Speech Pathology and Audiology as per 59 O.S. Supp 2000, Section 1601 et seq. If services are provided in a state adjacent to Oklahoma, the provider must hold a current licensure to practice audiology in that state. Additionally, providers need a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to offer audiology services.
Community Transition Services	To provide Community Transition Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. They must demonstrate the capability to manage a community support program by agreeing with the mission statement and guiding principles of OHS/DDS, having the capacity to provide Community Transition Services, and maintaining a program for the recruitment,

Service	Provider qualifications
	screening, training, and retention of staff. Additionally, providers must have financial capacity and fiscal accountability to offer these services.
Daily Living Supports	To provide Daily Living Supports to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. They need to demonstrate the capability to manage a community support program by agreeing with the mission statement and guiding principles of OHS/DDS, having the capacity to provide Daily Living Supports, and maintaining a program for the recruitment, screening, training, and retention of staff. Additionally, providers must have the financial capacity and fiscal accountability to offer services and supports on a long-term basis, and a quality assurance program designed to evaluate all aspects of their Daily Living Supports.
Environmental Accessibility Adaptations	To provide Environmental Accessibility Adaptations to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to offer Architectural Modification services. Providers must meet International Code Council (ICC) requirements for building, electrical, plumbing, and mechanical inspections. Additionally, they must comply with applicable state and local requirements and provide evidence of liability insurance, vehicle insurance, and worker's compensation insurance or an affidavit of exemption.
Extensive Residential Supports	To provide Extensive Residential Supports, agencies must have a child placing license when serving children. Additionally, the agency's leadership team must include at least one employee or contractor who is a trainer of a nationally recognized person-centered planning program approved by DDS.
Family Counseling	To provide Family Counseling to OHS/DDS HCBS waiver members, providers must have a current licensure from the Oklahoma State Department of Health. If services are provided in a state adjacent to Oklahoma, the provider must hold a current licensure to practice counseling in that state. Additionally, providers need a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to offer Family Counseling services.
Clinical Social Worker	To provide Clinical Social Worker services to OHS/DDS HCBS waiver members, providers must be licensed by the State Board of Licensed Social Workers as per 59 O.S. Supp 2000 Section 1901 et seq. If services are provided in a state adjacent to Oklahoma, the provider must hold a current licensure to practice social work in that state. Additionally, providers need a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to offer Family Counseling services.
Licensed Professional Counselor	To provide Licensed Professional Counseling Services to OHS/DDS HCBS waiver members, providers must be licensed by the State Board of Examiners of Psychologists as per 59 O.S. Supp 2000 Section 1352. If services are provided in a state adjacent to Oklahoma, the provider must hold a current licensure to practice psychology in that state. Additionally, providers need a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to offer Family Counseling services.
Family Training	To provide Licensed Professional Counseling Services for Family Training to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. They need to have their Family Training provider application and training curriculum approved by OHS/DDS. Additionally, providers must hold a current licensure, certification, or a bachelor's degree in a human service field related to the OHS/DDS approved Family Training curriculum.
Group Home	To provide Group Home services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. They must also meet training requirements per OAC 340:100-3-38 and have a current license from the Department of Human Services, Title 10 O.S Supp. 2000, Section 1430.1, et seq.

Service	Provider qualifications
Intensive Personal Support	To provide Intensive Personal Support services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. Intensive Personal Supports (IPS) providers must be at least 18 years old, successfully complete all required background checks in accordance with 56 O.S. § 1025.2 and complete the OHS/DDS sanctioned training curriculum. Agency must ensure providers are supervised by an individual having a minimum of 4 years of any combination of college level education and /or full-time equivalent experience in serving people with disabilities and ensure the provider receives training and oversight regarding specific methods to be used with the member to meet their complex behavioral needs.
Nutrition Services	To provide Nutrition Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. The provider must employ a Dietitian certified with the Commission on Dietetic Registration and obtain licensure by the Oklahoma State Board of Medical Licensure and Supervision 59 O.S. Supp, Section 1721 et seq. When services are provided in a state adjacent to Oklahoma, provider must hold current licensure as a Dietitian in the adjacent state.
Occupational Therapy Services	To provide Occupational Therapy Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. Additionally, the provider must have non-restrictive licensure by the Oklahoma State Board of Medical Licensure and Supervision as an Occupational Therapist, 59 O.S. Supp 2000, Section 888.1. When services are provided in a state adjacent to Oklahoma, provider must hold current licensure to practice Occupational Therapy in the adjacent state.
Optometry	To provide Optometry Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority and employ an optometrist that is a diplomate of the American Board of Optometry.
Physical Therapy Services	To provide Physical Therapy Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority and non-restrictive licensure as a Physical Therapist with the Oklahoma State Board of Medical Licensure and Supervision, 59 O.S. Supp 2000, Section 887. When services are provided in a state adjacent to Oklahoma, providers must hold current licensure to practice Physical Therapy in the adjacent state.
Psychological Services	To provide Psychological Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority and a non-restrictive license as a Psychologist by the Oklahoma Psychologist Board of Examiners or by the applicable state Board in the state where service is provided. 59 O.S. Supp Section 2000, 1352, et seq.
Remote Supports	To provide Remote Supports Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority.
Respite (Daily)	To provide Respite Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. Providers must complete the OHS/DDS sanctioned training curriculum. Providers must be at least 18 years of age, specifically trained to meet the unique needs of the member, successfully complete all required background checks in accordance with 56 O.S. § 1025.2 and receive supervision, guidance and oversight from a contracted agency staff member with a combination of four years of college level education and/or full-time equivalent experience in serving people with disabilities.
Specialized Foster Care also known as Specialized	To provide Specialized Foster Care Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority.

Service	Provider qualifications
Family Home / Care	
Specialized Medical Supplies and Assistive Technology	To provide Specialized Medical Supplies and Assistive Technology Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. The company, corporation or individual must have registered their intention to do business in the state of Oklahoma with the Secretary of State. Assistive Technology services are provided by an appropriate professional services provider with a current HCBS agreement with OHCA and current unrestricted licensure and certification with their professional board, when applicable.
Speech Therapy Services	To provide Speech Therapy Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority and a non-restrictive licensure as a Speech/Language Pathologist by the State Board of Examiners for Speech Pathology and Audiology, 59 O.S. Supp 2000, Section 1601 et seq. When services are provided in a state adjacent to Oklahoma, providers must hold current licensure to practice speech therapy in the adjacent state.
Transportation	To provide Transportation Services to OHS/DDS HCBS waiver members, providers must have a current SoonerCare Provider Agreement with the Oklahoma Health Care Authority. The operator must possess valid and current driver license for the state in which business is registered. Vehicle must meet applicable local and state requirements for vehicle licensure, insurance and capacity.

Example Table E.5.1.b Provider Qualifications for MFP Services for Older Adults and Physically Disabled/ADvantage Waiver

Service	Provider qualifications
Adult Day Health	To provide Adult Day Health Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement. The provider must maintain a license as an Adult Day Care Center Title 63 O.S., Sec. 1-870, et seq.
Personal Care	To provide Personal Care Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement. The PCA is at least 18 years of age, has not been convicted of a crime as defined in 63 O.S., Sec. 1 - 1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Health Nurse Aide Registry, and name does not appear on the OKOHS Community Services Workers Registry. The PCA demonstrates the ability to understand and carry out assigned tasks, has verifiable work history and/or personal references, and has verifiable identification.
Respite	To provide Personal Care Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement. The respite provider is at least 18 years of age, has not been convicted of a crime as defined in 63 O.S., Sec. 1 - 1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Health Nurse Aide Registry, and name does not appear on the OHS Community Services Workers Registry. The respite worker demonstrates the ability to understand and carry out assigned tasks, has verifiable work history and/or personal references, and has verifiable identification.
Assisted Living Services	To provide Assisted Living Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement and an Assisted Living Center license 63 O.S. Sec 1-890.1, et seq.

Service	Provider qualifications
Skilled Nursing	To provide Skilled Nursing Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement. Provider must be a Registered Nurse or Licensed Practical Nurse Licensed under the Nurse Practice Act – 59 O.S. Sec. 567.1 through 567.16.
Prescribed Drugs	To provide Prescribed Drug Services to OHS/CAP waiver members, providers must have a current SoonerCare Provider Agreement. The provider must employ a pharmacist licensed according to 59 OS Sec. 353.9, et seq.
Advanced Supportive / Restorative Assistance	To provide Advanced Supportive / Restorative Assistance Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement and a Home Care License 63 O.S., Sec. 1-1961, et seq. The worker is at least 18 years of age, has not been convicted of a crime as defined in 63 O.S., Sec. 1 - 1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Health Nurse Aide Registry, and name does not appear on the OHS Community Services Workers Registry. The worker demonstrates the ability to understand and carry out assigned tasks, has verifiable work history and/or personal references, and has verifiable identification.
Environmental Accessibility Modifications	To provide Environmental Accessibility Modifications Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement and an associated professional license, e.g., plumbing or electrical.
Home Delivered Meals	To provide Home Delivered Meals Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement. The provider must have an Oklahoma Health Code, Food Preparers/Handlers License – Sec. 1110 & 1119 59 O.S. Sec. 21 or equivalent Food Preparers License from the state where the kitchen facility is located and a County Health Department Kitchen Cert & Food Handlers Certification, or equivalent Certification from the state where the kitchen facility is located, or evidence that the kitchen is USDA inspected and approved.
Institution Transition Services	To provide Institution Transition Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement. Minimum case manager qualifications are an RN with one year paid professional experience or an LPN with one year paid professional experience or a Baccalaureate degree and one year paid professional experience with the aging or disabled population obtained before or after receipt of degree.
Nursing	To provide Nursing Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement. Provider must be a Registered Nurse or Licensed Practical Nurse Licensed under the Nurse Practice Act – 59 O.S. Sec. 567.1 through 567.16.
Personal Emergency Response Systems	To provide Personal Emergency Response Systems Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement.
Specialized Medical Equipment and Supplies	To provide Specialized Medical Equipment and Supplies Services to OHS/CAP waiver members, providers must have a current ADvantage qualified provider certification [OAC 317:30-5-761] and a current SoonerCare Provider Agreement and a Medicare certification.

The Living Choice program does not operate a wait list for the older adult and physical disability populations. DDS maintains a wait list for individuals with IID for the 1915(c) HCBS waivers they operate. All Living Choice providers begin as ADvantage waiver providers. The ADvantage waiver currently serves over 28,000 participants and maintains a robust provider network. Should Living Choice need to recruit more providers, the program will collaborate with CAP to secure the number of providers necessary to assure Living Choice participants have adequate choice in providers for all available services.

E.6. Other information

If needed, provide other information regarding the state or territory's benefits and services that is not addressed elsewhere in the template.

[No other information identified for inclusion.]

SECTION F. TRANSITION AND HOUSING SERVICES

F.1. Transition services

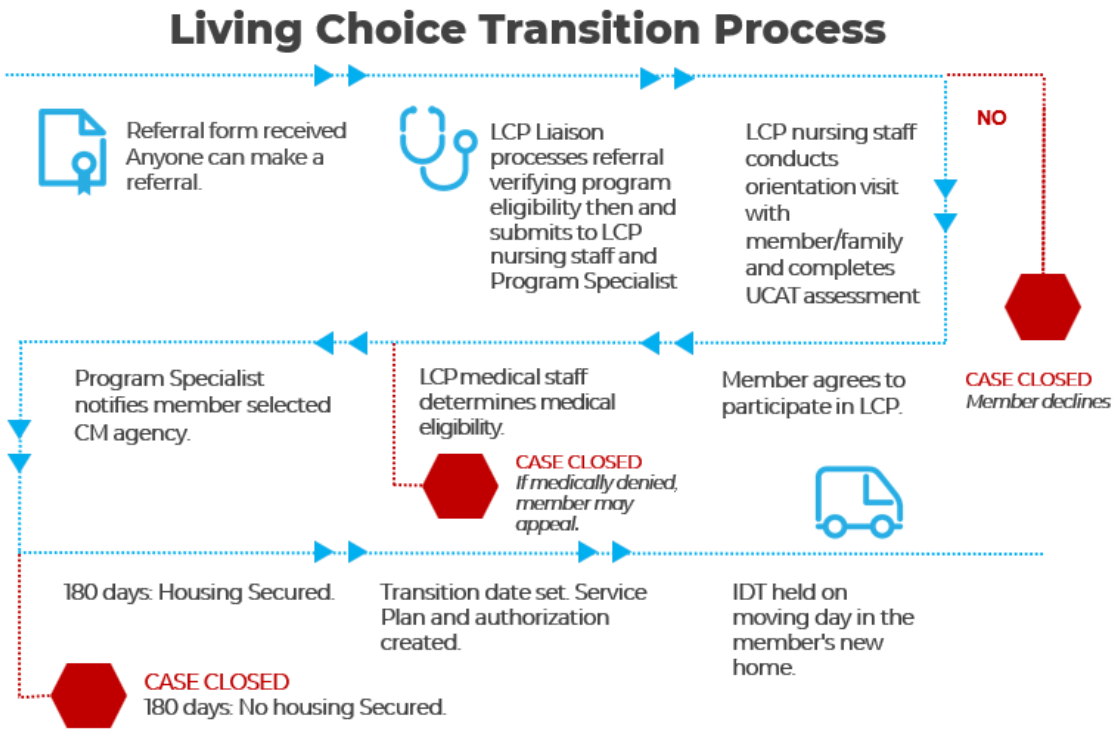
F.1.1. Comprehensive transition coordination services

Describe how the state or territory's MFP Demonstration will implement comprehensive transition coordination services during these three phases: (1) pre-transition, (2) transition, and (3) during an MFP participant's 365-day enrollment period. Include the following:

- Description of transition coordination activities
- Description of person-centered planning in the transition coordination process, including:
  - How the state or territory's MFP Demonstration will ensure that each MFP participant's service plan is individualized to provide the services and support needed to live in the community
  - How MFP participants and their legally authorized representative (if applicable) will lead the development of their service plan
- Steps in the transition coordination process
- Communication process between MFP transition coordination and Medicaid HCBS programs
- How transition coordination services advance health for all people served
- How transition coordination services promote community integration

Use discrete descriptions for each target population.

Transition Coordination for Older Adults and People with Physical Disabilities



The Living Choice program, in partnership with Home Health provider agencies, designed a comprehensive system of workforce development for the Living Choice project. This system of workforce development includes training in case management, nursing facility transition, self-direction and independent living philosophy. Transition coordinators/case managers must complete this competency-based training to become certified in the Living Choice program. This training includes information pertaining to the recognition of abuse, neglect and exploitation and required reporting and monitoring of suspected incidents.

For the Living Choice program case managers will develop a transition plan and monitoring plan during the individual's first year of participation. Case managers must meet the following certification requirements:

1. Completion of case management training with the ADvantage waiver or an approved certification/training by the Oklahoma Health Care Authority and
2. Completion of the curriculum requirements for a bachelor's degree and one year paid professional experience in aging or disability populations or
3. Completion of a degree program as a registered nurse or licensed practical nurse and one year paid professional experience or
4. Have at least two years' paid work experience as an independent living specialist or transition specialist, or the educational equivalent, at one of the five federally recognized Centers for Independent Living in Oklahoma and
5. Successfully complete the Living Choice Project case management training.

TCs receive support from Living Choice staff with strong backgrounds in case management. The LTSS Nurse Manager and MFP Program Specialist provide clinical, case management, and administrative support to the field-level TCs, as described below:

- The LTSS Nurse Manager maintains responsibility for oversight of the Living Choice Clinical Nursing staff, confirms that clinical assessments for Living Choice participants are completed in a timely manner. Additional duties include tracking and trending critical incidents and investigations, completing the UCAT Part III, completing all pre-transition paperwork at the member orientation, scheduling assessments to assess potential Living Choice candidates, assisting with the approval of Living Choice member service plans, addendums, participating in critical incident investigations, and participation in required meetings concerning Living Choice members.
- Living Choice Nurses ensure clinical assessments for Living Choice participants are completed in a timely manner. Additional duties include orientation with the members and educating them on all facets of the Living Choice program, completing the UCAT Part III, completing all pre-transition paperwork at the member orientation, assisting with the approval of Living Choice member service plan and addendums, participating in critical incident investigations, and participation in required meeting concerning Living Choice members.

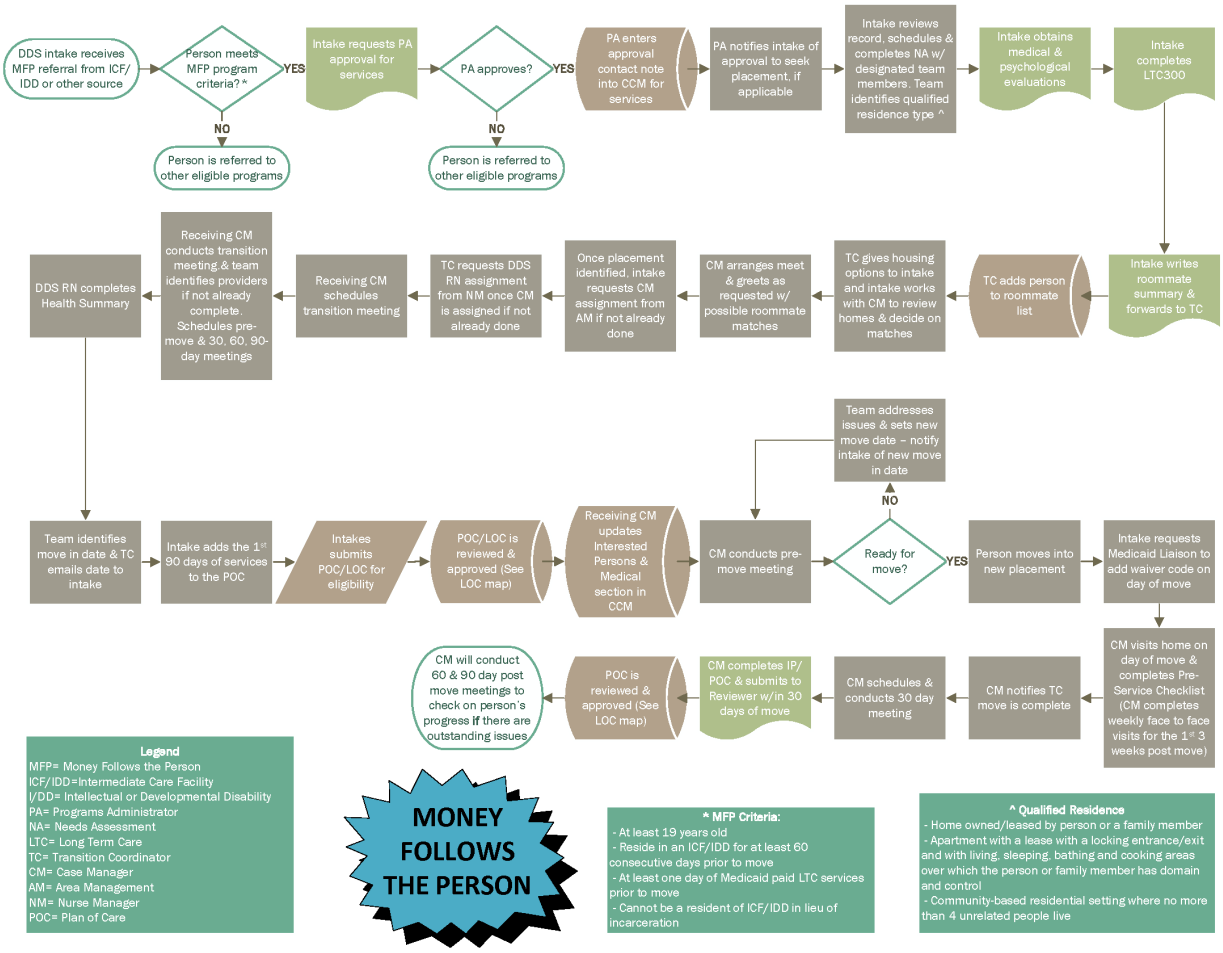
Pre-Transition, Transition, and Post-Transition Activities

Table F.1.1 Living Choice Transition Activities

Activity	Description
Pre-Transition Activities	
Referral	MFP Liaison receives referrals from online applications, phone calls, emails or faxes.
Eligibility Determination	Upon receipt of the referral, MFP Liaison determines Living Choice eligibility according to

Activity	Description
	the MFP individual eligibility requirements. MFP Clinical staff then perform medical assessment via UCAT III to determine eligibility.
Housing Search	CMs work with the participant, and any informal support, to develop the community service plan that supports transition and post-transition activities.
CSP Development	If the participant and their natural supports do not have housing pre-arranged, CMs make referrals to existing housing partners.
Transition Activities	
Community Service Planning	Prior to transition day, the CM and the participants review the CSP to confirm the plan is up to date and meets the participants' needs.
Service Delivery	CMs work with HCBS providers to arrange for the services planned in the CSP to begin upon the participant's transition to the community.
Moving Day Activities	CMs support the participant and their informal support to coordinate all the necessary goods and services in the CSP that must occur on Moving Day.
Post-Transition Activities	
Service Coordination	CMs support participants to update their CSP and associated services, if changes are warranted or requested.
Transition Follow-ups	CMs contact participants monthly to make notes of their progress and work with the participants to address any unmet needs.
CSP Goal Support	Participants set long-term and short-term goals as part of the CSP development process. CMs support participants to achieve their desired goals throughout the 365-day participation period.
Participation Close-out	As the participant nears their 365th day of Living Choice participation, the CM works closely with the participant and the case manager for the HCBS waiver of the participant's choosing. The CM and case manager work together to assure a smooth transition between the Living Choice program and another chosen program for continuation of care.

Transition Coordination for the IID Population



People with intellectual disabilities will receive the same transition planning services that exist within the Community waiver for persons with intellectual disabilities. Case managers in the Community waiver are employees of OHS-DDS and will complete all activities related to the transition of people with intellectual disabilities from public ICFs/IID. It is expected that case managers for persons with intellectual disabilities who are transitioning from one of the public ICFs/IID will have an average caseload of 25 individuals with intellectual disabilities. The DDS service delivery system within the Living Choice project will use case managers as transition coordinators. Case managers (with assistance from other DDS staff) will coordinate all aspects of transition for people with intellectual disabilities. Other staff will assist the case manager and work to ensure all identified support is in place to meet the needs of the Living Choice member prior to transition.

For additional information on the Community waiver case management, refer to the approved Community waiver application.

Community Waiver.pdf

F.1.2. Transitions under managed care plans

If MFP participants are required to enroll in a managed long-term care or comprehensive managed care plan, clearly describe how the MFP Demonstration will coordinate the delivery of comprehensive transition coordination services with the MCP. Include the following:

- Describe the roles and responsibilities for the MCP during each transition phase: (1) pre-transition, (2) transition phase, and (3) during an MFP participant's 365-day enrollment period
- Describe how the MFP program will ensure that MCPs provide all data and related documentation necessary to monitor and evaluate MFP transition coordination services, including identifying MFP managed care encounters through the Transformed Medicaid Statistical Information System (T-MSIS).

SoonerSelect is Oklahoma's Medicaid managed care program, launched in February and April 2024, designed to improve healthcare coordination and quality for SoonerCare members through health and dental plans, offering comparable coverage as traditional SoonerCare with additional benefits. SoonerSelect does not cover HCBS, which uses a fee-for-service model. As such, Living Choice does not coordinate with SoonerSelect, other than to confirm Medicaid eligibility.

F.1.3. Housing-related services and supports

Describe how the state or territory will structure, organize, and implement housing-related supports and services to increase affordable and accessible housing opportunities for MFP participants. Account for any differences between target population groups and geographic service areas, specifically in rural service areas.

Structure and Organization of Housing Supports for Older Adults and People with Physical Disabilities

Oklahoma is facing an affordable housing crisis driven by many factors. The mismatch of supply and demand, limited and aging housing stock, changing needs of smaller households and an aging population, rising construction costs and often restrictive zoning ordinances all play a role. However, it is often difficult to tease out their impact on specific communities and local housing market.

In Oklahoma, 13% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities, with a range from 3% to 23% of households across counties in the state.

The Living Choice Housing Coordinator (LCHC) leads all efforts related to housing services and supports for participants of the Living Choice Program. The LCHC actively develops and monitors housing resources throughout the state and maintains a current version of the Housing Guide on the Living Choice webpage on the State's website. The coordinator supports participants in applying for affordable and accessible subsidized housing through the Housing Choice Voucher (HCV) Program offered by the Oklahoma Housing Finance Agency (OHFA). When requested the coordinator may assist participants, families, and case managers with completing the application process. The LCHC also serves as a resource for case management agencies keeping them informed of any new requirements or mandates issued by the department of Housing and Urban Development (HUD) and works with local housing authorities through communications and outreach initiatives identified in Oklahoma's MFP WorkPlan.

It's the responsibility of the member's case manager once MFP Program eligibility has been determined to identify through the person-centered planning process

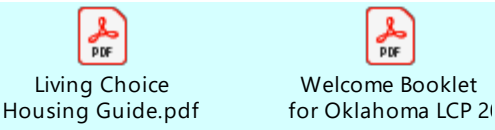
- Support in developing a person-centered housing plan, including identifying housing preferences and potential housing options.

- Budgeting assistance to ensure affordability of rent, utilities, and other payments.
- Support in applying for benefits to afford housing
- Ensuring housing meets MFP criteria for qualified residences.
- Assisting the participant with tenant screenings and housing assessments
- Assistance with accessing reasonable accommodation if needed
- Assisting with negotiating and executing a lease.
- Assistance with securing and applying funding for rent and utility deposits
- Assisting the participant to organize and prepare for their move
- Provision of ongoing support to navigate landlord / tenant / neighbor relationships
- Ongoing collaboration with landlords and case management staff as needed to mitigate housing challenges and ensure long-term community tenure.
- Assisted Living Centers offer residential services and support for participants who require a higher level of care.
- Freedom of choice to reside in a qualified community residence (A qualified community residence is defined as a home leased or owned by the individual; an apartment leased by the individual, a certified assisted living facility, or a residence in which no more than four unrelated individuals reside.)

The Living Choice Program offers a Housing Guide and Welcome Booklet designed to provide members with several tools and resources to assist during the transition to the community process. The Housing Coordinator will leverage an understanding of OK's existing low-income housing, assisted living, supported residential and other types of community settings and programs to support MFP participants. Once MFP program eligibility has been determined Housing Navigation services will be offered as needed and identified through the person-centered planning process.
Participation in the person-centered planning process.

For a list of pre-tenancy supplemental services see Table E.3.1.

The Living Choice Housing Guide and Welcome Booklet are linked below.



Select the following housing-related services and supports available to MFP participants. See the State Health Official letter #21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH) for a description of housing-related services and supports.

☒ Home accessibility modifications (provide a dollar amount available per participant)

See Table E.3.1

☒ One-time community transition costs (provide a dollar amount available per participant)

See Table E.3.1

☒ Pre-tenancy supports

See Table E.3.1

☒ Tenancy supports

See Table E.3.1

F.2. Partnerships with state or territory and local housing entities

Describe how the state or territory will develop and sustain partnerships with state or territory and local housing agencies to increase access to affordable and accessible housing for MFP participants. Include the following:

- How the state or territory will put in place partnership arrangements with state or territory and local housing entities
- How the state or territory will work with those entities to assist MFP participants to obtain affordable and accessible housing
- Description of the proposed infrastructure expenditures to support housing partnerships; examples of infrastructure expenditures include:
  - Housing specialist position(s)—responsible for developing/maintaining system-level partnerships with state or territory and local housing entities
  - Technology—for example, electronic referral systems, shared data platforms, screening tool, case management systems, databases/data warehouses, housing registry
  - Workforce development—for example, training, housing coordination certification, cultural competency training
  - Outreach, education, and convenings—for example, design and production of outreach and education materials, translation, investments in community convenings

The Living Choice Housing Specialist, who reports directly to the Living Choice Project Director, leads all efforts related to housing supports. The Housing Specialist manages the partnership agreements and continues to actively develop new housing resources throughout the state. The Housing Specialist enables participants to apply and establish program eligibility to qualify for affordable and accessible subsidized housing through the Oklahoma Housing Finance Agency (OHFA). This staff will coordinate with OHFA's Section 8 Housing Choice Voucher (HCV) Program by increasing housing opportunities for participants and assists with coordinating the transition of SoonerCare members out of institutional care and into the community.

Partnership Agreements

The Living Choice program currently operates with three partners to provide resources for affordable, accessible housing in Oklahoma: the Oklahoma City Housing Authority, OHFA, and the Affordable Home Ownership Opportunities People with Disabilities (AHOOPD).

Housing Choice Voucher Program

Housing officials at the Oklahoma City Housing Authority have set aside housing vouchers each year for individuals transitioning from institutions to the community. Living Choice TCs support participants to obtain housing vouchers for as they transition from nursing facilities to the community. OHFA partners with the Living Choice program to make available housing choice vouchers for members transitioning

back to their communities throughout Oklahoma. These vouchers became available beginning on October 10, 2012.

OHFA aids 10,600 families through its Section 8 HCV program. More than half of the families served by OHFA have heads of households that are people with disabilities. OHFA pays approximately $50,000,000 per year in housing assistance payments to landlords and utility reimbursement payments to participating families. OHFA maintains one waiting list for the Section 8 HCV program.

Affordable Home Ownership Opportunities for People with Disabilities

The AHOOPD program is based on the national "Home of Your Own" program. Individuals with disabilities who wish to own their own homes may access housing programs provided by local community action agencies and local community-based housing development organizations (CHDO's). The AHOOPD Program is available through seven CHDO's statewide. Staff at each of the CHDO's provide homebuyer education specific to the needs and capabilities of individuals with disabilities. Additionally, staff assist the individual with a disability to determine the appropriate loan products and down payment assistance program for which he or she may qualify. Staff at each of the CHDO's have expertise in facilitating home ownership for individuals with disabilities.

Table F.2.a: AHOOPD Partner Community Action Agencies

Community Action Agency	City	Counties
Big Five Community Services	Durant	Bryan, Carter, Coal, Love, and Pontotoc Counties
Community Action Agency of Oklahoma City and Oklahoma / Canadian Counties	Oklahoma City	Oklahoma and Canadian Counties
Community Action Development Corporation	Frederick	Beckham, Cotton, Jefferson, Kiowa, Roger Mills, Tillman, and Washita Counties
Community Action Resource and Development, Inc.	Claremore	Mayes, Rogers, Nowata, Wagoner, and Washington Counties
Community Development Support Association	Enid	Garfield and Grant Counties
Deep Fork Community Action Foundation	Okmulgee	McIntosh, Hughes, Okfuskee, and Okmulgee Counties
Delta Community Action Foundation	Lindsay	Garvin, McClain, and Stephens Counties
Great Plains Improvement Foundation	Lawton	Comanche County
INCA Community Services	Tishomingo	Atoka, Johnston, Marshall, and Murray Counties
KI BOIS Community Action Foundation	Stigler	Haskell, Latimer, Leflore, and Pittsburg Counties
Little Dixie Community Action Agency	Hugo	Choctaw, McCurtain, and Pushmataha Counties
Muskogee County Community Action Foundation	Muskogee	Muskogee County
Northeast Oklahoma Community Action Agency	Jay	Craig, Delaware, and Ottawa Counties

Community Action Agency	City	Counties
Opportunities, Inc.	Watonga	Alfalfa, Beaver, Blaine, Cimarron, Custer, Dewey, Ellis, Harper, Kingfisher, Major, Texas, Woods, and Woodward Counties
Southwest Oklahoma Community Action Group	Altus	Greer, Harmon, and Jackson Counties
United Community Action Program	Pawnee	Creek, Kay, Noble, Osage, and Pawnee Counties
Washita Valley Community Action Council	Chickasha	Grady and Caddo Counties

Figure F.2: Oklahoma Community Action Agency Map

The first step to home ownership for prospective homeowners with disabilities is homebuyer education. Transition planning team members refer identified potential homeowners as the appropriate CHDO in their desired county. If no CHDO is available, they are referred to the local public housing authority. Individuals must complete the homebuyer education program at the local community action agency. After completing the program, TCs refer participants to federal homebuyer assistance programs. The AHOOPD program connects individuals with resources for down payments, closing costs, and home rehabilitation, and is available to Living Choice program participants in counties served by CHDOs.

Housing for Individuals with Intellectual Disabilities

During the transition planning process, individuals with intellectual disabilities can choose to move to their own residence or share a home with up to three roommates. DDS maintains a registry of individuals seeking roommates. If a suitable roommate is found, the TC facilitates a meeting between the individuals and their families. If both agree, the TC arranges the transition from the ICF/IID to a community home.

If no roommate is available, individuals can select their own home based on personal preferences. Depending on their supervision needs, they may live alone with some assistance from direct care staff. While individual housing placements are rare, the person-centered planning team reviews all housing

options. If public housing assistance is available, TC assures that participants complete all necessary applications before the transition.

Public Housing

Individuals transitioning through the Living Choice Project can access public housing, which offers unfurnished apartments managed by local public housing authorities. Unlike the HCV program, where individuals rent from private landlords, public housing developments own and operate these authorities. Residents benefit from lower rent costs and access to various social services. Additionally, there are options for homeownership with federal down payment assistance. Older adults in Oklahoma can receive rental assistance through the OHFA or local public housing authorities. Cities such as Oklahoma City, Tulsa, Norman, and Lawton offer public housing for low-income older adults. During transition planning, individuals apply for necessary housing programs, including housing vouchers or affordable public housing.

Table F.2.b Housing Infrastructure

Infrastructure Component	Description
Housing Specialist	The housing specialist develops and maintains partnerships with OHCA, OHFA, and the AHOOPD program. Additional responsibilities include developing new housing resources and supporting education of Living Choice partners and staff on housing matters.
Technology	The Living Choice program uses the Harmony data system for all programmatic data and information. The system allows for documentation and workflows that support TCs in transition-related activities, including housing search.
Workforce	All Living Choice State staff and field staff receive training to support housing resource infrastructure.
Outreach, Education, and Convenings	The housing specialist collaborates with the Living Choice marketing specialist to promote the program at various community gatherings, conferences, and other locations that provide opportunities to educate the public, providers, and potential program partners.

F.3. MFP-qualified residence

Describe how the state or territory will verify and document the type of MFP-qualified residence (see PTC 15) an MFP participant resides in during the 365-day enrollment period. Use discrete descriptions for each target population if applicable. Include the following:

- Description of the process for identifying MFP-qualified residences
- Description of the provider(s) responsible for verifying and documenting the type of MFP-qualified residence
- Assessments or tools for screening MFP-qualified residences, including:
  - Name and description of the assessments of tools
  - Embed any assessments or tools below or in the appendix, or provide a link to the source

Living Choice TCs inform participants of MFP-Qualified Residence requirements during the CSP development process. Participants understand that qualified residence must be:

- A home owned or leased by the individual or the individual's family member

- An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control
- A residence, in a community based residential setting, in which no more than 4 unrelated individuals reside.[8]

TCs conduct a home visit prior to Moving Day to confirm the participant's preferred housing meets program criteria. TCs use the CSP and Moving Day Checklist form to document that a participant's residence meets the definition of an MFP-qualified residence. If an individual chooses to live in a non-qualified community residence, the TC documents this choice and informs the person that they are ineligible for the Living Choice program based on the decision to live in a non-qualified residence.

F.4. Other information

If needed, provide other information regarding the state or territory's transition coordination and housing processes and services that is not addressed elsewhere in the template.

[No other information identified for this section.]

[8] Money Follows the Person Program Terms and Conditions, Section 15 (PTC-15), p. 4

SECTION G. SELF-DIRECTION AND INFORMAL CAREGIVING

G.1. Self-direction

Describe any opportunities for MFP participants to receive HCBS as self-directed services.

Living Choices Services

Self-direction in the context of HCBS can give older adults and people with disabilities more choices and greater control over the services they receive. The individual can choose the services they need with much more flexibility than traditional models in which funds flow from the Medicaid agency to a traditional HCBS provider agency.

Self-direction for older adults and people with physical disabilities became available to Living Choice participants in November 2012 with full implementation by July 2013 based on OHCA's rulemaking and implementation processes.

Older Adults

Since 1970, Oklahoma's Medicaid State Plan Program has offered personal care services, including an Individual Personal Care Service model. This model allows individuals to recruit, hire, and manage their personal care attendants (PCAs) without handling payment responsibilities, which are managed by the Oklahoma Health Care Authority (OHCA). In 1995, the 1915(c) waiver introduced an Agency Model for Personal Assistance Services, where individuals participate in care planning, but the provider agency manages employer responsibilities.

Self-direction in the context of home and community-based long-term care services is designed to give individuals 19 years or older with disabilities or long-term illnesses more choices and greater control over the purchase of the home and community-based services they receive. In a true self-directed service delivery model, an individual budget is designed with the individual during the person-centered planning process. The individual can purchase the services he or she needs with much more flexibility than traditional models in which funds flow from the Medicaid agency to a provider agency. Using a self-directed approach, the individual has the right to make decisions about his or her personal care providers while directing and controlling the services provided.

For self-directed services to be successful, the philosophy of self-determination and self-direction must be fully integrated into the service delivery system. The Living Choice project will provide Oklahomans with opportunities to integrate self-direction in the entire consumer experience in home and community-based services to the extent each individual wishes and will not be dependent on whether the care is delivered by residential provider agency employees or managed by the individual.

The model offers a range of self-directed options, allowing participants to recruit, hire, train, and manage their service providers within a specified budget. This model supports self-determination and integrates self-direction into HCBS. The OHCA fiscal agent contractor provides monthly statements, payroll data comparisons, and invoice reviews to ensure accurate delivery of service. The program also emphasizes person-centered planning and offers training and peer counseling through Centers for Independent Living (CILs). During the transition planning process, participants receive assistance in determining their desired level of self-direction. TCs help manage individual budgets and employment tasks. Participants can choose the most suitable self-direction model for their living situation, ensuring they have control over their care and services.

1915(c) Services

Community Waiver

Opportunities for self-direction will be available to individuals with IID through the Living Choice project on the Community Waiver. Regardless of the chosen service model, the TC and the individual review the risks, responsibilities, and liabilities associated with each model. Once the individual selects a service plan, the TC explains the planning process. If self-direction or self-direction with support is chosen, the individual and the TC work with OHCA to establish a budget with the fiscal agent. If the individual needs training for self-direction, TC and the state's Fiscal Management Service Agent (FMS) will ensure the individual and their family are properly trained. The individual must be able to make informed choices about their support and services and understand the impact of their decisions. By choosing self-direction, the individual takes on responsibilities such as hiring, training, and managing direct support professionals, ensuring work times align with the service plan, and receiving all planned services. Responsibilities include recruiting direct support professionals and backup staff, maintaining employment files for each professional, assigning hours and referring professionals to the payroll agent, ensuring services align with the plan of care, dismissing professionals when necessary and informing the payroll agent, training professionals on specific duties, maintaining and verifying time sheets, notifying the transition coordinator of changes in condition or needs, and informing providers if they wish to discontinue self-direction. The individual, TC, and planning team will develop a transition plan based on the individual's strengths, assets, and goals. The team will review the individual's UCAT to determine the necessary support and services. For each goal, the team will outline steps and identify resources to assist in achieving those goals.

G.1.1. Termination of self-direction

Describe how the state or territory accommodates a participant who voluntarily terminates self-direction to receive services through an alternate service delivery method, including how the state or territory assures continuity of services and participant health and welfare during the transition from self-direction to the alternative service delivery method. Describe the circumstances under which the state or territory will involuntarily terminate the use of self-direction and thus require the participant to receive provider-managed services instead. Specify procedures for switches from self-direction to provider-managed or other service delivery systems.

Living Choice Services

Living Choice participants may voluntarily terminate any services, including self-directed personal care services and self-directed support, at any time. Case managers with additional training in self-direction assist individuals with termination of self-directed personal care and transitioning to the residential provider agency model of personal care service. Involuntary termination of individual personal care services may occur if it is determined that the individual can no longer effectively self-direct their care, compromising their health and welfare, or if there is no authorized representative to assume these responsibilities. Involuntary termination will also occur in cases of fraudulent behavior by the individual. For older people with disabilities or long-term illnesses, the Consumer Directed Agent (CDA), who is a transition coordinator with additional training in self-direction, assists with terminating self-directed personal care and transitioning to the residential provider agency model. For people with physical disabilities, TC assists with terminating self-direction or self-direction with supports. Participants can transition to services with a provider agency as the transition coordinator links participants to agencies that can address their needs.

1915c Waivers

Community Waiver

Voluntary Termination: Members who decide to discontinue directing their services may return to traditional waiver services. Their DDS Case Manager assists them in returning to traditional waiver services including assistance with free choice of any willing and qualified provider. The DDS Case Manager will assist in developing a revised plan for traditional waiver services and the funding will follow them back to traditional waiver services. Since the option to self-direct is covered under the same waiver, there will be no disruption of services. Members will continue to self-direct until traditional waiver services are in place.

Involuntary Termination: Members may be terminated involuntarily from self-direction and offered traditional waiver services under the following circumstances:

- immediate health and safety risks associated with self-direction
- intentional misuse of funds following intensive technical assistance and support from the DHS/DDS Case Manager, FMS and its subagent
- fraud
- When members or representatives continue to violate waiver policies and procedures even after training and technical assistance by DDS. Some examples would be not providing receipts with vendor requests forms to the FMS subagent, failure to submit timesheets to the FMS subagent in a timely manner, failure to provide reports to the DDS Case Manager, failure to report critical incidents, or refusal to follow outcome related activities.

When action is taken to terminate the member from self-directed services involuntarily, the DHS/DDS Case Manager assists the member in accessing needed and appropriate services through traditional waiver services, ensuring that no lapse in necessary services occurs for which the member is eligible. The Fair Hearing process and notice apply when any action is taken to involuntarily terminate self-directed services.

G.2. Other information

If needed, provide other information regarding self-direction and informal caregiving that is not addressed elsewhere in the template.

[No other information identified for inclusion.]

SECTION H. REPORTING

H.1. Reporting plans and procedures

Describe how the state or territory will develop and implement a reporting plan and procedure for data collection, reporting, and participation in the MFP evaluation effort. The reporting plan must include data collection plans and procedures that demonstrate the state or territory's capacity to collect and share data for reporting the required program, expenditure, and financial information. States or territories must include a description of their T-MSIS data submission status and must address how identified T-MSIS data quality issues are being addressed.

Describe the reporting procedures for ensuring timely and complete data submissions to CMS, including quarterly, semi-annual, and annual reporting requirements; performance indicators and program outcome metrics; and continuous quality improvement and quality measures reporting.

Describe the strategies for ensuring that all partners and participants—including all affiliated departments, agencies, and providers—will participate in the project's evaluation.

Data Collection and Reporting Plan

The Living Choice program uses three data and reporting systems to collect and report on program data, shown in Table H.1.a. Each is explained in further detail below.

Table H.1.a: Data System Descriptions

Data System	Description	Types of Data Collected
MMIS	System of record for Medicaid beneficiary, provider, and claims information.	Demographics, eligibility spans, and claims.
Harmony	A waiver information management system used to collect, store, and report data for the ADvantage waiver, Living Choice program, and others.	Waiver and Living Choice programmatic information, including forms, person-centered care plans, critical incidents, and case notes.
CCM	A waiver information management system used to collect, store, and report on data for waivers that serve the IID population.	Waiver and Living Choice programmatic information, including forms, person-centered care plans, critical incidents, and case notes.

MMIS

The MMIS is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives for collecting and storing data related to Medicaid beneficiaries. The objectives of this system and its enhancements include Medicaid program control and administrative costs, services to recipients, providers, and inquiries, operations of claims control and computer capabilities, and management reporting for planning and control.

The Living Choice program uses the MMIS to confirm demographic information, confirm Medicaid beneficiary eligibility, confirm inpatient provider status, and track beneficiary eligibility spans.

Harmony Data System

Oklahoma's Harmony data system is an electronic platform used by the OHS to manage and store information related to various programs, including the Living Choice program. This system enhances data management, improves service delivery, and assures compliance with program requirements. Harmony

securely stores participant data, such as assessments, service plans, and case notes, making it easily accessible to authorized users. It supports service coordination by enabling case managers and TCs to track participant progress, update service plans, and communicate with other service providers. Additionally, Harmony aids in compliance and reporting by providing tools for monitoring high-risk indicators, generating audit reports, and documenting corrective actions. The system includes robust security features to protect sensitive information, requiring authorized access and user authentication protocols. OHS provides training for users to ensure proficiency in using the platform, and regular updates and maintenance are conducted to keep the system functioning optimally. Harmony is a critical tool for managing the complex needs of participants in Oklahoma's long term care programs, ensuring effective and efficient service delivery.

CCM

The Community Client Contact Manager (CCM) is a case management software system for Developmental Disabilities Services. It is a custom solution designed to help case managers and other DDS staff efficiently manage client information, track services, and coordinate care. All electronic records for current and past service recipients are recorded and stored within the application. It provides a centralized platform for recording case notes, storing case documents, receiving and reviewing incident reports, monitoring progress, and completing and tracking service authorizations. CCM is connected to other software applications to seamlessly transfer authorization files for billing. Reports are available within the application to track performance, compliance, etc. A corresponding CCM Provider Reporting portal is available for providers to complete and submit incident reports as well as complete staff turnover reporting.

Data Collection Processes

The general process for Living Choice data collection is below.

Table H.X: Data Systems and Data Collected

Data System	Data Collection
MMIS	• County-based eligibility staff collect required documentation for state plan and / or 1915(c) waiver eligibility and process according to established SoonerCare policies and procedures • Oklahoma Human Services staff enter program status, start and end dates, and any additional information required to establish the program eligibility span, i.e., the duration of the participant's program eligibility
Harmony	• Living Choice and provider staff update relevant program participation information into Harmony for the duration of the participant's Living Choice participation period • Living Choice staff use information entered into the Harmony system to develop required reports
CCM	• DDS and provider staff update relevant program participation information into CCM for the duration of the participant's Living Choice participation period • DDS staff use information entered into the CCM system to develop required reports

Reporting Procedures

All Living Choice program staff use the Harmony data system to collect, store, and report on Living Choice participant data. The Data and Quality Analyst, overseen by the Project Director, uses reports

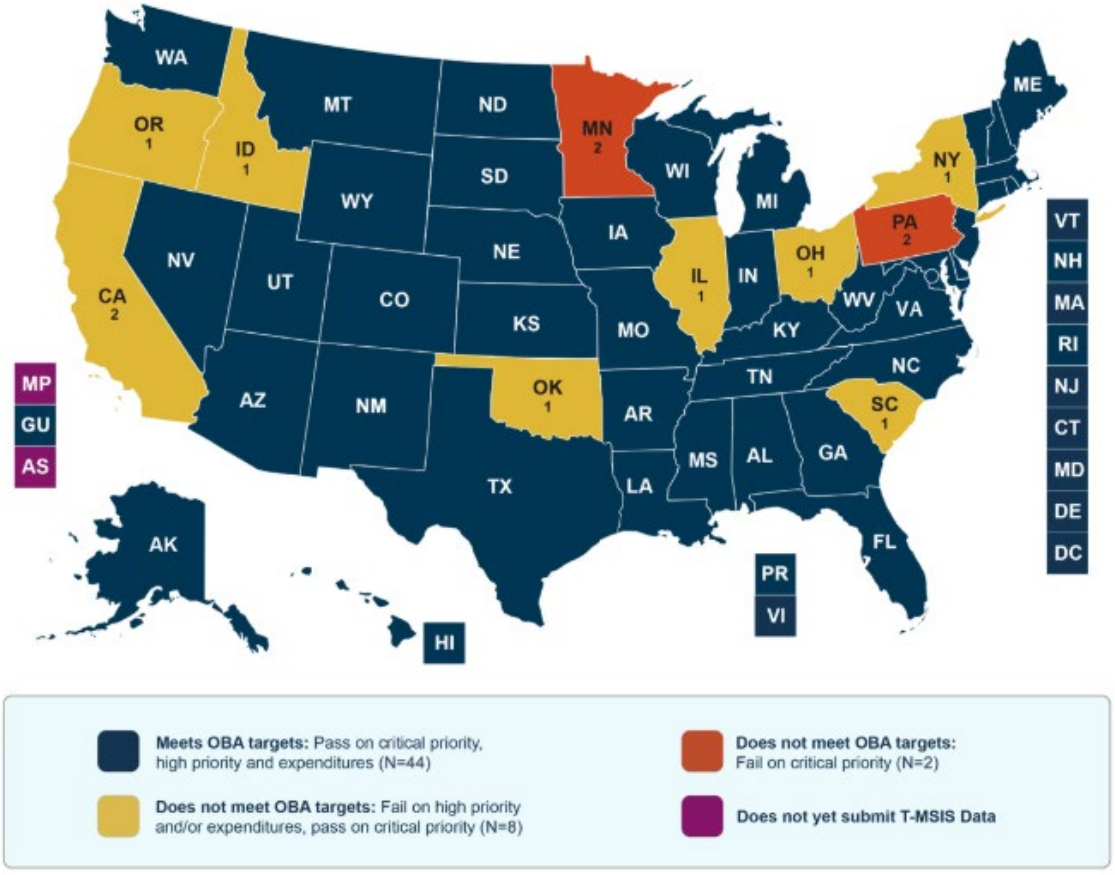
generated out of the Harmony system to develop quarterly, semi-annual, and annual reports as required by CMS for the MFP program.

For additional information on reporting measures and quality assurance practices, see Section I: Quality Measurement, Assurance, and Monitoring of this Operational Protocol.

T-MSIS Submission Status

Oklahoma assures the accuracy and completeness of its Transformed Medicaid Statistical Information System (T-MSIS) data through a combination of data submission plans, data testing, and ongoing monitoring by CMS. The most recent Outcomes Based Assessment (OBA) from CMS identified the state of Oklahoma passes on the submission of critical priority expenditures but needs improvement on high priority expenditures.

Figure H.1: T-MSIS Data Quality Progress for OBA as of March 2025



The map in Figure H.1 identifies the status of state activities in addressing T-MSIS data quality areas currently prioritized by CMS. The map reflects potential data quality issues identified using the OBA methodology and is not a representation of all T-MSIS data quality issues.

Living Choice designs Quality Improvement (QI) strategies to advance the quality of care for SoonerCare members through input from members, providers, collaborative work groups and other stakeholders. The group advises, shares best practices, interventions, program services and contributes to the development of improvement projects. Improvement strategies are central to any quality strategy and must include:

- Identifying current levels of quality

- Identifying areas for improvement
- Designing interventions to achieve improvement
- Charting progress toward quality goals.

The goal of Living Choice Quality Improvement Team includes the Quadruple Aim:

- Improving health outcomes for SoonerCare members
- Improving member experience
- Decreasing the cost of care per capita
- Improving provider experience.

Living Choice QI teams work closely with CMS, vendors, and other partners to support the identification and remediation of T-MSIS data submission challenges through data management and the implementation of a Plan, Do, Study, Act (PDSA) improvement process.

SECTION I. QUALITY MEASUREMENT, ASSURANCE, AND MONITORING

I.1. Quality assurance and improvement

I.1.1. Quality management strategy

Provide as an appendix a comprehensive and integrated quality management strategy. Describe how the state or territory assures quality and continuously improves the quality of HCBS under the state or territory Medicaid program, and assures the health and welfare of individuals participating in the MFP Demonstration. In the Work Plan, include state or territory initiatives to improve the quality of services received by individuals receiving HCBS through the MFP Demonstration and the systems that serve them. Include how the state or territory monitors and evaluates the quality of services provided to MFP participants (including supplemental services), the roles and responsibilities of all agencies involved, and remediation and improvement processes.

Describe the program's targeted system performance requirements, including that (1) the state conducts level-of-care need determinations consistent with the need for institutionalization, (2) plans of care are responsive to participants' needs, (3) qualified providers serve participants, (4) health and welfare of participants is protected, (5) state or territory Medicaid agency retains administrative authority over the program, and (6) the state or territory provides financial accountability of the program.

If the state or territory plans to integrate the MFP program into a new or existing section 1915(c) HCBS waiver program, section 1915(i) state plan HCBS, section 1915(j) self-directed personal care services, section 1915(k) Community First Choice, or a section 1115 demonstration, provide a link to the approved quality improvement system (QIS), for example as found in:

- Appendix H of the section 1915(c) HCBS waiver application
- QIS information provided in the section 1915(i) state plan application
- The quality assurance and improvement plan used to monitor and evaluate the section 1915(j) self-directed option
- The quality assurance and improvement strategy used to monitor the section 1915(k) Community First Choice State Plan option
- Section IV of the section 1115 demonstration application, describing how delivery system reforms will impact quality, access, cost of care, and health status of the covered populations

Describe how the HCBS state plan, section 1115 demonstration, or waiver program's existing QIS is or will be modified to ensure adequate oversight and monitoring of the MFP program.

The state has included the Quality Management Strategy document attached below detailing how the State assures continuous quality improvement of HCBS programs under the States Medicaid systems. This document also provides assurances for the health and welfare of individuals participating in the MFP demonstration.

MFP Quality Management Strate

To address the requirements of the Access Rule related to the HCBS Quality Measure Set (described in the Quality Improvement Initiative of the MFP WorkPlan), the MFP program is working in partnership with

other 1915c waiver programs to identify the Experience of Care Surveys (NCI-AD and NCI-IDD) and the tools that will be used to gather data for LTSS-1 and LTSS-2. The State will use in-house claims data to report on LTSS measures 6, 7, & 8, or utilize the rebalancing measures provided by CMS through the LTSS Rebalancing Measures Performance Scores Report.

The state has contracted with Oklahoma State University (OSU) to conduct the NCI-AD and NCI-IDD surveys. The Oklahoma Health Care Authority (OHCA) as the lead agency for MFP, will assure that all individuals participating in the program will receive the same quality of care as received in other HCBS programs operated by the state.

Targeted Performance Requirements

Targeted performance requirements implemented by the Living Choice program are below:

(1) The state conducts level-of-care need determinations consistent with the need for institutionalization:

For the Living Choice demonstration, the level of care for participants has already been established as the participant has met the requirements for nursing facility level of care. Living Choice TCs coordinate with institution staff to obtain adequate documentation to confirm the individual meets institutional level of care. Most commonly, the TC collects the physician's order for admission, a list of diagnoses, and the medication administration record.

(2) Service plans are responsive to participants' needs:

Living Choice TCs receive the same training as ADvantage waiver case managers regarding the development of person-centered plans of care. Living Choice staff actively review plans of care and provide technical assistance to TCs when required.

(3) Qualified providers serve participants:

The Living Choice program only enrolls current providers of the ADvantage waiver that are in good standing. See the 'Waiver Assurances and Quality Measures' of this section for more information on ADvantage waiver provider qualifications and assurances.

(4) Health and welfare of participants is protected:

Living Choice TCs receive the same training as ADvantage waiver case managers regarding the assurance of health and welfare of participants. Additionally, Living Choice staff actively review each critical incident reported for participants and work with TCs to develop individual and systematic resolutions. For additional information regarding the incident management system, refer to Section I.2.3 of this Operational Protocol.

(5) The state or territory Medicaid agency retains administrative authority over the program:

OHCA retains administrative authority for the Living Choice program. For additional information as to the administrative organization of the Living Choice program, see Section B of this Operational Protocol.

(6) The state or territory provides financial accountability of the program:

State financial oversight exists to ensure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved program. OHCA provides for financial accountability of the program through the submission of annual budgets that are approved by CMS. OHCA reviews and reconciles claims processed through the MMIS system no less than annually. For additional information on Billing and Reimbursement procedures, see Section B of this Operational Protocol.

The State has attached Quality Improvement System from Appendix H of the AD and IDD waivers.


Quality Improvement - ADW.pdf


Quality Improvement - IDD.p

I.1.2. Quality assurance attestation

☒ Select this box to indicate the state or territory will cooperate in carrying out activities to develop and implement continuous quality assurance and quality improvement systems for HCBS and LTSS.

I.1.3. HCBS quality measures

Describe how your state or territory plans to select an experience of care survey or surveys for each of the major population groups included in the state or territory's HCBS program from the HCBS Quality Measures and report on the survey data.

The state contracts with Oklahoma State University OSU to conduct the NCI-AD survey for MFP serving older individuals with chronic illnesses and physical disabilities. The NCI-IID is the survey that will be conducted for the population with intellectual disability.

Describe any limitations in the data sources, sampling strategy, or calculations used to report the HCBS Quality Measure Set, as well as any other anticipated challenges for reporting.

MFP program will work in partnership with another 1915c waiver program operating in the state to address the requirement of the HCBS Quality Measure Set. The workgroup will focus on measures (LTSS-1 and LTSS-2) in the planning, scope to implementation and reporting of quality measures by quarter three of FY 2026.

Some difficulties include:

- There is a need for greater collaboration across agencies.
- We rely on multiple systems to serve our target populations.
- Not all the systems involved communicate with each other.
- Trend tracking/analysis is difficult across agencies.
- Difficulties tracking/reconciling expenditures across different systems.

Describe how HCBS Quality Measure Set data will be used to support MFP program monitoring and improvement.

OHCA, as the lead agency for MFP, will assure that all individuals participating in the program will receive the same quality of care as received in other HCBS programs operated by the state. The State will use HCBS QMS Data to expand quality initiatives and system improvements across all 1915c waiver programs.

Some goals include:

- Improve access/awareness of resources for beneficiaries/family caregivers such as peer support, crisis support, information and referrals that support overall well-being.
- Improve availability of health data to Oklahoma leaders and policymakers ensuring the highest quality of care for Oklahoma residents.
- Improvements in long-term trend tracking will provide direction for service expansion and marketing efforts.

Please list the responsible party and any key partners for reporting on the HCBS Quality Measure Set and driving improvement.

Responsible MFP parties, PD, DQA and Program staff in partnership with Oklahoma Human services

I.2. Additional MFP quality assurance requirements

Describe how the state or territory will address the three additional MFP quality assurance requirements for (1) 24-hour backup systems for crucial services, (2) risk assessment and mitigation, and (3) incident management. For each requirement, describe how the state or territory will monitor its use and effectiveness and explain any variations by target population, geography, or any other factor. Describe the protocol for the reporting of incidents to the state or territory's critical incident systems for the state or territory's HCBS program(s).

I.2.1. 24-hour backup systems for critical services

Using the table shell below, describe any 24-hour backup systems accessible by Demonstration participants, as well as how participants can access the systems (for example, toll-free telephone number or website). The state or territory should describe, at a minimum, the backup systems related to (1) critical services, (2) transportation, (3) direct care workers, (4) repair and replacement for durable medical equipment (DME) and other equipment (including provision of loaning equipment while repairs are being made), and (5) access to medical care (including how participants are assisted with initial appointments, how to make appointments, and how to deal with appointment or care issues). Add as many rows as needed to capture all backup systems available to Demonstration participants.

Table I.2.1 24-hour backup systems

Backup system	Description of system	Participant access
Critical services	911 Emergency telephone system	County-based 911 emergency telephone system, SoonerCare
Transportation	Local Emergency Management Agency	Local Emergency Management Agency toll free number, 911 Emergency telephone system, SoonerCare
Direct care workers	Provider Network	Provider toll-free number, Case Manager toll-free number, SoonerCare
Repair and replacement for DME and other equipment	DME provider network	Provider toll-free number, Case Manager toll-free number, SoonerCare
Access to medical care	911 Emergency telephone system, Local Emergency Management Agency	Local Emergency Management Agency toll free number, 911 Emergency telephone system, SoonerCare

Describe the organization of 24-hour backup systems. Explain which state, territory, or local agencies are responsible for providing 24-hour, seven day per week emergency backup in all geographical areas in which the MFP Demonstration will operate and for each target group if it varies.

Backup Systems

Oklahoma's organization of a 24-hour backup system for the Living Choice program ensures continuous support for participants transitioning from institutions to community settings. OHCA oversees the program, coordinating with various agencies to provide emergency backup services.

The primary agencies responsible for providing 24-hour, seven-day-per-week emergency backup include:

- Transition Coordination Agencies are responsible for identifying and securing housing, developing community service plans, and ensuring the availability of necessary services and supports. Participants select the TC Agencies.
- Case Management Agencies work closely with transition coordinators to develop individualized transition plans and provide ongoing support to participants.
- Home Health Agencies provide medical and personal care services, ensuring participants receive the necessary health care and support in their homes.
- Durable Medical Equipment Providers ensure participants have access to essential medical equipment and supplies, including emergency repairs and replacements.
- Assisted Living Centers offer residential services and support for participants who require a higher level of care.
- Emergency Services utilize the statewide 9-1-1 emergency call system in extreme emergencies to provide immediate assistance.

These agencies collaborate to ensure that participants in all geographical areas of Oklahoma receive continuous support and emergency backup services, tailored to the specific needs of each target group, including persons with physical disabilities, older adults, and individuals with intellectual disabilities.

Oklahoma has an Action Plan for Disaster Recovery[9], which was written in December 2023 and approved in February 2024. The U.S. Department of Housing and Urban Development (HUD) has allocated $7,473,000 in Community Development Block Grant-Disaster Recovery (CDBG-DR) funds to Oklahoma for long-term recovery from severe storms, tornadoes, and flooding that occurred from May 2-8, 2022. This funding, managed by the Oklahoma Department of Commerce Community Development Division, aims to address unmet needs after other assistance has been exhausted.

Describe the process for receiving and resolving participant complaints when the backup systems and supports do not work.

Complaints

Oklahoma has a complaint system in place for addressing issues when backup systems don't work. The OHCA and Oklahoma Human Services (OHS) have dedicated waiver staff responsible for program monitoring and oversight. They use an electronic database to store information related to identified problems and their resolutions. If a member's backup system fails, someone can file complaints through various channels, including OHCA and OHS. The OHCA Director of Long-Term Services and Supports

[9] Action Plan for Disaster Recovery

mediates individual problems and collaborates with the designated OHS Point of Contact for timely resolution. Additionally, the Quality Management Strategies Council (QMSC) addresses systemic issues, which may form workgroups to resolve problems or initiate systemic changes.

I.2.2. Risk assessment and mitigation

Describe the organization of risk assessment and mitigation processes for all program participants, including monitoring.

Oklahoma uses the Uniform Comprehensive Assessment Tool (UCAT) to assess the needs of individuals. The UCAT collects personal demographic data and financial information. It also conducts a comprehensive assessment to identify unmet needs, determine the potential for community-based care, and assist in developing a plan of care. This includes evaluating physical health, mental health, functional abilities, physical environment, nutrition, and available supports. The UCAT helps ensure that the assessment process is thorough and consistent, facilitating accurate and in-depth evaluations of member needs and eliminating unnecessary duplication of assessments.

TCs play a vital role in addressing risk in person-centered care plans. They work closely with participants to develop individualized transition plans that prioritize the participant's preferences and needs. The process includes:

- TCs assess and identify potential risks during the transition process, such as health issues, safety concerns, and the availability of necessary supports.
- TCs develop strategies to mitigate identified risks, including creating backup plans that involve formal supports from multiple providers to ensure continuity of services.
- TCs educate participants about potential risks and available options, advocating for their preferences in risk acceptance and mitigation measures.
- TCs collaborate with various agencies, including home health agencies, durable medical equipment providers, and assisted living centers, to ensure that all necessary supports are in place.

By using the UCAT and working closely with participants, TCs ensure that person-centered care plans are comprehensive and tailored to address individual risks, promoting a safe and successful transition to community living.

I.2.3. Incident management system

Assure that MFP critical incidents are reported through the state or territory’s incident management systems for Medicaid HCBS. Describe the organization of the incident management system used to monitor the health and welfare of MFP participants. Identify the state or territory entity responsible for receiving, reviewing, and responding to MFP critical incident reports and investigating consumer complaints regarding violation of their rights. If applicable, clearly describe how the policy differs by situation (for instance, by participant population group, qualified institutional setting, or operating division).

Oklahoma Medicaid's Incident Management System works to assure the health, safety, and well-being of enrollees by promptly identifying, reporting, reviewing, investigating, and correcting serious incidents. Managed by OHCA, the system requires providers to report any serious incidents that harm or potentially harm an enrollee's health, safety, or well-being, such as suicide attempts, allegations of abuse or neglect, accidental injuries, and medication errors. Providers must contact OHCA by phone no later than 5:00 PM on the business day following the incident and submit a written report within three days. OHCA reviews these reports to ensure appropriate investigations and corrective actions are implemented. If OHCA

identifies deficiencies, providers must develop and implement corrective action plans, submit monthly progress reports for two months, and undergo follow-up audits by the OHCA. For significant issues, the OHCA's Escalated Issues Team intervenes to ensure timely resolution, collaborating with case managers, Adult Protective Services, and other relevant parties to safeguard the enrollee's health and safety. In cases where a member's health or safety is at immediate risk, the team initiates emergency planning and may arrange for relocation or transfer to a different service provider.

Harmony Data System

Oklahoma's Harmony data system is an electronic platform used by the OHS to manage and store information related to various programs, including the Living Choice program. This system enhances data management, improves service delivery, and assures compliance with program requirements. Harmony securely stores participant data, such as assessments, service plans, and case notes, making it easily accessible to authorized users. It supports service coordination by enabling case managers and TCs to track participant progress, update service plans, and communicate with other service providers. Additionally, Harmony aids in compliance and reporting by providing tools for monitoring high-risk indicators, generating audit reports, and documenting corrective actions. The system includes robust security features to protect sensitive information, requiring authorized access and user authentication protocols. OHS provides training for users to ensure proficiency in using the platform, and regular updates and maintenance are conducted to keep the system functioning optimally. Harmony is a critical tool for managing the complex needs of participants in Oklahoma's long term care programs, ensuring effective and efficient service delivery.

I.3. Other information

If needed, provide other information regarding the state or territory’s approach to quality that is not addressed elsewhere in the template.

[No other information identified for inclusion.]

SECTION J. CONTINUITY OF CARE POST-DEMONSTRATION

In accordance with section 6071(c)(2) of the Deficit Reduction Act of 2005, the MFP Demonstration must operate in connection with a qualified HCBS program to assure continuity of services for eligible individuals.

Select this box.

☒ The state or territory affirms that it has established procedures and processes for ensuring that the provision of HCBS will continue for an MFP participant at the conclusion of the 365-day enrollment period for as long as an individual remains eligible for medical assistance.

SECTION K. TRIBAL INITIATIVE

If your state or territory has or is planning a Tribal Initiative, please describe the Tribal Initiative.

K.1. Tribal Initiative project director

Name the project director of the Tribal Initiative, describe the percentage of time the project director spends on this initiative, and offer a brief description of the roles and responsibilities of the position.

The MFP-TI initiative known as Pathways to Community Living is the primary responsibility of Johnney Johnson who is the MFP-TI Project Director. The project director devotes 100% of his time to the program. The position supervises two full-time Outreach Coordinator positions. This position is responsible for recruiting grant partners, collaboration, invoice monitoring, developing process for program implementation and reporting to agency leadership on program progress.

K.2. Capacity building and planning

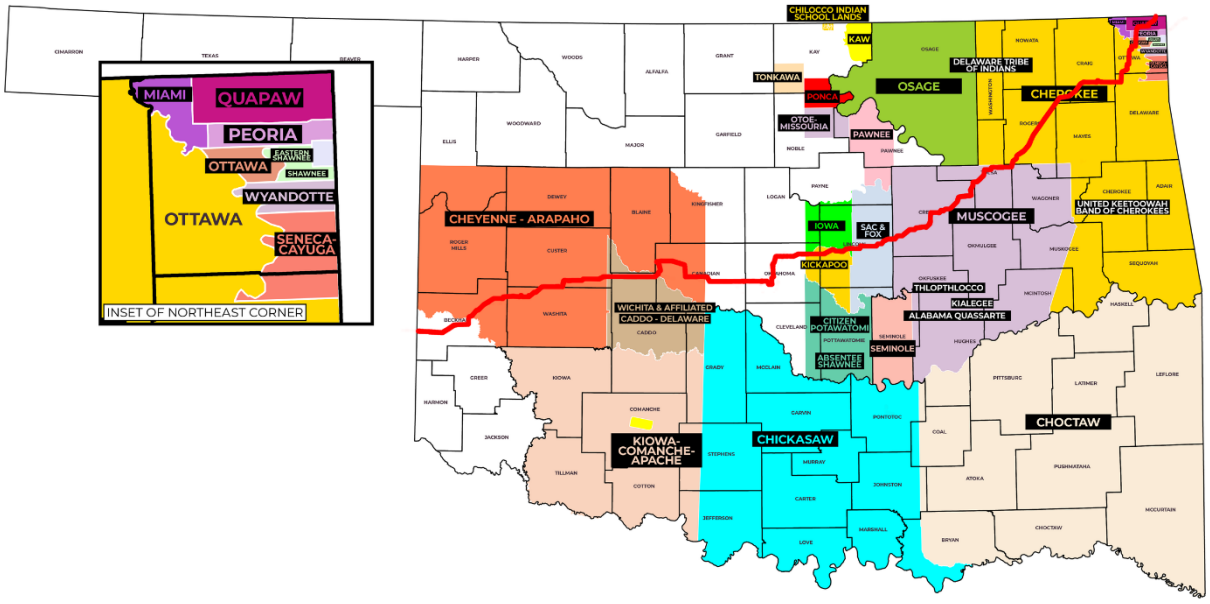
K.2.1. Federally recognized Tribal nations

Name each of the federally recognized Tribal nations within the state or territory.

Table L.2: Federally Recognized Tribes of Oklahoma

Federally Recognized Tribes of Oklahoma		
Absentee Shawnee Tribe of Indians of Oklahoma	Euchee (Yuchi) Tribe of Indians	Pawnee Nation of Oklahoma
Alabama Quassarte Tribal Town	Fort Sill Apache Tribe	Peoria Tribe of Indians of Oklahoma
Apache Tribe of Oklahoma	Iowa Tribe of Oklahoma	Ponca Tribe of Oklahoma
Caddo Nation	Kaw Nation	Quapaw Tribe of Oklahoma
Cherokee Nation	Kialegee Tribal Town	Sac & Fox Nation of Oklahoma
Cheyenne and Arapaho	Kickapoo Tribe of Oklahoma	Seminole Nation of Oklahoma
Chickasaw Nation	Kiowa Tribe of Oklahoma	Seneca-Cayuga Tribe of Oklahoma
Choctaw Nation	Miami Tribe of Oklahoma	Shawnee Tribe of Oklahoma
Citizen Potawatomi Nation	Modoc Tribe of Oklahoma	Thlopthlocco Tribal Town
Comanche Nation of Oklahoma	Muscogee (Creek) Nation	Tonkawa Tribe of Oklahoma
Delaware Nation	Osage Nation of Oklahoma	United Keetoowah Band of the Cherokees
Delaware Tribe of Indians	Otoe-Missouria Tribe of Indians	Wichita and Affiliated Tribes
Eastern Shawnee Tribe of Oklahoma	Ottawa Tribe of Oklahoma	Wyandotte Nation

Figure L.2: Map of the Federally Recognized Tribes in Oklahoma



K.2.2. Engagement with Tribal nations

Describe which tribes are MFP Tribal partners and how the state or territory engages with these partners. Describe how the state or territory engages with tribes that are not MFP Tribal partners. Include strategies and efforts to date and any anticipated or planned engagement efforts.

The State of Oklahoma is one of five grantee states for the MFP Tribal Initiative (MFP-TI). Currently, MFP-TI in Oklahoma works with 16 tribal governments and 2 tribal entities. As with all federally recognized Tribes, each Tribe in Oklahoma is a sovereign nation that is free to enter into agreements of their choosing. For each tribe that partners with Oklahoma MFP-TI, the Tribal Initiative staff develop a contract that follows the MFP-TI guidelines, meets the needs of the sovereign Tribe, and addresses the shared goals of the MFP-TI program between OHCA and the Tribe. Please see Section L.3: Operations below for additional information on how Oklahoma MFP-TI engages with tribes.

Engagement with Non-Partner Tribes

Tribal Partnership Action Plan

Every two years, OHCA updates the OHCA Tribal Partnership Action Plan.[10] The Tribal Partnership Action Plan develops strategies to build relationships with Tribal governments with clearly defined objectives, activities, and the resources allocated to support those objectives. MFP-TI is a component of the 'Elder Care' objective of the plan. The Tribal Partnership Action Plan is one of two key methods MFP-TI engages with Tribal Nations that have yet to partner with the initiative. The Action Plan's objectives and activities are described in Table L.2.2a: Tribal Partnership Action Plan Components and L2.2.b: Other Tribal Partnership Action Plan Priorities.

[10] OHCA Tribal Partnership Action Plan: https://oklahoma.gov/ohca/providers/types/tribal-government-relations/2021-2022-ohca-tribal-partnership-action-plan.html

Table L.2.2a: Tribal Partnership Action Plan Components for MFP-TI

Objectives	Activities	Resources
• Increase the number of AI/ANs enrolled into Home and Community Based Services (HCBS) Waiver programs • Increase the number of Money Follows the Person Tribal Initiative grantees • Review the 1915(C) ADvantage waiver to identify best practices for serving tribal populations.	• OHCA will provide continued outreach and technical assistance to tribal partners and individuals interested in enrolling in HCBS waiver programs • OHCA will support the MFP-TI grant by applying for and securing additional federal funding • Review other HCBS waivers in other states with tribal populations, to identify best practices • OHCA will recruit and provide technical assistance to tribal partners in becoming MFP-TI grantees • Tribal partners will participate in MFP-TI as a grantee to identify best practices • OHCA will contact state partners with MFP-TI grants and will meet regularly	• OHCA: Utilize administrative agency resources for technical assistance to tribal partners • OHCA: Utilize administrative agency resources to facilitate between OHCA, tribal partners, and external partners. • Tribal Partners: Commit to resources necessary to execute an agreement with MFP-TI grant deliverables. • OHCA staff to attend and facilitate external collaborations efforts

L.2.2.b: Other Tribal Partnership Action Plan Priorities

Objective	Purpose
Education and Linkage	Effectively Connect Tribal Communities to the SoonerCare and SoonerSelect Programs
Develop Alternative Payments	To support Indian Health Service, Tribal Health Services, and Urban Indian Health Programs (I/T/U) and maximize reimbursement for services
Develop Indian/Tribal/Urban Indian - Patient Centered Medical Homes (I/T/U PCMH)	Establish different primary care model for I/T/Us addressing unique health care delivery system

MFP Tribal Community Outreach Coordinator

Oklahoma's MFP-TI employs Tribal Community Outreach Coordinator (TCOC) to engage with Tribes that do not yet participate in the initiative. Tribal Community Outreach Coordinators develop relationships with Tribes, Tribal Elders, and tribal members that work in the health and human services areas of the Tribal government.

Informational events such as health fairs, health and human service conferences, and the development of professional relationships with members and Elders of Tribes are the methods which the TCOCs engage

with non-partner Tribes. When they attend fairs, conferences, and other gatherings, they arrive prepared with information and promotional materials that inform Tribal members about the MFP-TI and the services and supports the initiative can provide to Tribal members. As Tribal governments express interest in the initiative, the outreach coordinator encourages them to connect with state staff to begin the contract development process. Through this process, a Tribal government can collaborate with MFP-TI to design a transition and deferral program to support members with health and human service needs and to divert them from institutional placement. These two positions are funded by the Capacity Building Grant. At the conclusion of the grant the plan is to move these two positions to MFP-TI.

K.3. Operations

Describe the operating details of your state or territory's Tribal Initiative. Describe any operational activities that differ from the state or territory's MFP Demonstration in terms of benefits and services available to participants through the Tribal Initiative, quality assurance, self-direction options, housing options for participants, and how continuity of care is maintained after the end of the 365-day Demonstration period.

Include in the MFP Work Plan specific Tribal Initiative objectives including transition benchmarks, outreach to Tribes and Tribal providers, recruitment and enrollment efforts, and workforce development objectives including the amount of services delivered Tribally.

MFP-TI state staff use a standardized contract template to develop program goals, activities, and deliverables with each partner Tribe. The contract provides a clear project scope of work that outlines what the Tribe must accomplish with the resources provided. As the MFP-TI in Oklahoma matures, initiative staff work with Tribes to better understand a Tribe's LTSS needs related to rebalancing of LTSS resources, institutional diversion, and transition from institutions. Oklahoma's partner Tribes have a low number of institutionalized members and, through program development conversation and contract negotiations, collaborated with MFP-TI to adjust the scope of work and deliverables. Contracts between Tribes and MFP-TI in Oklahoma focus on building capacity in Tribal LTSS systems, diversion of institutionalization through implementation of HCBS services not currently available, and provision of case management services to address community-based needs.

Due to the nature of the contract development and the individual needs of each Tribe, MFP-TI does not follow the traditional Living Choices (MFP) program model. MFP-TI partner Tribes may provide Transition Coordination services and HCBS services but do not follow the standardized pattern established by Oklahoma's Living Choice program. The needs of each Tribe are unique, as are their governmental structure and service delivery systems. As such, each contract speaks to the Tribes needs to build or enhance LTSS and HCBS capacity, rather than focus on the referrals, transitions, service delivery, and completions that drive Living Choice metrics. Table L.3: Example Tribal Contract Scope of Work provides examples of the types of goals and activities Oklahoma's MFP-TI develop with its Tribal partners.

Table L.3.a: Example Tribal Contract Scope of Work

Goal	Example Activities
Iowa Tribe of Oklahoma	
Create an LTSS delivery model for the Iowa Tribe of Oklahoma that is tailored to serve Iowa Tribal citizens and community members	Conduct an in-depth community needs assessment
	Hold listening sessions with community elders and their caregivers
	Collaborate with state and local agencies to identify vulnerable community members
	Hire a consultant to conduct strategic planning and provide recommendations to Tribal leadership

Goal	Example Activities
Enhance Tribes' capacity to provide services that will enable Tribal citizens and community members to reside safely in their community	Hire program staff to provide in-home services
	Execute an agreement to become a SoonerRide transportation provider
	Program staff are to attend training about SoonerCare and waiver services
Utilize technology to advance case management reporting to existing Tribal Electronic Health Records system	Purchase a remote patient monitoring system (RPMS)
	Establish RPMS dashboard to collect and share data
Provide transition services to Tribal citizens and community members wanting to leave institutional care and return safely to their home and community	Hire case managers / care coordinators to identify Tribal citizens currently residing or at risk for entering institutional care and provide discharge planning to reenter home and the community

Tribal Operations Activities

The MFP-TI operates separately from the Living Choice program with a focus on establishing new Tribal relationships, maintaining existing relationships, and managing current contracts with Tribal Nations. Table L.3.b: Comparison of Living Choice Activities to Tribal Operational Activities describes the differences between the traditional Living Choice program and MFP-TI.

L.3.b: Comparison of Living Choice Activities to Tribal Operational Activities

Activity	Living Choice	MFP-TI
Benefits and Services	• Transition Coordination aligned with waiver Case Management • Identify individuals who are eligible per CMS guidelines • Demonstration Services mirror traditional Medicaid HCBS • Supplemental Services align with MFP guidance	• Contracts with Tribes support the development of Case Management infrastructure where needed • Contracts define eligible individuals who may be at risk of institutionalization, but not yet institutionalized • Contracts may define non-traditional benefits and services to allow members to remain in their homes and divert them from institutional care. • The MFP-TI works closely with Tribes to design service mixes and delivery models that meet each Tribe's individual needs
Quality Assurance	• Living Choice uses the LTCQIC/LCAC as the method to systematically address quality assurance in the program • The LTCQIC/LCAC partners with stakeholders to identify and address programmatic challenges	• The MFP-TI staff meet with contracted Tribes no less than bi-weekly to review the contract scope of work, current progress, and identify barriers to accomplishing the goals in the contract • The MFP-TI and contracted Tribes work to adjust individual contract scopes of work (if needed) to address barriers and maintain the success of the contractual relationship

Activity	Living Choice	MFP-TI
Self-Direction	• Living Choice offers self-direction for a selection of Demonstration services	• The MFP-TI does not currently offer opportunities for self-direction within contracts with Tribes.
Housing Options	• Employs a housing coordinator to develop and maintain relationships with housing partners • Provides access to HCVs to eligible participants	• The MFP-TI designs services and supports alongside the Tribal government to complement and enhance housing needs • Some contracts provide services that focus on Tribal members' ability to age in place
Continuity of Care	• Participants enroll in a 1915(c) waiver on day 366 after their transition	• Tribes may not have established HCBS or LTSS available to MFP-TI participants • MFP-TI works with Tribes to support continuity of care efforts through activities such as options counseling

Tribal Initiative

The Tribal Initiative from the Living Choice Work Plan is as follows:

"Oklahoma will participate in the 5 state Tribal Initiative work group. The Oklahoma MFP-TI team will meet and work regularly with the 17 tribal nations with contracts and with contracts pending to identify transportation strategies and needs to best implement home and community-based programs based on the unique needs of each tribal community. To identify what barriers currently exist to access as identified by each Tribal nation. We will work with the tribal community to get a baseline on their resources and to identify and address challenges."

Tribal Initiative Objective and Performance Targets[11]

Objective: By December 31, 2025, Oklahoma's MFP-TI and tribal stakeholders will establish an HCBS transportation program, such as a non-emergency transportation system to fit the tribal community needs. This new system will be designed to improve access to home and community-based transportation. Will start from a baseline of 0 to measure how many tribes have or offer transportation services. To determine where the gaps in services are and what improvements are needed, through outreach and communication with tribal stakeholders.

Performance Targets:

- Regular meetings occur between the Oklahoma's MFP-TI director and tribal stakeholders
- Progress is monitored by quarterly reports and invoice monitoring by program director. MFP-TI will have a report in OHCA's Tribal Government Relations annual report
- Yearly review of tribal partners deliverables met.

[11] Information presented is derived from the CMS-approved MFP Work Plan for 2024 – Period 2

Tribal Providers

The MFP-TI contracts with Tribal Nations directly. The Tribes then develop a provider network internally to execute on the contract scope of work and deliverables. As discussed earlier in this section, Tribes that contract with MFP-TI do not use traditional Medicaid-like provider networks to deliver HCBS services. Often Tribes use MFP-TI resources to develop provider networks to deliver diversionary services to members who reside in the community. The MFP-TI state staff support Tribes with technical assistance as they develop the appropriate delivery systems to meet contract goals and deliverables.

K.4. Other information

If needed, provide other information regarding the state or territory's approach to Tribal Initiatives that is not addressed elsewhere in the template.

[No other information identified for inclusion.]

SECTION L. PUBLIC HEALTH EMERGENCIES

L.1. Program adaptations in response to Public Health Emergencies

L.1.1. Program adaptations

Describe adaptations your state or territory's MFP Demonstration made in response to a Public Health Emergency (PHE), such as the COVID-19 PHE, declared at either the state, territory, or federal level. For instance, these could include protocols for MFP participants living in the community who test positive for COVID-19, plans to prevent COVID-19 spread among participants, modifying recommendations related to infection control or immunizations (such as the COVID-19, flu, and shingles vaccines), or ways the MFP Demonstration has expanded access to or incorporated services delivered through telehealth technology. Identify adaptations that have ended and those that are ongoing. Describe how any MFP Demonstration adaptations in response to PHEs align with and use policies and procedures from the state or territory's HCBS program(s).

Oklahoma made several temporary adaptations in response to the COVID-19 PHE, both in the Living Choice program and in its 1915(c) HCBS waivers. All such adaptations and flexibilities ended on May 11, 2023, when U.S. public health agencies declared an end to the PHE.

Living Choice Adaptations and Flexibilities

For Demonstration and Supplemental Services, the Living Choice program followed the protocols and allowed the flexibilities set forth in the Advantage waiver's Appendix K, described later in this section.

Nursing Home Access: In the early days of the COVID-19 PHE, only nursing home staff were authorized to enter nursing facilities in Oklahoma. As knowledge of the PHE grew and the initial lock-down procedures lifted, Living Choice state staff and field staff worked together to contact and educate nursing homes on the availability of options for working with individuals referred to the program.

Telepresence / Telehealth: Prior to TCs being allowed entry to nursing homes, family members and friends of Living Choice referrals used video-enabled smartphones to connect with TCs. Through these telepresence efforts, TCs and participants were able to continue to develop transition plans and move transitions forward. Additionally, TCs contacted participants and families already in the community through telepresence technology. Where telepresence technology was unavailable, TCs used telephonic means to communicate with participants.

Provision of Personal Protective Equipment (PPE): To protect the health and welfare of TCs, participants, and their families, Living Choices providers procured PPE for all TCs who volunteered to engage in face-to-face contact with nursing facility staff, participants, and their families. These activities were more common in the latter days of the PHE.

Advantage Waiver Appendix K Flexibilities

Temporary Increase in Payment Rates

In response to the COVID-19 pandemic, the State adjusted provider rates to account for increased risk factors, overtime, and to ensure that essential services remain available for service recipients. Oklahoma has deemed it necessary to reimburse providers with retroactive add-on COVID-19 rates. These add-on payments applied to all services in which face-to-face contact was essential for beneficiary health and safety. The retroactive rate increase began January 1, 2021, Oklahoma used Section 9817 American Rescue Plan Act funds for the retroactive rate increase beginning April 1, 2021. The amount of the retroactive add on payment rate for the period beginning January 1, 2021, does not exceed 20% of the provider's current rate.

The increase in rates did not overlap with any retainer payments rendered. Oklahoma's COVID-19 add-on payments were made for the following services:

- Adult Day Health
- Case Management
- Personal Care
- Respite
- Extended State Plan Skilled Nursing
- Advanced Supportive/Restorative Assistance
- Assisted Living Services
- Hospice Care
- Institution Transition Services
- Nursing

Combined Appendix K Flexibilities for the Community Waiver, In Home Supports Waivers, and Homeward Bound Waiver

Temporary Increase in Payment Rates

In response to the COVID-19 pandemic, the State adjusted provider rates to account for increased risk factors, overtime, and to ensure that essential services remain available for service recipients. Oklahoma has deemed it necessary to reimburse providers with retroactive add-on COVID-19 rates. These add-on payments applied to all services in which face-to-face contact was essential for beneficiary health and safety. The retroactive rate increase began January 1, 2021, Oklahoma used Section 9817 American Rescue Plan Act funds for the retroactive rate increase beginning April 1, 2021. The amount of the retroactive add on payment rate for the period beginning January 1, 2021, does not exceed 20% of the provider's current rate.

The increase in rates did not overlap with any retainer payments rendered. Oklahoma's COVID-19 add-on payments were made for the following services:

- Adult Day Health
- Respite
- Extended Duty Skilled Nursing
- Nursing
- Daily Living Supports
- Group Home Services
- Habilitation Training Specialist Services
- Intensive Support Services
- Occupational Therapy
- Physical Therapy
- Speech Language Therapy Services
- Psychological Services

Service Delivery Changes

Members were able to receive services in another state, and the person-centered plan development process was updated to allow authorization of services prior to updating the service plan. Habilitation Training Specialists (HTS) were able to assist members hospitalized with Covid 19 for up to 30 days. Professional providers were allowed to provide services via telehealth. Remote supports services were introduced for those whose needs could be met without in-person staff. Participant direction for HTS was allowed, the limit for dental services was increased, and optometry services (exam and corrective lenses) were added. Provider agency staff were not required to obtain a new background check for staff who

returned to their employment within 18 months of the last confirmed background check. Provision of the Daily Living Supports service in the home of a staff member was allowed due to staffing shortage when necessary.

Training

Training requirements were modified to extend existing certifications during the duration of the Public Health Emergency (PHE) and allowed Medication Administration Training, First Aid & CPR training, and others to be provided virtually.

Community Access

Requirements for community integration were suspended during the PHE. Visitors were not allowed into homes except for compassionate care situations. Case managers and providers made visits virtually to keep from contracting or passing Covid 19 to members or staff. Electronic signatures for required documents were utilized. Service plan meetings were also held virtually during the PHE.

Family Training Service

The Appendix K increased service amounts to $6500 per member plan of care year for individual family training service and $6500 per member plan of care year for group family training service. The total cost of individual and group family training could not exceed $13,000 per member plan of care year. This increase allowed members with lack of access to family training services during the pandemic, and had increased needs, to obtain recommended services.

Level of Care Instrument

During the timeframe of the Appendix K, the medical evaluation level of care instrument remained current within three years of completion, instead of one year (the initial approved Appendix K increased the timeframe from one year to two years), of the requested waiver approval date.

Incident Management

Providers had extended timeframes in which to complete and submit incident reports. The timeframe for non-critical incident reports was extended from 3 to 5 business days; timeframe for critical incident reports was extended from 1 to 3 business days.

L.2. Future PHEs

Describe if and how your state or territory is planning for future PHEs in its HCBS systems and MFP Demonstration. For instance, this may include permanent adoption of measures implemented for the COVID-19 PHE.

The Living Choice program does not have a formal plan in place to address future PHEs. Based on the success of program operations by the end of the COVID-19 PHE, the Living Choice program will implement the measures described in M.1 as soon as a health emergency is declared.

Additionally, the Living Choice program will collaborate with OSDH, the State's leading agency that addresses public health emergencies through its Emergency Preparedness and Response Service (EPRS). The EPRS division of the Oklahoma State Department of Health protects and promotes the health and safety of Oklahomans through mitigation, preparedness, response, and recovery from public health emergencies, including infectious disease outbreaks, natural disasters, and acts of terrorism.

A major disaster that causes numerous fatalities, severe illness, injuries, disruption of normal life, and/or property loss has powerful impacts on Oklahoma's economic, physical, and social infrastructures. EPRS coordinates emergency response planning and operations across the agency and with other state

agencies, hospitals, EMS agencies, health care coalitions, local and tribal governments, and response partners.

The Living Choice program has access to resources from the EPRS, including Oklahoma's Catastrophic Health Emergency Plan[12]. The plan maintains 15 functions and outlines the lead agency and supporting agencies for each function. The plan also describes the activities associated with each function. The functions are:

1. Notification and communication with the public
2. Central coordination of resources
3. Location, procurement, storage, transportation, maintenance, and distribution of essential materials (medical supplies, drugs, vaccines, food, shelter, clothing, and beds) during a catastrophic health emergency
4. The role of law enforcement
5. Methods of evacuating people and housing / feeding evacuees
6. Identification and training of healthcare providers to diagnose and treat those with infectious diseases
7. Treatment of those infected or exposed
8. The safe disposal of contaminated waste and human remains during a catastrophic health emergency
9. Safe and effective control of persons treated
10. Tracking the source and outcomes of infected persons during a catastrophic health emergency
11. Ensure that each city and county identifies sites where medical supplies, food, and other essentials can be distributed
12. Ensure that each city and county identifies sites where public health and emergency workers can be housed and fed
13. Ensure each city and county identifies routes and means of transportation for people and materials
14. Recognition of cultural norms, values, religious principles and traditions
15. Other measures that are deemed necessary.

L.3. Other information

If needed, provide other information regarding the state or territory's approach to PHEs that is not addressed elsewhere in the template.

[No other information identified for inclusion.]

[12] Oklahoma's Catastrophic Health Emergency Plan

APPENDIX A. HYPERLINKS AND GLOSSARY

States or territories may include additional information and documents that do not fit in the other template sections in the Appendix. The template provides default appendix section and subsection headings that states or territories may rename, delete, or otherwise modify as needed. States or territories may also modify the appendix section titles to meet their needs. States or territories that include hyperlinks in the OP must collect all links in the reference table below.

App A.1. Summary of Hyperlinks

Copy all hyperlinks used in the OP into the table below, by OP section. For each link, provide a brief description (for example, "educational materials provided to participants").

Appendix Table A.1. Summary of Hyperlinks

OP section	Link	Brief description
How to use	Embed or link to a file in Word Make your Word documents accessible to people with disabilities	Instructions for embedding a file in a Word document Accessibility instructions for Word documents
A. MFP program overview		
B. Project administration		
C. Recruitment, enrollment, outreach, and education	Participant Consents and Rights	
D. Community engagement	Community Waiver	
E. Benefits and services - LC Food Security Plan - Pantry Stocking List - Transition Request Form (CTFR)	March 31, 2022 Note to MFP Recipients  Living Choice Food Security Plan 1.8.26.( Pantry Stocking List.docx  CTFR form.pdf	Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration
F. Transition and housing services	https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf Community Waiver Application UCAT Assessment Tool	State Health Official letter #21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)
G. Self-direction and informal caregiving		
H. Reporting		
I. Quality measurement, assurance, and monitoring	HCBS Quality Measure Set	Information about the HCBS Quality Measure Set

OP section	Link	Brief description
J. Continuity of care post-Demonstration	Section 6071(c)(2) of the Deficit Reduction Act	Requirement that the MFP project must operate in conjunction with a qualified and operational HCBS program
K. Tribal Initiative		
L. Public health emergencies		

App A.2. Glossary

Use the glossary section of the appendix to provide a comprehensive list of acronyms used by the state or territory in responses throughout the OP. Commonly used acronyms are already defined in the glossary table. As demonstrated in the example table shell below (Appendix Table A.2), the glossary can also be used to provide additional context for certain acronyms through brief descriptions.

Appendix Table A.2. Glossary

Acronym	Meaning	Brief description (optional)
CMS	Centers for Medicare & Medicaid Services	
HCBS	Home- and community-based services	
I/DD	Intellectual and developmental disabilities	
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities	
IMD	Institution for Mental Diseases	
LTSS	Long-term services and supports	
MCP	Managed care plan	
MDS	Minimum Data Set	
MFP	Money Follows the Person	
MH/SUD	Mental health and substance use disorders	
MLTSS	Medicaid managed long-term services and supports	
MMIS	Medicaid Management Information System	
OP	MFP Operational Protocol	
OSDH	Oklahoma State Department of Health	
PD	Physical disabilities	
PHE	Public health emergency	
PTC	MFP Program Terms and Conditions	
QIS	Quality improvement system	
RPMS	Remote patient monitoring system	
SAR	MFP Semi-Annual Progress Report	
SDOH	Social determinants of health	
SMD	State Medicaid director	
SPA	State Plan Amendment	

Acronym	Meaning	Brief description (optional)
STC	Standard Terms and Conditions	CMS's standard grant/cooperative agreement terms and conditions, which can be used as a reference for definitions for key terms.
T-MSIS	Transformed Medicaid Statistical Information System	
Examples of state or territory -specific acronyms		
CAP	Community And Protective Services	
CM	Case Manager	
DDS	Developmental Disability Services	
DHS	Department of Human Services	Administers Medicaid in the state or territory
DLTC	Division of Long-Term Care	Responsible for daily operations of MFP program
FFS	Fee-for-service	
HTS	Habilitation Training Specialist	
LCAC	Living Choice Advisory Council	
LCP	Living Choice Program	
LTCQIC	Long-Term Care Quality Initiative Council	
OHCA	Oklahoma Healthcare Authority	
OP	Operational Protocol	
TC	Transition Coordinator	
TI	Tribal Initiative	
WP	Work Plan	