



STATE FISCAL YEAR 2022 TRIBAL CONSULTATION SUMMARY

July 1, 2021 – June 30, 2022

OHCA is committed to engage in active communication with tribal governments during the decision-making and priority-setting process. OHCA convenes regularly scheduled and ad hoc tribal consultation meetings throughout the year. It is OHCA's practice to consult on all matters including direct, indirect and no impact to Indian Health Services, tribal facilities, and Urban Indian Clinics (I/T/Us), and American Indian/Alaska Native (AI/AN) SoonerCare members. This report consists of SFY21 proposed rules, state plan and waiver amendments that were considered during tribal consultation.

**75 Total Items
Considered**

**51 Total Items
Considered with
Tribal Impact**

- Pending: 6
- Withdrawn: 1
- Effective: 42
- No Rules or SPA needed: 2

Proposed Rule, State Plan, and Waiver Amendments

Grievance Procedures and Process Rules Revisions — The proposed revisions will revise existing appeals rules to clarify appeals related to the aged, blind, and disabled populations. The proposed rules will also establish appeals rules related to Agency-level appeals for providers and beneficiaries whose initial grievance and/or appeal occurs with an agency contractor. Additional revisions will clarify contract award protest process based on whether the OMES Director considers the appeal or assigns the appeal to an administrative law judge. **This item requests an expedited fourteen-day (14-day) review and comment period.**

Consultation: 07/06/2021; Status: Emergency Rule Effective: 12/21/21; Permanent Rule Effective: 09/12/22.

Chiropractor and Physical Therapy Services for Adults — The Oklahoma Health Care Authority is amending federal authorities, including the Alternative Benefit Plan (ABP), and



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Agency rules to establish coverage and reimbursement for chiropractor services and physical therapy services for the treatment of pain management for SoonerCare adult members. The proposal will define provider participation and credentialing requirements, medical necessity, coverage and service limitation guidelines, and reimbursement methodology. Reimbursement for chiropractic and physical therapy services will follow the Agency's existing rate methodology that is used for physician services which are updated annually, per the current State Plan. **This item requests an expedited thirty-day (30-day) review and comment period.**

Consultation: 07/06/2021; Status: Emergency Rule Effective: 01/01/22; Permanent Rule Effective: 09/12/22. State Plan Amendment Effective: 01/01/22.

Non-Payment of Provider Preventable Conditions — The Agency seeks to update non-payment policies for provider preventable conditions (PPCs), including health care-acquired conditions (HCACs) and other provider-preventable conditions (OPPCs), for inpatient, outpatient, and long-term care services as required by Section 2702 of the Affordable Care Act of 2010.

Consultation: 07/06/2021; Status: No rules or State Plan Amendment needed.

Adult Expansion ABP Service Delivery System Update — The Oklahoma Health Care Authority (OHCA) seeks to add the current Primary Care Case Management (PCCM) service delivery system, the Patient Centered Medical Home (PCMH), to the Adult Expansion Alternative Benefit Plan (ABP). As part of the SoonerCare Choice coordinated care delivery system, all new Expansion Adult members will select a PCMH for primary care and care coordination. Additionally, expansion adult members will be eligible to receive Health Management Program (HMP) and Health Access Network (HAN) support based on their health status and coordinated care needs. Benefits will be reimbursed through the State's fee-for-service (FFS) methodology and providers will be eligible to receive a per member per month (PMPM) care coordination payment. Expansion adults will be a mandatorily enrolled population, other than during a period of presumptive eligibility. American Indian/Alaskan Native (AI/AN) members will be a voluntary PCCM enrollment population that may choose not to opt-in to the service delivery system. The Agency intends to submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) on or after July 1, 2021. **This item requests a 14-day expedited tribal consultation.**

Consultation: 07/06/2021; Status: State Plan Effective: 10/01/21.

Adult Dental Services Copays — The OHCA is seeking authority to establish copay amounts for adult dental services. The State will establish a \$4 copay per visit for dental services for non-exempt individuals. The new copay amount will not apply to exempt individuals nor services as described in 42 CFR 447.56. The Agency intends to submit a SPA to the Centers for Medicare & Medicaid Services (CMS) on or after July 1, 2021. **This item requests a 14-day expedited tribal consultation.**

Consultation: 07/06/2021; Status: State Plan Amendment Effective: 07/01/21.



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Ensuring Access to Medicaid Act - The proposed policy changes will comply with Senate Bill 131 (SB131), otherwise known as the "Ensuring Access to Medicaid Act" by addressing the specific requirements that are outlined throughout the bill. These requirements include, but are not limited to, enrollment and voluntary enrollment into an alternative delivery model, developing specific network adequacy standards, prior authorization requirements, and developing requirements for appeals and hearings. **This item requests a 14-day expedited tribal consultation.**

Consultation: 07/06/2021; Status: Emergency Rule Effective: 12/21/21; Permanent Rule Effective: 09/12/22.

Hospital Presumptive Eligibility for Expansion Adults - The Agency seeks to update the hospital presumptive eligibility training for participating hospitals to include expansion adults. The change is needed to comply with federal regulation as expansion adults are a mandatory population eligible for hospital presumptive eligibility

Consultation: 07/06/2021; Status: Emergency Rule Effective: 12/21/21; Permanent Rule Effective: 09/12/22. State Plan Amendment Pending.

Money Follows the Person (MFP) Program Member Transitions — The proposed revisions will add language that allows the Developmental Disabilities Services Division (DDSD) to transition members, who have been a resident in a private Medicaid Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), into a community setting. The proposed revisions also change the required transition date criteria from at least ninety (90) consecutive days to sixty (60) consecutive days prior to transition date. Additional revisions will remove outdated language to reflect current business practices.

Consultation: 07/06/2021; Status: Emergency Rule Effective: 12/21/21; Permanent Rule Effective: 09/12/22.

Indian Health Service, Tribal and Urban Indian (I/T/U) Shared Savings Program — The proposed revisions are to comply with Senate Bill 434, which directs the Oklahoma Health Care Authority (OHCA) to create an I/T/U shared savings program and shared savings revolving fund. The proposed rules outline participation requirements and specifications, distribution of funds from the I/T/U shared savings program to participating I/T/U facilities, and how any remaining derived savings will be handled within the revolving fund. Finally, this change will prohibit I/T/U shared savings revolving funds to be used to replace other general revenues funded by the legislature. **This item requests a 14-day expedited tribal consultation.**

Consultation: 07/06/2021; Status: Emergency Rule Effective: 12/21/21; Permanent Rule Effective: 09/12/22.

Title XXI Dental Revisions for Pregnant Women — The proposed revisions will amend policy to provide certain dental benefits to pregnant women covered under the Title XXI State Plan. The revisions are needed to comply with Parity federal regulations which instruct the State to provide services that are medically necessary to the unborn child.



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Consultation: 09/07/2021; Status: Emergency Rule Effective: 01/01/22; Permanent Rule Effective: 09/12/22.

Disaster Relief HCBS Appendix K Amendment for DDS Waivers – Oklahoma Human Services (OHS) Developmental Disabilities Services (DDS) has requested temporary changes to the waivers to increase the annual dental service allowance for adult members, remove the annual cap for public transportation services, and add vision exams and glasses to correct vision for adult members. These services are available to waiver recipients on the Medicaid In-Home Supports Waiver for Adults, In-Home Supports Waiver for Children, Homeward Bound Waiver, and Community Based Waiver. The changes are necessary to ensure waiver members have access to adequate resources for dental and oral health; corrective vision; safe and individualized access to the community; opportunities to independently participate in community activities; and allow OHS/DDS to better empower and support Oklahomans with developmental disabilities.

Consultation: 09/07/2021; Status: Effective: 10/01/21.

Disaster Relief HCBS Appendix K Amendment for ADvantage Waiver – Oklahoma Human Services (OHS) has requested the following temporary changes to the ADvantage waiver to provide needed services outside of those already approved in the waiver to increase health and safety measures for members. OHS is requesting to temporarily modify provider qualifications for ADvantage providers who maintain an active contract in good standing with the State Medicaid Agency and to temporarily add the following services: • Assistive Technology, adding video communication technology that allows members to communicate with their case management and home-care providers via video communication. • Nutrition Services, that may include dietary evaluation and consultation. Services are intended to maximize the member's nutritional health. • Family Home Care Training, in-home training for family in skills and knowledge to provide necessary assistance to a member. • Audiology Services, including individual evaluation, treatment, and consultation in hearing; intended to maximize the member's auditory receptive abilities. • Optometry Services, including eye examination for vision correction, eye examination for refraction error, and eyeglasses for vision correction. The changes are necessary to ensure “eyes-on” monitoring of waiver members by case managers and to provide supportive services for members who may have nutritional and care support needs during the time of the public health emergency.

Consultation: 09/07/2021; Status: Effective: 11/15/21 through 03/31/22.

OHS ADvantage Waiver Services and State Plan Personal Care Services - The proposed revisions will add language to establish guidelines and criteria regarding how an ADvantage member and/or provider are to report critical and non-critical incidents. Additional revisions will align policy with the recently approved 1915(c) ADvantage waiver renewal and current State Plan personal care services authority. Finally, policy changes will reflect current business practices and correct grammatical errors.

Consultation: 11/02/2021; Status: Permanent Rule Effective: 09/12/22.

Timely Filing Policy Clean Up – Policy will be revised to reflect a six (6) month, rather than a twelve (12) month, timely filing limit in a section of policy which describes the process when an



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individual, due to an appeal decision, is determined retroactively eligible for RSDI disability or SSI. The six (6) months matches the Agency's timely filing standard throughout other sections of policy.

Consultation: 11/02/2021; Status: Permanent Rule Effective: 09/12/22.

Applied Behavior Analysis (ABA) Revisions — The proposed revisions will establish new documentation and signature requirements to ensure accuracy and completeness in clinical documentation as well as better individualized treatment plans for members. Additionally, the proposed changes will clarify the conditions under which concurrent billing codes can be used for the treatment of members.

Consultation: 11/02/2021; Status: Permanent Rule Effective: 09/12/22.

Diabetes Prevention Program (DPP) — The proposed revisions will establish coverage, provider qualifications, and reimbursement of DPP services. DPP is an evidence-based lifestyle change intervention developed by the Centers for Disease Control and Prevention (CDC) to reduce the risk of adults with prediabetes progressing to Type 2 diabetes. DPP services will be provided in person or via telehealth/virtually over the course of one year.

Consultation: 11/02/2021; Status: On hold.

Non-Emergency Transportation (NEMT) Driver Compliance - The proposed policy revisions will comply with recent changes to federal regulation which requires the State Plan to provide the Agency's assurance that any NEMT provider or individual driver will meet certain minimum requirements. The State Plan and Agency rules will ensure compliance with all driver requirements inclusive of the following minimum requirements deriving from the recent change: ensuring that drivers are not excluded from participation in any federal health care program, ensuring that drivers have valid driver's licenses, requiring providers to have a process in place to address violations of state law, and requiring providers to have in place a process to disclose to the state Medicaid agency the driving history of each individual driver employed inclusive of any traffic violations.

Consultation: 11/02/2021; Status: Emergency Rule Effective: 05/16/22. State Plan Amendment Effective: 12/27/21.

American Recovery Plan (ARP) Policy Revisions – The Agency will pursue time-limited state plan authority to establish payment for COVID-19 vaccine administration and testing, without cost sharing, for Title XIX individuals inclusive of those within limited benefit packages (i.e., family planning and individuals with tuberculosis) as well as expansion adults. In addition to ACIP-recommended vaccine administration provided by physicians and other licensed practitioners, reimbursement will be extended to pharmacies, pharmacists, pharmacists interns, and other qualified professionals, as per the Public Readiness and Emergency Preparedness (PREP) Act, to be reimbursed for the administration all ACIP-recommended vaccines, including the COVID-19 vaccines.

The Agency's payment rate for COVID-19 vaccine administration in cases where vaccine administration is separately reimbursable at a fee amount will follow the national Medicare



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rates, without geographic adjustment, in effect when the service is provided. Vaccines administered to American Indian/Alaskan Native (AI/AN) members by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) will be reimbursed the Office of Management and Budget (OMB) rate, per the current State Plan methodology. Reimbursement for COVID-19 diagnostic and screening testing as well as treatment and therapies will be reimbursed per the methodologies established in the State Plan.

Additionally, CMS-approval of a state plan amendment will be pursued to waive costsharing (copayments) for COVID-19 vaccine administration, testing and screening, and treatment, including specialized equipment and therapies (including preventive therapies and drugs), pharmacological, non-pharmacological, and treatments for a condition that may seriously complicate COVID-19 treatment, for individuals subject to cost-sharing of these services. Further, the State will attest that items and services are provided without amount, duration, or scope limitations that would otherwise apply when items and services are covered for purposes other than COVID-19-related treatment.

Consultation: 11/02/2021; Status: Still pending.

Post-Eligibility Treatment-of-Income (PETI) COVID-19 Disregard for Aged, Blind, and Disabled and/or Institutionalized Individuals – This item was presented at the September 7, 2021, tribal consultation meeting as a disaster-relief request. A non-disaster relief state plan amendment (SPA) will now be sought to extend the flexibility to 12- months post the end of the public health emergency (PHE). The Oklahoma Health Care Authority (OHCA) will seek CMS-approval of a SPA to apply a less restrictive income methodology for a period of 12-months post the end of the PHE to disregard income and resources that would otherwise be counted when determining eligibility during the PETI process for aged, blind, and disabled and/or institutionalized members. The State will elect to disregard COVID-19-related financial assistance and the build-up of resources due to receiving pandemic-related income to protect those individuals from being at-risk of exceeding the resource limit for long-term care services and supports as well as home and community-based (HCBS) services. COVID-19-related financial assistance includes any payment made by the federal, state, local, or tribal government to relieve the adverse economic impacts of the COVID-19 such as stimulus checks, additional unemployment compensation, tax returns, applicable tax credits, hazard pay/premium/bonuses, etc.

Consultation: 11/02/2021; Status: DHS chose not to move forward.

Independent Clinical Psychologist Services for Adults – The Oklahoma Health Care Authority (OHCA), in coordination with the Department of Mental Health & Substance Abuse Services (DMHSAS), submitted a disaster relief state plan amendment (SPA) to allow adults in the Medicaid program access to services provided by licensed clinical psychologists who can bill independently and are practicing within state scope of practice. Services provided by independently contracted clinical psychologists were previously a State Plan benefit only available to children. The OHCA will pursue a permanent SPA and an Alternative Benefit Plan (ABP) SPA to extend this flexibility and access upon the termination of the public health emergency (PHE).



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Consultation: 11/02/2021; Status: Emergency Rule Effective: 05/16/22

Disaster Relief HCBS Appendix K Amendment for DDS Waivers – Oklahoma Human Services (OHS) Developmental Disabilities Services (DDS) has requested temporary changes to the waivers. OHS is requesting a retroactive add-on payment to be applied to all services in which face to face contact is essential for beneficiary health and safety for the time-period beginning January 1, 2021, and ending September 30, 2021, and will not exceed 20% of the provider's current rate. The proposed rate increase seeks to temporarily provide additional compensation to providers who have experienced issues causing non-budgeted overtime costs, increased costs for personal protective equipment and a tightening labor market due to the national PHE. Additional DDS is requesting to extend the maximum age of the medical report required for the annual level of care review for waiver recipients from 2 years to 3 years. These changes are necessary to ensure members maintain waiver eligibility and access to supports to maintain health and safety; access to the community; opportunities to participate in community activities; and allow DHS to continue to empower and support Oklahomans with developmental disabilities. This change will apply to waiver recipients on the Medicaid In-Home Supports Waiver for Adults, In-Home Supports Waiver for Children, Homeward Bound Waiver and Community Waiver.

Consultation: 11/02/2021; Status: Effective: 01/10/22

Disaster Relief HCBS Appendix K Amendment for ADvantage Waiver – Oklahoma Human Services (OHS) is requesting a retroactive add-on payment to be applied to the ADvantage waiver for services in which face to face contact is essential for beneficiary health and safety for the time-period beginning January 1, 2021, and ending September 30, 2021. The payment will not exceed 20% of the provider's current rate. The proposed rate increase seeks to temporarily provide additional compensation to providers who have experienced issues causing nonbudgeted overtime costs, increased costs for personal protective equipment and a tightening labor market due to the national PHE. OHS is also requesting Remote Supports services, which involves monitoring of an ADvantage waiver member, allowing for live, two-way communication with them in their residence or employment site by remote staff. Remote Supports services are intended to promote a member's independence. Services are included in the member's person-centered service plan and arrangements for this service are made through the member's case manager.

Consultation: 11/02/2021; Status: Effective: 01/10/22.

Afghan Refugees & Medicaid Eligibility — OHCA will revise rules to include eligibility requirements for Afghan refugees, inclusive of Afghan nationals granted parole, to comply with recent changes in federal regulation.

Consultation: 11/02/2021; Status: Emergency Rule Effective: 12/21/21; Permanent Rule Effective: 09/12/22.

Program of All-inclusive Care for the Elderly (PACE) Capitation Payment Rate Methodology – A State Plan amendment (SPA) will be submitted to CMS to revise the current methodology used to calculate the capitation rate payment for PACE organizations. The SPA will remove the Medicare Economic Index (MEI) adjustment from the rate methodology as the



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PACE capitation rate is based on the established upper payment limit (UPL), which is reviewed annually, and adjusted as needed without regard to the MEI.

Consultation: 11/02/2021; Status: State Plan Amendment Effective: 11/03/21.

Opioid Treatment Provider (OTP) Policy Changes — The proposed revisions will update current OTP service and documentation requirements to align with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provider certification standards. Finally, the proposed rulemaking will correct minor formatting and grammatical errors.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

Obstetric (OB) Ultrasound Coverage – The proposed revisions will amend policy to provide coverage of OB ultrasounds when performed at the emergency room setting when medically necessary without prior authorization.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

Partial Hospitalization Program (PHP) Services for Adults — In coordination with the Oklahoma Department of Mental Health and Substance Abuse Services (OMHSAS), the Agency seeks to implement Partial Hospitalization Program (PHP) services for individuals ages 21 through 64 with substance use disorder, mental health diagnoses, and/or co-occurring disorders. Currently, PHP services are a benefit offered only to children under the age of 21. The State Plan amendment and rules will delineate covered service components, provider qualifications, and the reimbursement methodology for PHP services provided to adults. Additionally, the proposed rulemaking will reorganize current policy at OAC 317:30-5-241.2 (Psychotherapy, Multi-systemic therapy, PHP, and day treatment programs) into independent sections for clarity. Moreover, the requested rulemaking will clarify that PHP services for children are prescribed by a physician, physician's assistant, or advanced registered nurse practitioner. Finally, the proposed rulemaking will correct minor formatting and grammatical errors.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22. State Plan Amendment Effective: 09/01/22.

Lodging and Meals Revisions — The proposed revisions will outline who can request the lodging and meal services and the timeframe that the request must be submitted. Additionally, a clause addressing emergency situations will be added to override the timeframe. The proposed revisions will also outline the information that must be submitted with each request. Further revisions will define meal requirements and what constitutes a meal. Additional revisions will outline how lodging providers and members authorize the member's length of stay. Authorization for length of stay includes having the lodging provider create a document/attestation that lists all the dates that the member has stayed in the facility and requiring the member's review and signature of the document/attestation before he/she/they checks out of the lodging provider's facility. Furthermore, the revisions will specify that it is the responsibility of both, the lodging provider, and the member, to ensure that the document/attestation is verified and signed. Additional policy changes will add descriptions



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and processes for incidental charges and complaints. These changes are necessary to align the policy with current business practices.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

Dental Out-of-State Services Revisions—The proposed revisions will update the current out-of-state services policy to allow for SoonerCare members to travel up to one hundred miles (100) from the Oklahoma border to receive dental services.

Consultation: 01/04/2022; Status: Emergency Rule Effective: 08/01/22.

Private Duty Nursing (PDN) Revisions — The proposed revisions will update how assessments for PDN services are conducted. Additional revisions will clarify who can sign the PDN treatment plan. Finally, revisions will update grammatical and formatting errors, as well as reorganization of the policy for better clarity and understanding.

Consultation: 01/04/2022; Status: Permanent Rule Effective 09/12/22.

Pregnant Women Copayment Language Cleanup—The proposed rule changes will further clarify that no copayment is assessed to pregnant women covered by SoonerCare. The policy changes align Oklahoma's administrative rules regarding copayments for pregnant women with current business practices.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

Referrals for Specialty Services Revisions — The proposed revisions will update referrals for specialty services within the SoonerCare Choice program. The changes will outline how administrative referral requests are made and the information that must be provided for the OHCA to process the request. These changes are necessary to eliminate fraud/abuse and to align policy with current business practices.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

Fluoride Varnish and Periodontal Maintenance Revisions — The proposed revisions will remove the certification requirement for primary care physicians (PCPs) to provide fluoride varnish during the course of a child-health screening for those members who are ages six (6) months to sixty (60) months. Additional revisions will add coverage for periodontal maintenance; the benefit will be provided to members who have a history of periodontitis, but are no longer eligible for oral prophylaxis, once every six (6) months.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

QMBP (Qualified Medicare Beneficiary Plus) Policy Clarification – Policy will be revised to match business practice in specific instances where an eligible individual is over the Supplemental Security Income's (SSI) income standard due to the income of an ineligible spouse.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.



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Reasonable Limits on Medically Necessary Incurred Medical Expenses Not Covered under Medicaid — A state plan amendment (SPA) and rules will establish exclusions and/or requirements of the amount of medical expenses that can be deducted during the post-eligibility treatment of income (PETI) process for individuals who are institutionalized or receiving home or community-based services (HCBS) under a 1915 waiver pursuant to federal regulation.

Consultation: 01/04/2022; Status: On hold.

Routine Patient Costs Associated with Qualified Clinical Trials -- Beginning January 1, 2022, a new mandatory benefit is added to the Social Security Act for routine patient costs for items and services furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials. These services include any item or service provided to a member under the qualifying clinical trial, including any item or service provided to prevent, diagnose, monitor, or treat complications resulting from participation in the qualifying clinical trial. Routine patient costs associated with qualified clinical trials will be covered to the extent that the provision of such items or services to the member would otherwise be covered outside the course of participation in the qualifying clinical trial under the state plan, home and community-based services (HCBS) waiver, and the 1115 SoonerCare demonstration project. The coverage determination shall be completed within 72 hours and shall be based on attestation from the qualified clinical trial provider. Reimbursement for routine patient costs associated with qualified clinical trials will follow the Agency's existing rate methodology within the Oklahoma State Plan for the individual service/item provided. A state plan amendment (SPA) is required to assure coverage and participation requirements of the aforementioned services. Agency rules currently include policies related to routine patient costs for a Medicaid member participating in a qualifying clinical trial; however, revisions are needed to add the 72-hour coverage determination.

Consultation: 01/04/2022; Status: Emergency Rule Effective: 08/02/22. State Plan Amendment Effective: 01/01/22.

Individual Placement Support (IPS) Services Home and Community Based Services (HCBS) 1915i Waiver – The Agency will pursue a 1915i HCBS state plan amendment (SPA) and rules to add coverage of individual placement support (IPS) and housing support services for individuals with serious mental illness/serious emotional disorder (SMI/SED) with income at or below 150% FPL. IPS is an evidence-based practice that helps people with mental illness and/or substance use disorder develop skills and knowledge to help them integrate back into the work community. The components of IPS the State is looking to pursue include: an assessment, job development/placement, and coaching. Additionally, housing support services will also be requested through the 1915i HCBS state plan amendment (SPA). Housing support services include assessing the participant's housing needs and presenting available options, assisting in securing housing, and environmental modifications to install necessary accommodations for accessibility.

Consultation: 01/04/2022; Status: On hold.



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Laboratory Services - The proposed revisions will remove outdated language referencing "custom panels particular to the ordering provider" from the list of non-compensable laboratory services to reflect current business practices. Additional revisions will reorganize the existing laboratory policies and combine them into one centralized location. This will allow for better access to the policies and an easier understanding of services covered under the laboratory benefit.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

Adult Expansion ABP Benefits Update - The OHCA seeks to amend the Alternative Benefit Plan (ABP) to add Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services for expansion adult members who are determined to be in need of such care. The ABP will also include an amendment to appropriately name the inpatient rehabilitation hospital benefit by removing "skilled nursing" from title.

Consultation: 01/04/2022; Status: State Plan Amendment Effective: 01/01/22.

Dental Prophylaxis Revisions — The proposed revisions will update the timeframe for dental prophylaxis from once every 184 days to once every six (6) months. This change will align the dental prophylaxis timeframe with that of the periodic oral exam. These two services are normally performed together; however, the differentiating timeframes have created a barrier for providers and members.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22. State Plan Amendment Effective: 09/01/22.

Developmental Disabilities Services (DDS) Updates for Specialized Foster Care, Agency Companion, Employment Services and Self-Directed Services – The proposed revisions to the DDS policy will add language to clarify that occupation and physical therapy services can include assistive technology, positioning, and mobility. Additional revisions for speech-language pathology services state that a provider cannot bill or receive reimbursement solely for writing the member's report or recording other documentation. Final revisions will correct formatting and grammatical errors, as well as align policy with current business practices.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

Developmental Disability Services (DDS) Updates for Specialized Foster Care (SFC), Agency Companion, Employment Services and Self-Directed Services – The proposed revisions to the DDS policy will add and provide new guidelines to staff that address provisions for the member's safety including: requirements for member's pets; appropriate supervision as it relates to unrelated habilitation training specialist staffing the home; and outlining actions taken by the provider following an injury to the service recipient. Other revisions will add language to clarify home standard exceptions concerning when adult members will be allowed to share bedrooms; the exception for the division director or designee to allow use of non-traditional bedding for temporary respite; and bedding types that are not usually allowed. Additional revisions to the specialized foster care (SFC) section include language to outline substitute supervision criteria. Revisions will also update SFC travel requirements to clarify transportation limits for vacation and what are considered non-covered trips. Other revisions



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will update the minimum contribution fee from \$250 to \$300 per month for the SFC providers who serve adults. New language will also provide clarification on the case manager's role in reporting issues of concern. Further revisions will add job coaching as a self-directed service in the In-Home Supports Waiver for Adults, In-Home Supports Waiver for Children, and the Community Waiver when the member lives in a non-residential setting. Finally, revisions will update and remove outdated language and definitions, remove obsolete references, revoke/combine sections to comply with Executive Order 2020-03, which requires state agencies to reduce unnecessary and outdated rules. Revisions will also correct formatting and grammatical errors, as well as align policy with current business practices.

Consultation: 01/04/2022; Status: Permanent Rule Effective: 09/12/22.

Recovery Audit Contractor Exception — The proposed State Plan amendment (SPA) seeks an exemption from the recovery audit contract (RAC) requirement. Federal RAC programs execute audits for the purpose of identifying under/overpayments of Medicaid claims under the State Plan. The State has robust and effective program integrity procedures in place which performs the tasks of a RAC program; therefore, the Agency is seeking an exemption to the RAC requirement, as it is duplicative of the auditing activities that the State already performs.

Consultation: 03/01/2022; Status: State Plan Amendment Effective: 05/18/22.

Updating Tribal Residential Substance Use Disorder (SUD) Policy — The proposed revisions will update policy at Oklahoma Administrative Code 317:30-5-1094 to reflect that I/T/U providers will utilize their current outpatient clinic contract to bill for residential SUD services and receive the OMB outpatient rate. This will also reflect the language in the Medicaid State Plan and align with current business practices. I/T/U providers will be exempted from ODMHSAS and/or state required certification as a residential SUD provider.

Consultation: 03/01/2022; Status: Emergency Rule Effective: 08/02/22.

1915(c) HCBS Community Waiver Amendment — The Oklahoma Health Care Authority (OHCA) is seeking a waiver amendment of the 1915(c) HCBS Community Waiver. The proposed revisions to the Community Waiver will update the "reserved capacity purpose" language to include not only persons transitioning from public ICF/IIDs, but also persons transitioning from private ICF/IIDs as well as persons identified through the PASRR process. Further revisions will update the scope of the background investigation to include the Federal Bureau of Investigation Identity History Summary Check. Additional revisions will update several services found within the waiver. The following changes will be made: dental services will change from "Other Service" to "Extended State Plan Services"; the limits for Dental, Transportation, and Family Training services will be increased; optometry services will be added to the Participant Services section; and therapeutic leave payment will be added to the Specialized Foster Care services. Language regarding supported employment services, prevocational services, and daily living supports service will be updated to state that services may be provided remotely with prior approval. Language will also be added to state that occupational and/or physical therapy will require a prescription by any licensed health care provider who has appropriate prescriptive authority. Additional changes include allowing case management virtual visits within the scope of service plan implementation and monitoring; these virtual visits will be limited to twice a year for individuals receiving residential services. For individuals receiving



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non-residential services, the virtual visits will be limited to once per year. Moreover, language will be added to the service plan development section of the waiver to allow team meetings, including individual plan meetings, to be conducted via HIPAA compliant teleconference or video conference. Finally, language will be updated to reflect the current practice related to the sharing of information between Oklahoma Human Services (OKDHS) and the Oklahoma Health Care Authority (OHCA).

Consultation: 03/01/2022; Status: Effective 07/01/22.

1915(c) HCBS Homeward Bound Waiver Amendment — The Oklahoma Health Care Authority (OHCA) is seeking a waiver amendment of the 1915(c) HCBS Homeward Bound Waiver. The proposed revisions will update the scope of the background investigation to include the Federal Bureau of Investigation identity history summary check. Revisions will update several services found within the waiver including, but are not limited to, changing dental service from “Other Service” to “Extended State Plan Service”; increasing the limits for dental, transportation and family training services; optometry service will be added to the participant services section; and therapeutic leave payment will be added to the specialized foster care services section. Language regarding supported employment service, prevocational service, and the daily living supports service will be updated to state that services may be provided remotely with prior approval. Language will be added to state that occupational and/or physical therapy will require a prescription by any licensed health care provider who has appropriate prescriptive authority. Medicaid certified Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) will be removed as a provider of the respite daily service. The environmental accessibility adaptations and architectural modification service limit will be updated to allow a designee, as well as the DHS/DDS division administrator, to authorize modification of more than two different residences in a seven-year period. Language will be added to the service plan development section which will allow team meetings, including individual plan meetings, to be conducted via HIPAA compliant teleconference or video conference. Finally, language will be updated to reflect the current practice related to the sharing of information between Oklahoma Human Services (OKDHS) and the Oklahoma Health Care Authority (OHCA).

Consultation: 03/01/2022; Status: Effective 07/01/22.

1915(c) HCBS In Home Supports Waiver for Adults — The Oklahoma Health Care Authority (OHCA) is seeking a waiver renewal of the 1915(c) HCBS In Home Supports Waiver for Adults. The proposed revisions will increase the annual limits of assistive technology services or environmental accessibility services to allow for major purchases that are in excess of \$2,500. Additionally, a combined service limit of \$5,500 will be added for prevocational and supported employment services when the member's need for one or both services cannot be met within the waiver limit. Further revisions will update the individual and group limit for family training service from \$5,500 to \$6,500 (per plan of care year). Moreover, the scope of the background investigation will be updated to include the Federal Bureau of Investigation identity history summary check.

Revisions will also include updating several services found within the waiver; revisions include changing dental service from “Other Service” to “Extended State Plan Services” and increasing the limits for dental and transportation. Optometry service and respite daily service will be



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added to the participant services section. Language will also be added to state that supported employment service and prevocational services can be provided remotely with prior approval. Revisions will update the environmental accessibility adaptations and architectural modification service limit to allow a designee, as well as the DHS/DDS division administrator, to authorize modification of more than two different residences in a seven-year period. Moreover, language will be added to state that occupational and/or physical therapy will require a prescription by any licensed health care provider who has appropriate prescriptive authority. Further revisions will update the self-directed goods and services individual provider type and qualifications. These revisions will state that the business/provider must be registered with the Secretary of State and in good standing with the state that offers the approved goods/services. Revisions will also update the service plan development section to allow team meetings, including individual plan meetings, to be conducted via HIPAA compliant teleconference or video conference.

Finally, the unduplicated number of participants from Appendix B of the waiver will be updated to the following:

- Waiver Year 1 - from 1620 to 2450;
- Waiver Year 2 - from 1750 to 2450;
- Waiver Year 3 - from 1900 to 2450;
- Waiver Year 4 - from 2100 to 2450; and
- Waiver Year 5 - from 2200 to 2450.

Consultation: 03/01/2022; Status: Effective: 07/01/22.

1915(c) HCBS In Home Supports Waiver for Children — The Oklahoma Health Care Authority (OHCA) is seeking a waiver renewal of the 1915(c) HCBS In Home Supports Waiver for Children. The proposed revisions will increase the annual limits of assistive technology services or environmental accessibility services to allow for major purchases that are in excess of \$2,500. Revisions will also update the individual and group limit for family training service from \$5,500 to \$6,500 (per plan of care year). Moreover, revisions will update the scope of the background investigation to include the Federal Bureau of Investigation identity history summary check. Additional revisions will include updating several services found within the waiver. These include adding language which states that supported employment service and prevocational service can be provided remotely with prior approval and noting that the service is available to members of transition age. Respite daily service will be added to the participant services section. Additional revisions will update the environmental accessibility adaptations and architectural modification service limit to allow a designee, as well as the DHS/DDS division administrator, to authorize modification of more than two different residences in a seven-year period. Further revisions will update the self-directed goods and services individual provider type and qualifications; these revisions will note that the business/provider must be registered with the Secretary of State and in good standing with the state that offers the approved goods/services. Additionally, revisions will update the service plan development section to allow team meetings, including individual plan meetings, to be conducted via HIPAA compliant teleconference or video conference. Finally, language regarding the Habilitation Training Specialist (HTS) will be revised to include the provision of HTS in an acute care hospital.

Consultation: 03/01/2022; Status: Effective: 07/01/22.



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Disaster-relief Request PRTF Nursing Care Ratios - For the period beginning December 1, 2021, through the expiration of the PHE, OHCA seeks to provide flexibility for nursing care ratio requirements to address staffing shortages when inpatient psychiatric services for individuals under 21 are provided within in-state psychiatric residential treatment facilities (PRTFs) with 17 beds or more. PRTFs shall ensure that an RN is available to be on-site within one hour and nursing care coverage allows for appropriate and safe monitoring of patients.

Consultation: 03/01/2022; Status: No disaster-relief SPA was needed to implement.

SoonerPlan Termination — Effective one day after the COVID-19 Public Health Emergency ends, the SoonerPlan program will terminate as most adults served by SoonerPlan have transitioned to the adult Medicaid expansion eligibility group to receive comprehensive SoonerCare services.

Consultation: 05/03/2022; Status: On hold until the end of the public health emergency.

ADvantage Waiver — The Oklahoma Department of Human Services (OHS) is seeking an amendment to the ADvantage waiver. The proposed waiver amendment includes: • An updated estimated cost for waiver years two (2) through five (5) occurring as a result of legislatively mandated rate increases, • The addition of Assistive Technology services, and • The addition of Remote Supports services. Assistive Technology services include devices, controls and appliances specified in the member's person-centered service plan which enables them to increase their abilities to perform activities of daily living or to perceive, control or communicate with the environment in which they live. Devices may include communication technology that allows members to communicate with their providers via video or audio chat to ensure ongoing maintenance of health and welfare. Remote Supports involves monitoring of a waiver member by remote staff using audio or video equipment, allowing for live, two-way communication with them in their residence. Remote Supports is not a system to provide surveillance, and HIPAA privacy and security rules apply to all covered service providers. Remote Supports allow for a member to choose the method of service delivery which best suits their needs. This service is less intrusive than requiring the physical presence of another person to meet the needs of the member. Remote supports will promote and enhance the independence and self-reliance of the member.

Consultation: 05/03/2022; Status: Effective: 10/01/22.



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