I/T/U Public Notice 2010-08

November 10, 2010

RE: Oklahoma Health Care Authority (OHCA) Proposed Rule Changes for State Health Programs

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed rule changes, some of which will be reviewed at the next Medical Advisory Committee (MAC) meeting held on November 17, 2010 and to inform you that OHCA will be going through the process of renewing three of its 1915(c) Waivers in the upcoming months. The OHCA is committed to active communication with Tribal Governments during the OHCA decision-making and priority-setting process and therefore keeps you apprised of all proposed rule changes.

Proposed Rule Changes

Enclosed is a summary of the currently proposed rule changes for your review. The summary describes the purpose of the rule change and the anticipated impact on those affected. To view the complete proposal from the November 17th MAC, you can visit www.okhca.org/macagenda.

OHCA would also like to inform you that the Agency is exploring the option of reimbursing for telehealth services delivered through "store and forward" technology which would require a change to OHCA's administrative rules and State Plan. Store and forward means the asynchronous transmission of medical information to be reviewed at a later time. A camera or similar device records (stores) an image(s) that is then sent (forwarded) via telecommunications media to another location for later viewing. Currently, SoonerCare only reimburses for health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the real-time or near real-time and in the physical presence of the member (See OAC 317:30-3-27).

Please note that these are only proposed rule changes and have not yet taken effect. Before implementation, new rule changes must obtain budget authorization, federal approval (if applicable), OHCA Board approval, and the governor's approval.

Waiver Renewals

OHCA is working with the Oklahoma Department of Human Services (OKDHS) on renewal requests for three 1915(c) Waivers: ADvantage, Homeward Bound and Community. The

renewal applications must be submitted to the Centers for Medicare and Medicaid Services (CMS) no later than March 31, 2011. No significant changes are anticipated in any of these waivers.

Public meetings about the waiver renewals will be hosted by the OKDHS on December 1, 2010 in Oklahoma City and on December 7, 2010 in Tulsa.

OHCA values consultation with Tribal Governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed rule changes, please contact Trevlyn Cross, Director of SoonerCare Indian Health Unit. She can be reached at 405-522-7303 or via email at Trevlyn.Cross@okhca.org.

Sincerely,

Garth L. Splinter, M.D. State Medicaid Director

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MEDICAL ADVISORY COMMITTEE RULE AGENDA November 17, 2010 1:00 p.m. – Ponca Conference Room 2401 NW 23rd St, Suite 1A Oklahoma City, OK 73107

OHCA Initiated

10-53 Partial Hospitalization Program – Outpatient Behavioral Health rules are revised to add Partial Hospitalization Programs (PHP) as a SoonerCare covered service for children. PHP consists of a package of therapeutically intensive clinical services offered in community and family based programs. PHP services are a component of the behavioral health residential treatment center (RTC) diversion project, which focuses on alternative levels of treatment services aimed at stepping individuals down from inpatient facilities and into clinically appropriate settings offering lower levels of care.

Budget Impact – The agency estimates a SFY 2011 budget impact of \$4,447,776 with a state share of \$1,160,925.

Federally Initiated

10-54 SoonerCare Hospice Revisions – Hospice rules are revised to allow for the provision of hospice services to children eligible for SoonerCare without forgoing any treatment services for the terminal condition. This change ensures compliance with Public Laws 111-148 and 111-152, otherwise known as the Patient Protection and Affordable Care Act. Congress enacted this provision to remove the restriction of having to elect hospice services in lieu of standard Medicaid services that have the objective to treat or cure the terminal illness.

Budget Impact – The agency estimates a minimal impact due to the number of hospice case per year and the duration of days members are on hospice. On average there are ten or less hospice cases per year.

10-55 Home and Community Based Services Waiver Hospice Revisions

The purpose of this rule is to include a requirement for re-evaluation of members receiving hospice services in the HCBS Waivers. ADvantage, Medically Fragile, My Life, My Choice and Sooner Seniors HCBS waivers currently have no set authorization limits for hospice care, allowing members to receive hospice services for an unlimited period of time. Rules are revised to include a re-authorization process after the initial 6 months of hospice care. A re-evaluation of the member will be performed and additional hospice care authorized for a period not to exceed 60 days. A re-evaluation will be performed every 60 days as needed. The revision is mandated by Section 3132 of the Patient Protection and Affordable Care Act.

Budget Impact - \$868,000 total annual savings; \$217,000 state share savings. OKDHS is responsible for any state share costs/savings associated with the ADvantage Waiver Program.