



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2014-06

February 13, 2014

**RE: Living Choice Program Process and Procedures for Reimbursement of Alternative Funds**

Dear Provider,

This letter serves as the official notification of the process and procedures reimbursement of alternative funds. Alternative funds are payments for case management services rendered to, or on behalf of, members who reside in a nursing facility and who have requested to transition into the community via the Living Choice program. Providers may request these funds when they have worked with, or on behalf of, a member to move the member from a facility of residence into a community living setting, but were unable to transition the member due to various reasons. **The range of time that will be reimbursed is a maximum 180 days from the initial referral date and funds may only be paid in the current fiscal year.** The Living Choice program's fiscal year is from July 31<sup>st</sup> through June 30<sup>th</sup>. All Alternative Funds requests must include:

**1. Justification for the request.**

- Each 15 minute unit is reimbursed at a rate of \$14.25 for standard units and \$20.40 for very rural units.

**2. Activities to be covered, as well as the cost per year for each activity, for each calendar year period.**

- Among the activities to be covered under alternative funds are case management services. Case management services include the time spent to procure services, housing and support for the individual. These services are provided via phone and in person. Services that are currently reimbursed to agencies include fees paid to obtain licenses and other essential documents (e.g., driver's license, photo ID, and birth certificates). Receipts are required for purchased documents.

**3. A detailed description of how the activity is delivered by contracted providers.**

- All alternative funds activities are delivered through contracted providers. Once it is determined that the member is unable to transition from the long-term care facility, an Alternative Funds request form can be obtained from the OHCA website at [http://www.okhca.org/living\\_choice.aspx?id=9556](http://www.okhca.org/living_choice.aspx?id=9556). This form is to be completed with all corresponding progress notes (including charges and receipts for purchased essential documents) and submitted to the Long Term Care Waiver Operations (LTCWO) Division. The units requested for reimbursement are verified and an invoice is forwarded to the Financial Services Division for payment.

Effective March 1, 2014, all requests for Alternative Funds must be submitted to the Oklahoma Health Care Authority (OHCA) LTCWO Division by the **first working day** of each month. The request must have case notes and any other relevant documentation attached. After review by the Living Choice staff, you will receive an electronic confirmation of the approved number of units and the amount payable. Your agency is then responsible for submitting an invoice to the OHCA LTCWO Division by the **20<sup>th</sup>** of each month for the approved amount. Please submit **one** invoice per month, per agency. You may claim multiple members on one invoice; however, the claimed amounts for each individual must be on one line with a total of all monies requested.

All invoices must include the following:

- Company name and address
- Invoice number
- Invoice date
- Bill to name: OHCA—Living Choice Program
- Bill to address:
- Dates of service (**From and To**)
- Member SoonerCare ID number
- Number of units
- Payment rate (**Very Rural or Standard**)
- Subtotal
- Total

Thank you for your cooperation and adherence to this matter. If you have any questions regarding this, please contact Living Choice program staff at 1-888-287-2443.

Sincerely,



Garth L. Splinter, MD  
State Medicaid Director