SoonerCare
Oklahoma Health Care Authority

Member Advisory Task Force

MATF Notes

Co-Chairs: Wanda Felty, Nicole Victorine
Vice Co-Chair: Linda Ingram
August 1, 2026

Members Present: X Wanda Felty, Co-Chair, **X** Linda Ingram, Vice Co-Chair, **X** Paty Hernandez-Byers, **X** Emily Burns-Bradley **X** Tana Hanson, **X** Ryan McLaughlin, **X** Stephanie Miller, **X** Dale Stuart, **X** Meske Owens, **X** Sky Collins, **X** Marissa Murley, **X** Miranda Hooper, **X** Storm Koch

Steering Committee: **X** Nicole Victorine, OHCA - Co-Chair, **X** Wanda Felty, Co-Chair, **X** Rebekah Gossett

Guests: 16 attendees

OFN Staff: X Terri Kinder, **X** Joni Bruce, **X** Tracy Whitaker, X Regenia Manning, OFN Note-taker

Virtual Meeting

Item	Notes	Recommendations / Golden Nuggets
Coffee Time at OHCA & Home		
Welcome & Conflict of Interest	Welcome to everyone. Introductions were made and potential conflicts of interest were disclosed by committee members.	
TEFRA Overview	TEFRA (Tax Equity and Fiscal Responsibility Act of 1982) allows states to provide Medicaid coverage to children with disabilities and exceptional medical needs without applying the usual parental-income rules. Oklahoma implemented TEFRA in 2005, and approximately 1,200 children are currently enrolled. The program is intended to help eligible children remain safely at home while receiving necessary medical care that might otherwise require an institutional level of care. TEFRA eligibility includes three areas of review: **financial eligibility, disability determination, and level of care**. Families may be asked to provide financial information, medical documentation, an SSI denial, IEP or IFSP when applicable, proof of citizenship, Social Security information, out-of-pocket medical expenses, and psychological or developmental evaluations depending on the child's age and circumstances. Cases are assigned to a TEFRA caseworker who interviews the family, identifies missing documentation, and explains the eligibility and annual renewal process. **Disability and Level-of-Care Determination** When Social Security has not already made a disability determination, TEFRA completes a separate review using Social Security Administration disability criteria. If the disability criteria are met, the child proceeds to the level-of-care review. The three levels of care are **Intermediate Care Facility, Nursing Facility, and Hospital**.	**GOLDEN NUGGET:** Although OHCA has had to reduce costs due to budget constraints, the TEFRA program was not impacted by program cuts or provider rate reductions. **GOLDEN NUGGET:** OHCA is working to streamline and modernize the TEFRA application and documentation process, in part based on feedback and recommendations from MATF members. A future goal is to allow TEFRA documentation to be

	Eligibility is based on the child's overall documented medical, developmental, cognitive, adaptive, and functional needs. **No single diagnosis, test score, medical device, therapy, treatment, or service automatically qualifies or disqualifies a child.** Because each child is reviewed individually, children with the same diagnosis may receive different eligibility decisions. MATF asked who makes the final level-of-care determination. The TEFRA team explained that a nurse initially reviews the documentation and may request additional information. Complex cases may be reviewed by a broader clinical team, but the **final level-of-care determination is made by a physician**, particularly when a denial is being considered. **Reviewing Physicians** MATF members asked whether the specialties and qualifications of physicians reviewing TEFRA cases could be made publicly available. Members expressed concern about whether the reviewing physician has appropriate expertise related to a child's specific condition. **The presenter agreed to ask the appropriate team whether this information could be shared publicly.** **Staffing and Communication** MATF asked about staffing for the approximately 1,200 children enrolled in TEFRA. The program currently has **six caseworkers and two assistants**. The TEFRA team reported that they have been working to address the previous backlog and influx of calls and believe they are reaching a turning point. Voicemail calls are expected to be returned within **48 hours**. **Budget and Potential Cuts** When asked whether TEFRA or related services could face cuts this year, the response was that the program will be **operating very lean**, but the budget was approved **without provider rate cuts or program cuts**. Appreciation was expressed to the TEFRA team for their work. **Parent-Provided Skilled Nursing Care** MATF asked whether a child could be denied Nursing Facility Level of Care because a parent has learned to perform skilled nursing tasks at home. The TEFRA team clarified that the focus is on the **child's medical and nursing needs, not simply who provides the care**. A parent's ability to perform medically necessary tasks does not automatically prevent those needs from being considered. Reviewers consider the complexity, frequency, clinical necessity, and type of care the child requires and whether those services would ordinarily be provided by licensed personnel in a nursing facility. **TEFRA Renewals** MATF raised concerns about significant differences in renewal processing times, with families reporting timelines ranging from a few weeks to four or five months. The TEFRA team explained that each renewal requires an individualized review of financial eligibility, disability, and level of care. Cases with complete documentation may be processed more quickly, while cases requiring additional information can take longer. MATF also asked whether families would have to repay Medicaid benefits if a renewal takes several months and the child is ultimately denied. The response was **no**; families are not required to repay Medicaid benefits simply because a TEFRA renewal is later denied. Families receive notice of the decision and information regarding their **appeal rights**. **Follow-Up**	submitted electronically rather than relying on paper documentation**,** making the process easier and more efficient for families. **GOLDEN NUGGET:** A physician does not determine whether a child meets the initial TEFRA disability eligibility criteria. That determination is based on Social Security Administration disability standards and is reviewed by OHCA staff. A physician is involved later in the process when making the final level-of-care determination. **GOLDEN NUGGET:** For level-of-care intake and review, there are two OHS staff and two OHCA staff serving as first points of contact, along with four OHCA nurses and supervisors who are available to assist with reviews. Additional OHS staff may also be involved as needed**.** **RECOMMENDATION:** Increase transparency regarding the number of staff assigned to manage TEFRA inquiries, applications, and level-of-care reviews so families

	The primary follow-up from the discussion is for the TEFRA presenter to determine whether information about the **specialties and qualifications of physicians who conduct level-of-care reviews** can be made publicly available.	better understand staffing capacity and who is responsible for different parts of the process. **RECOMMENDATION:** Increase the number of staff available to answer calls and assist families in the Level of Care Unit. **RECOMMENDATION:** additional staffing needs be considered as part of OHCA's future budget requests to the Legislature.
HR1 Community Engagement Overview	**Federal Medicaid Changes – "A-Train 1"** The **A-Train 1 legislation**, passed in July 2025, includes several upcoming changes that will affect Medicaid eligibility and enrollment. Changes include new eligibility rules for certain non-citizen groups, reduced retroactive coverage, more frequent renewals for expansion adults, and new work/community engagement requirements. Requirements will vary by eligibility group, and some members may need to provide additional documentation. **Changes for Certain Non-Citizen Groups** Beginning **October 1, 2026**, Medicaid eligibility for certain non-citizen groups will be narrowed. Some individuals who currently qualify for full Medicaid benefits may become eligible only for **emergency Medicaid services**. **Changes Beginning January 1, 2027** Additional changes are expected to take effect **January 1, 2027**. Retroactive Medicaid coverage will be reduced for expansion adults, children, and pregnant women. Expansion adults will also be required to **renew eligibility every six months**, with an exception for American Indian and Alaska Native members. MATF discussed the potential for confusion because members of the same household could have **different renewal dates**, increasing the possibility of missed notices or paperwork. **Work and Community Engagement Requirements** Expansion adults will generally be required to complete **80 hours per month** of qualifying activities, which may include employment, education, community service, or similar activities. Members may also meet the requirement by earning approximately **$580 per month**. Several groups may be excluded or exempt from these requirements, including pregnant or postpartum women, certain caregivers, individuals with disabilities or serious medical conditions, people considered medically frail, former foster-care youth, some veterans, and individuals receiving SNAP. **Temporary hardship exemptions** may also be available in certain circumstances. **Reducing the Burden on Members**	**RECOMMENDATION:** Updates on HR1 should be included as an agenda update for every MATF meeting **GOLDEN NUGGET:** Expansion adults will renew their eligibility every 6 months versus every year except for American Indian/Alaskan Native **GOLDEN NUGGET:** If members are short on volunteer/work hours, they will receive communication on where they might find places to volunteer to complete their hours. **GOLDEN NUGGET:** The income threshold for expansion will now be about $580 per month

	OHCA plans to use existing information, including **claims, encounter, diagnosis, and other available data**, to electronically verify eligibility and exemptions whenever possible. The goal is to reduce the amount of additional documentation members must submit and minimize unnecessary administrative burden. Members are encouraged to make sure their **mailing address, telephone number, and email address are current** so they do not miss important notices about eligibility, renewals, or new requirements. **MATF Concerns About Staffing and Communication** MATF asked whether OHCA anticipates increased demands on staff as these changes are implemented and how the agency plans to manage communication with members who may need assistance. OHCA shared that they are **working closely with their communications department** to prepare for implementation. MATF also asked what safeguards will be put in place to prevent **delays, backlogs, or inappropriate coverage closures** as members and staff adjust to the new requirements. OHCA shared that an existing **online chatbot** helps direct members to the appropriate resources. OHCA is also working with vendors on additional technology, including an app and a planned chat feature that would allow members to communicate directly with a care coordinator. Care coordinators would be able to answer questions, help members understand requirements, and assist with documentation. The goal is to use these technology improvements to make it easier for members to receive information about **six-month renewals, work requirements, documentation, and other eligibility changes** as the new requirements are implemented.	**GOLDEN NUGGET:** Under the new Medicaid requirements, expansion adults will need to complete 80 hours per month of qualifying activities. That may be met through a combination of employment, community service, education, or other approved activities. Education may qualify when an individual is enrolled at least half-time. **GOLDEN NUGGET:** Several groups are exempt from the new Medicaid work requirements, including certain pregnant/postpartum individuals, foster youth, American Indians/Alaska Natives, disabled veterans, qualifying caregivers, medically frail individuals, and some individuals already meeting TANF or SNAP requirements. **GOLDEN NUGGET:** **Hardship exemptions may apply** to individuals receiving services from an inpatient hospital, nursing facility, intermediate care facility, or inpatient psychiatric hospital. Exemptions may also apply to individuals living in a county with a presidentially

		declared emergency or disaster, or an unemployment rate of 8% or 1.5 times the national unemployment rate, whichever is lower. Individuals who must travel outside their community to receive treatment for a serious or complex medical condition may also qualify for a hardship exemption. **GOLDEN NUGGET:** The Aged Blind and Disabled population will remain with 12-month renewals
Communication re:HR1	The agency is developing a broad member communication and outreach strategy. A public website will provide an eligibility screener, information about new requirements, explanations of what is changing, and timelines for when changes will take effect. Toolkits that include communication materials such as flyers, one-page summaries, social media posts that community organizations can share directly with members. The agency wants to reduce member anxiety by emphasizing that members do not need to take action until they are specifically told to do so. These outreach efforts will be especially important because eligibility, renewal, and documentation requirements may vary by population. Members were encouraged if they had questions for any of the presenters to send to Joni. She will send out the questions and the answers to the full board members so that everyone learns together.	**RECOMMENDATION:** Communicate the required changes due to HR1 with community organizations and agency partners, especially regarding renewal dates going to every 6 months **RECOMMENDATION:** Community organizations can email communitypartners@okhca.org to receive training opportunities and information for HR1 and other OHCA communication **RECOMMENDATION:** Utilize different sizes and color of mail for important updates similar to what is

		done for disconnect notices by utility companies.
Public Comment	**Public Comment** The meeting was opened for public comment. **Question:** If an individual receives services through a Home and Community-Based Services (HCBS) waiver, are they automatically exempt from the new Medicaid work requirements, or would they still need to qualify for an exemption? **Response:** Individuals who qualify for Medicaid through the Department of Human Services or who are classified by the state as disabled are **automatically exempt from the Medicaid work requirements**. **Question:** Is it correct that no cuts to current Medicaid services, including waiver services, are anticipated at this time, but cuts could potentially be considered later if financial conditions change? **Response:** OHCA reported that the **balanced budget has been filed**, although the agency did not receive the full amount of funding requested. If additional funding is needed during the fiscal year, OHCA may have to return to the Legislature to request an **emergency mid-year appropriation**. MATF members were encouraged to continue **advocating for the programs and services that are important to them and Medicaid members**. **OHCA Leadership Update**	
Stipend Forms & Future Agenda Items	Questions can be sent to Joni and she will send answers to all MATF Next meeting October 3rd. Meeting ended at 12:35 PM	

MATF Meeting Schedule FY 27: October 3rd, 2026, December 5th, 2026, February 6th, April 4, June

Future Agenda Items: Bradley for October legislation/interim study outcomes, School-based services (update in Spring) & changes to NEMT contract October 20265, Recommendation logs, June: Pollicy updates/legislative updates, work requirement updates (October 2026)

Board of Directors Meetings: http://www.okhca.org/about.aspx?id=2671

Comments and questions may be submitted online through the Policy Change Blog and the Native American Consultation Page by contacting the OHCA Federal & State Reporting Division by telephone at 405-522-7914 or via email at OHCAcommunityengagement@okhca.org.

Thank you for your Service!