SoonerCare
Oklahoma Health Care Authority

Member Advisory Task Force

MATF Notes

Co-Chairs: Wanda Felty, Nicole Victorine
Vice C0-Chair: LeLinda Ingram
October 3, 2026

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

Steering Committee: X Nicole Victorine, OHCA - Co-Chair, X Wanda Felty, Co-Chair, X Carolyn Reconnu-Shoffner, OHCA,

Guests: 12 Guest attended
OFN Staff: √ Joni Bruce, ED, OFN Staff, √ Regenia Manning, OFN Note-taker
X = Virtual √ = In person

Item	Notes	Recommendations / Golden Nuggets
Welcome & Conflict of Interest	Welcome to everyone. Introductions were made and potential conflicts of interest were disclosed by committee members. Update of MATF/Medicaid Advisory Committee – • CMS requirements now create a stronger connection between the Member Advisory Task Force (MATF/BAC) and the Medicaid Advisory Committee (MAC), with representatives participating across both groups and recommendations flowing between them. • The most recent MAC meeting included three primary policy items: o HR 1 / Medicaid work requirements. o Medicaid expansion redetermination changes. o Unbundling of obstetric delivery payments. Miranda and Sky are serving as MATF representatives to the MAC. The group discussed rotating responsibility for reporting MAC updates back to MATF.	
Youth Involved with Juvenile Justice	**Reconnect Program for Justice-Involved Youth** The **Consolidated Appropriations Act of 2023** created an exception to the Medicaid inmate exclusion, allowing certain justice-involved individuals to receive Medicaid services **30 days before and 30 days after release**. The Reconnect Program helps eligible individuals transition back into their communities by connecting them with health care and support services. **Key Program Details:** • **Eligibility:** Adjudicated youth under age 21 and former foster youth ages 21–26. • **Services:** Health and behavioral health screenings, care planning, case management, transportation assistance, and connections to medical and community resources. Assistance with SoonerCare enrollment is also available. • **Phase 1 Facilities:** Four DOC facilities (Bill Johnson, Mabel Bassett, Eddie Warrior, and Joseph Harp) and the Central Oklahoma Juvenile Center in Tecumseh.	**RECOMMENDATION 1: Reentry Information and Communication** Ensure reentry packets provide clear, easy-to-understand information about Reconnect services. Have the OJA Youth Advisory and Caregiver Advisory review discharge packets and other communication materials. Provide a dedicated phone number for youth and caregivers to access information, assistance, and follow-up support. **RECOMMENDATION 2: Rural Outreach and Support**

	• **Agency Collaboration:** DOC, Office of Juvenile Affairs (OJA), and ODMHSAS are working together to support implementation. • **Challenges:** Reaching individuals after release due to missing or unreliable contact information. Strong coordination between correctional facilities, OHCA case management, managed care organizations, and community providers is essential. • **Additional Support:** Individuals who initially decline services can call a toll-free number if they later decide they need assistance. **Question: How would a change in release date affect eligibility for Reconnect services?** Release dates can change for various reasons. The program must demonstrate that reasonable efforts were made to provide services during the 30 days before release. If an individual's release is delayed significantly, such as an additional 90 days, they would temporarily be removed from the program and become eligible again when they are within 30 days of their new release date. **Question: Will case management continue supporting individuals beyond the 30 days after release?** Yes. The program is developing a system to ensure continued support and care coordination. A needs assessment will identify individual needs, and the managed care organization will develop a care plan to connect members with appropriate services and provide ongoing follow-up. Facility case managers cannot continue working directly with individuals after release, so coordination and a smooth transition to the managed care organization are essential. **Transition Workflow – DOC/OJA Release** 1. Identify upcoming releases through nightly DOC/OJA reports. 2. Open a PCMS case and complete a facility medical survey. 3. Assign an LPN within 30 days of release. 4. Assess medical needs, medications, providers, and social support needs. 5. Connect individuals with community health care providers and resources. 6. Provide a program introduction and contact information before release. 7. Contact individuals within two days after release. 8. Continue care coordination and address gaps in services. **Additional Information:** • DOC and OJA provide individuals with an introductory letter explaining the program and informing them that a case manager will contact them. • Individuals who do not receive a follow-up call can contact the program directly using the provided phone number to request assistance. • Since July 1, **13 individuals have been released**, with an additional **17 releases projected before the end of the year**. • **Question: Has there been coordination with parole officers?** Discussions with DOC are ongoing. The program is currently focused on individuals preparing for release, with plans to strengthen coordination with parole officers as part of ongoing community support. **Question: Are informational materials provided to participants?** Yes. Participants receive a Reconnect brochure when completing their Medicaid application, along with an introduction letter explaining the program and available services. Materials are	Expand outreach and services in rural communities to increase awareness of Reconnect and provide additional support for individuals returning to areas with limited housing, employment, transportation, and health care resources. **RECOMMENDATION 3: Youth and Family Engagement** Engage the Oklahoma Commission on Children and Youth (OCCY), Birth Family Advisory (BFA), OJA Parent/Caregiver Advisory, Youth Advisory Council, and other youth and family advisory groups to share program information, gather feedback, and improve services. **RECOMMENDATION 4: Peer Support Services** Include peer support specialists and peer recovery specialists, particularly individuals with lived experience, in individualized care plans and transition services. **RECOMMENDATION 5: Health Care Coordination** Include physicians and other health care providers in targeted case management and transition planning to improve continuity of care. **RECOMMENDATION 6: Community Partnerships and Resources** Strengthen coordination with probation and parole officers, courts, workforce development programs, homelessness organizations, Family Resource Centers, Community Health Workers, and other community partners to help individuals access resources and navigate services, including Medicaid and OHCA. **RECOMMENDATION 7: Program Participation** Explore the feasibility of courts requiring youth under age 18 to participate in Reconnect, considering applicable legal requirements.

	written at approximately a fifth-grade reading level and focus on how the program can help individuals. Participation is voluntary, and individuals can decline services or reconnect later if they need assistance. Additional reentry resources are also available on the DOC website. **Question: Does Reconnect help individuals with disabilities access SSI or other Medicaid eligibility options?** Yes. The program reviews previous eligibility, including disability-related benefits, and assists individuals with the appropriate application or redetermination process. Standard redetermination procedures generally occur 60–90 days after incarceration. **Comment: Rural Barriers and Support Needs** Concerns were raised about individuals returning to rural Oklahoma communities where housing, employment opportunities, job skills training, transportation, and family support may be limited. A suggestion was made to explore extending the Medicaid work requirement exemption to one year for this age group. **Discussion: Program Participation** Members discussed whether stronger engagement strategies, including potential participation requirements connected to release, could improve enrollment and participation in Reconnect services.	**RECOMMENDATION 8: Medicaid Eligibility** Review prior Medicaid eligibility to identify individuals who may qualify under a disability-related eligibility category. **RECOMMENDATION 9: Medicaid Work Requirements** Explore a one-year exemption from Medicaid work requirements for 20-year-olds transitioning from justice involvement. **RECOMMENDATION 10: Program Outcomes and Expansion** Collect and monitor program outcome data, including recidivism rates, access to health care, and connections to community resources. Use findings to demonstrate program effectiveness and advocate for expanding Reconnect to adults, recognizing that legislative approval would be necessary. **RECOMMENDATION 11: Early Childhood Connections** Explore opportunities to connect Reconnect services with early childhood intervention and prevention programs to better support justice-involved youth and families. **RECOMMENDATION 12: MATF Follow-Up** Provide a formal update to MATF in approximately one year to review implementation progress, challenges, lessons learned, available outcome data, and progress on recommendations.
HR1 Work Requirements Update	**Medicaid Eligibility Changes – Effective 2026–2027** Significant changes to Medicaid eligibility are taking effect in Oklahoma, including community engagement (work) requirements, more frequent eligibility renewals, reduced retroactive coverage, and changes affecting certain noncitizens. **Noncitizen Eligibility Changes – October 1, 2026** Beginning October 1, 2026, federal Medicaid eligibility was restricted for certain lawfully present noncitizens, including many refugees and asylees. Individuals who no longer qualify for full Medicaid benefits may still qualify for emergency Medicaid services if otherwise eligible. Concerns were raised about the potential financial impact on rural hospitals, Federally Qualified Health Centers (FQHCs), and Certified Community Behavioral Health Clinics (CCBHCs). An estimated 4,000 refugees were	**GOLDEN NUGGET:** OHCA sent notices to expansion members and developed a web-based screening tool to help individuals understand whether they may be subject to work requirements or qualify for an exemption.

	identified as potentially affected during the discussion. **Community Engagement (Work) Requirements – January 1, 2027** Beginning January 1, 2027, most nonexempt Medicaid expansion adults ages 19–64 must demonstrate qualifying community engagement activities to maintain eligibility. Community engagement is the official term because paid employment is not required to meet the requirements. • Members generally must complete 80 hours per month of qualifying activities, including employment, community service, approved work programs, education, or a combination. • Members may also qualify by earning at least $580 per month or meeting other approved income or education criteria. • Exemptions include pregnant and postpartum women; foster and former foster youth age 25 and younger; parents or caregivers of children age 13 and younger or individuals with disabilities; American Indian/Alaska Native individuals; certain veterans with disabilities; individuals with qualifying medical conditions, disabilities, mental health or substance use disorders; individuals meeting applicable TANF or SNAP work requirements; and individuals currently incarcerated or released within the previous three months. • Additional short-term hardship exceptions may apply in certain medical, emergency, or high-unemployment circumstances. **Eligibility Renewals and Verification** Beginning in 2027, Medicaid expansion adults will generally transition from annual to six-month eligibility renewals. Existing eligibility periods will not automatically be shortened; the new renewal schedule generally applies at the member's next scheduled renewal in 2027. • OHCA plans to use existing data whenever possible to automatically verify compliance or exemptions. • Members may be asked to provide additional documentation when information cannot be verified. • Members generally have 30 days to provide documentation following an initial adverse determination related to community engagement. • Self-attestation may be permitted in certain circumstances during 2027 while verification systems are developed. • Certain individuals, including qualifying American Indian/Alaska Native members, may be exempt from six-month renewals. **Retroactive Medicaid Eligibility – January 1, 2027** Retroactive Medicaid coverage, previously available for up to three months for eligible applicants, will be reduced: • Medicaid expansion adults: Up to one month before application. • Other Medicaid eligibility groups: Up to two months before application. **Medical Frailty and Disability Exemptions** OHCA is developing methods to identify individuals who qualify for medical frailty exemptions using medical claims, diagnosis codes (ICD-10), and other available information. National rare-disease resources may also help identify qualifying conditions. MATF members expressed concern that relying too heavily on diagnosis codes could overlook individuals with rare or complex medical conditions that do not have specific ICD-10 codes. Members recommended considering additional clinical information and national	**GOLDEN NUGGET:** There will not be dedicated case managers for eligibility determinations, health plans will serve as conduits for member support and community-based organization partnerships.

	rare-disease resources when determining exemptions. OHCA welcomed feedback regarding conditions that should be considered. **Important Reminder** Members should keep their contact information, medical documentation, and eligibility records current and respond promptly to OHCA notices to help prevent interruptions in coverage. OHCA continues developing procedures and gathering data to support implementation of these changes. **Community Partnerships and Member Communication** • Managed care plans are developing partnerships with community-based organizations (CBOs) to help members understand and satisfy HR 1 requirements. • OHCA is providing community-partner education and training. • Members should keep their contact information current and opt into electronic/text communications when possible. MATF members were encouraged to continue sharing real-world scenarios, potential data sources, and community connections that could identify implementation gaps before they affect members.	**GOLDEN NUGGET:** Members were strongly encouraged to keep their contact information current and opt into electronic/text communications.
	Policy & Updates Moved to December	
Stipend Forms & Future Agenda Items	Suggested Future Agenda Items: Reconnect Program return for progress update. Presentation from managed care plans on the HR 1 community-based organizations partnerships and HR 1 support strategies. How Reconnect, incarceration exemptions, HR 1 requirements, and Medicaid eligibility timelines interact. Collecting member scenarios that could reveal gaps in automated exemption identification. Explore additional Reconnect partnerships with Workforce, peer support, probation/parole, homelessness organizations, Family Resource Centers, Community Health Workers, and Head Start. A future OHCA presentation on policy/rule development and tribal consultation process.	

MATF Meeting Schedule FY 27 December 5th virtual closed meeting, February 6th 2027, hybrid closed meeting, April 3rd virtual OPEN meeting, no public comment, June 12th hybrid closed meeting.

Future Agenda Items: Pie in the Sky (December or February) – Age-Appropriate Dental Care Services by Dr. Rhone (December) – Changes to NEMT contract (December 2026), Recommendation logs, June: Policy updates/legislative updates, work requirement updates (October 2026) Dental Value Added Benefits (February); Follow-up of Medical Contracted Entities' Value Added Benefits (Dec or April, 2027), Recommendation Log Outcomes Update (April).

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!