Ellen M. Buettner | Chief Executive Officer

J. Kevin Stitt | Governor

State Plan Amendment Rate Committee (SPARC)
Agenda
September 11, 2023
11:00 AM
OHCA Board Room
4345 N. Lincoln Blvd
Oklahoma City, OK

I. <u>Welcome and Roll Call:</u> Chair, Josh Richards

This meeting will occur at the OHCA building at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105. All Committee members will participate in person.

# **Committee Members:**

- Josh Richards (Chair, OHCA)
- Aaron Morris (OHCA)
- Sandra Puebla (OHCA)
- Toney Welborn (OHCA)
- Sharon Butler (OSDH)
- Melissa Miller (ODMHSAS)
- Jennifer King (OHS)

#### Public access via Zoom:

https://www.zoomgov.com/webinar/register/WN\_7z5zsk2xSE6m7aJcMjOHrg

\*Please note: Since the physical address for the OHCA SPARC Meeting has resumed, any live-streaming option provided is provided as a courtesy. Should such live-streaming option fail or have technical issues, the OHCA SPARC Meeting will not be suspended or reconvened because of this failure or technical issue.

- II. <u>Public Comments (2-minute limit): Chair, Josh Richards</u>
- III. Rate issues to be addressed: Presentation, discussion, and vote
  - A. Remote Supports Services Rate Increase (Presented by **Karla Selman**, OHS)
  - B. Acute Increases (Presented by **Melissa Miller**, ODMHSAS)







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IV. <u>Adjournment:</u> Aaron Morris

FUTURE SPARC MEETING TBD







# ADVANTAGE WAIVER – REMOTE SUPPORTS SERVICES RATE INCREASE

# 1. IS THIS A RATE CHANGE OR A METHOD CHANGE? Rate Change

# 2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT? Increase

### 3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The Community Living, Aging and Protective Services (CAP) division of Oklahoma Human Services is seeking to increase the rate for the Remote Supports Service provided under the ADvantage waiver. The ADvantage Waiver remote supports services have not kept pace with commensurate services provided by other 1915(c) waivers. This request is to increase the reimbursement rate for remote supports services to match corresponding rates through other Oklahoma waivers.

# 4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

Remote Supports service rates are set by fixed, uniform rates, established through the State Plan Amendment Rate Committee process.

| Service                             | Service<br>Code | Unit<br>Type | Current<br>Rate | New<br>Rate |
|-------------------------------------|-----------------|--------------|-----------------|-------------|
| Remote Support services with paid   |                 |              |                 |             |
| emergency response staff            | T1019-TG        | 15-min       | \$2.62          | \$3.28      |
| Remote Support services with unpaid |                 |              |                 |             |
| emergency response staff            | T1019-U1        | 15-min       | \$1.75          | \$1.81      |

# 5. NEW METHODOLOGY OR RATE STRUCTURE.

This proposed request is to increase the reimbursement rate for remote supports services through the ADvantage Waiver to match corresponding rates for the same services through the Developmental Disabilities Services (DDS) waivers. Oklahoma Waivers will reimburse for remote supports services at the same rates. This will eliminate competition among waivers for service providers.



### 6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2024 will be an increase. For 9 months the total amount of \$547,312.50; with a 32.47% state share of the total or \$177,712.37 in state share.

OHS attests that it has adequate funds to cover the state share of the projected cost of services.

## 7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

Oklahoma Waivers will reimburse for remote supports services at the same rates. This will eliminate competition among waivers for service providers.

Remote Supports services encourage independence, the promotion of member rights, the dignity of risk, and a member-centered level of health and safety oversight while decreasing reliance on in-person staffing. The increase in the service rate may increase Members' access to care to for this service.

#### 8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

Oklahoma Human Services requests the State Plan Amendment Rate Committee approve the request for implementation of Remote Supports services rate increase for the ADvantage waiver

### 9. EFFECTIVE DATE OF CHANGE.

October 1, 2023, upon approval by CMS



# RATE INCREASES FOR ACUTE AND ACUTE II BEHAVIORAL HEALTH FACILITIES

# 1. IS THIS A RATE CHANGE OR A METHOD CHANGE? Rate Change

# 2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT? Increase

# 3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

In response to provider feedback and based on cost information and regional comparisons, ODMHSAS seeks to implement rate increases for freestanding psychiatric hospitals paid on a per diem basis (Acute level of care). ODMHSAS also seeks to restore the 15% rate reduction for Acute II facilities implemented in 2016 and add a 5% increase to the restored rate.

# 4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current per diem rate for freestanding psychiatric hospitals is \$596.91. The current per diem rate for Acute II facilities is \$293.29.

### 5. NEW METHODOLOGY OR RATE STRUCTURE.

The new proposed per diem rate for freestanding psychiatric hospitals is \$664.91. The new proposed per diem rate for Acute II facilities is \$362.30.

### 6. BUDGET ESTIMATE.

The estimated budget impact for SFY24 (Oct-June) is \$9,592,050 total/\$2,264,233 state share. The estimated budget impact for SFY25 is \$12,789,400 total/\$3,018,978 state share. ODMHSAS attests that it has adequate funds to cover the state share of the projected cost of services per fiscal year.

## 7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The ODMHSAS has determined that this change will have a positive impact in that the rate increases support the Acute/Acute II provider network.

### 8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.



The ODMHSAS requests the SPARC to approve the proposed rate increases for freestanding psychiatric hospitals paid on a per diem (Acute level of care) and Acute II facilities.

# 9. EFFECTIVE DATE OF CHANGE.

October 1, 2023, contingent upon CMS approval