

Oklahoma Health Care Authority: Medically Fragile Waiver Newsletter



Hello Providers,

Welcome to this edition of the newsletter! We want to express our gratitude to you, and all our providers who take care of the members in the Medically Fragile Waiver program. Now in its eleventh year, the waiver program continues to make improvements daily in the lives of its members. In the next few pages, you will find pertinent information and current updates to our activities.

Membership and Growth

The Medically Fragile Waiver program has 93 unduplicated members to date for FY22 and 90 active members. We are reviewing our referral list and contacting potential new members. We are excited to expand, as well as continue to serve the needs of Oklahomans that benefit from our program.

Our unit goal:

To provide and engage in Long Term Services and Supports to individuals whose needs require comprehensive services delivered in the home and community-based setting.

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New Version of the UCAT III

As part of the service plan process for Medically Fragile Members, the UCAT I is highly recommended and the UCAT III is a required document that evaluates the member's condition and needs in the program. Please take a few minutes to ensure that you are submitting the current UCAT III version.

The new version can be found on the OHCA Website/LTSS in the forms section.

The current UCAT III is dated August 5, 2021.

This document is 35 pages in length and must be submitted in its entirety for proper processing.

The correct use of the Medically Fragile Waiver definitions plays an instrumental role in evidence-based reporting.

Critical Incident Reports

Effective immediately, submit a Critical Incident Report for any member that becomes exposed or tests positive for Covid.

As a reminder...

The Provider Communication form must be submitted when any of the following occurs:

- Event change
(Including member hospitalization)
- Address change
- TC/CM change

This document can be found on the OHCA Website/LTSS/forms

Definitions

It is important to correctly document the definitions, as this is directly related to our program outcome reporting. Details for each item listed below are to be specified in the case manager's monthly monitoring documentation or case notes as outlined in the request for the service. Any changes in the expected outcome should also be included in the documentation.

Type: each personal care service requested on the member's service plan. (i.e., PCA, ASR, PDN, Respite).

Scope: relates to the completion of task requested on the service plan and the time used for completion according to the provider's qualifications.

Amount: the number of units/hrs. requested for each personal care service listed on the member's service plan.

Duration: the length of time a service is to continue as requested and approved on the member's service plan. (Ex. Respite is requested and approved for 2 days a month for 12 months **or** PCA services were requested and approved for the entire plan year, 2/14/20 to 2/13/21).

Frequency: how often each of the personal care services requested on the member's service plan are to be delivered.



Documentation

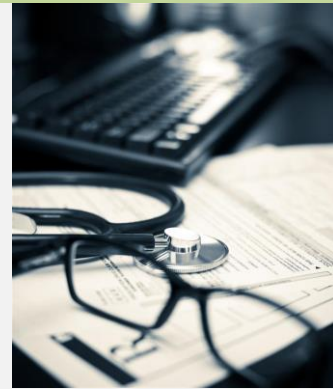
Please make sure to submit the following documents with service plan reassessments and addendums

Service Plan Reassessments

Community Service Plan
Community Service Plan Goals
Community Back Up Plan
Guardian or Power of Attorney documents
Release of Information
IDT Meeting
Scripts for items submitted to Medically Fragile
Letter of Medical Necessity if PDN on plan
Current 485 & Scripts for Durable Medical Equipment
RN Evaluation
Participant Consents & Rights
UCAT (Parts 1 & III)
OHCA Waivers & Demonstration
Attestation of Conflict-Free Case Management

Addendums (when changing in-home provider)

Community Service Plan Addendum
Community Service Plan Revised Goals
Revised Community Back Up Plan
Revised Release of Information
Revised Participant Consents & Rights
IDT Meeting
Letter of Medical Necessity if PDN on plan
Current 485
RN Evaluation
Participant Change of Provider



Appendix K

On December 31, 2021, the public health emergency will expire, and on June 30, 2022 Appendix K will expire unless an extension is granted for by CMS. What this means for providers is, all the flexibilities that were granted due to the pandemic will no longer be granted and the waiver will resume its normal operations. This means signatures will be required on documentation and verbal consent may no longer be accepted.

As we seek further guidance on what this means for Medically Fragile members who still do not want providers to come into their home, we ask that case managers begin to prepare and develop a plan to ensure the continuity of care for Medically Fragile members to ensure their needs are met.

Monthly Monitoring Reports

As we are coming to the end of the year, we are asking you to send any outstanding Monthly Monitoring Reports (MMRs.) These reports are due the 5th of each month unless the 5th is on a weekend or a holiday, then MMRs are due on the next business day. For example, MMRs for October 2021 will be due November 5, 2021, and so on.

If you have already sent all your MMRs through September 2021, we appreciate your efforts in keeping us informed on the well-being of our members.

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<https://oklahoma.gov/ohca/in-dividuals/programs/medically-fragile>

Like us on Facebook:
SoonerCare
Tweet us on Twitter:
@oksoonerCare

Upcoming Events:

Monthly Provider Calls

Our monthly provider calls will continue. Some of the past topics we covered include signatures for Medically Fragile documentation, PDN/PCA requests, self-direction, DME Rule changes and the Medically Fragile Monthly Monitoring Form.

The date and time for the next monthly provider call is October 20, 2021, at 2:00 pm to 3:00 pm. If you have a particular topic you would like to discuss, please contact waiver staff at least one week before the calls are scheduled to take place, so that we can ensure we provide adequate information about the information you are seeking.

We want to provide useful information to our providers; however, we won't know what topics are beneficial to you unless you tell us. We are seeking to make the provider calls an open dialogue between our staff and providers, so please don't hesitate to speak openly and candidly during any of our provider calls.

Provider Trainings

On April 14, 2021; we held a provider training highlighting medically fragile forms, self-direction, quality, DME and EVV.

The next provider training will be held Wednesday October 13, 2021.

We understand 2021 has been a difficult year. Just know we are in this together. We look forward to ushering in a new year and working through the challenges we may have together.