

## Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's [Proposed Changes Blog](#).

**OHCA COMMENT DUE DATE:** January 6, 2025

The proposed policy changes are currently in effect as Emergency Rules and must be promulgated as Permanent Rules. The proposed policy was presented at the January 2, 2024, Tribal Consultation and at the March 7, 2024, Medical Advisory Committee meeting. Additionally, this proposal will be presented at a Public Hearing scheduled for January 6, 2025, and is scheduled to be presented as permanent rules to the OHCA Board of Directors on January 15, 2025.

**SUMMARY:** The Oklahoma Health Care Authority proposes permanent policy revisions to provide families and PDN agencies with the flexibility to staff cases according to the family's need and the member's level of care. Revisions clarify the criteria for virtual visits when a member is assessed for PDN services. Other policy revisions change the designated care hours from "per day" to "per week". Language is amended to reflect maximum hours authorized from 16 hours per day to 112 hours per week. Revisions also add that a member's medical necessity can be determined by an OHCA physician's appointed designee.

**LEGAL AUTHORITY:**

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes;  
The Oklahoma Health Care Authority Board

**RULE IMPACT STATEMENT:**

**STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY**

**SUBJECT:** Rule Impact Statement  
APA WF # 24-05

**A. Brief description of the purpose of the rule:**

The Oklahoma Health Care Authority proposes permanent policy revisions to provide families and PDN agencies with the flexibility to staff cases according to the family's need and the member's level of care. Revisions clarify the criteria for virtual visits when a member is assessed for PDN services. Other policy revisions change the designated care hours from "per day" to "per week". Language is amended to reflect maximum hours authorized from 16 hours per day to 112 hours per week. Revisions also add that a member's medical necessity can be determined by an OHCA physician's appointed designee.

**B. A description of the classes of persons who most likely will be affected by the proposed rule,**

including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

This rule will affect members who utilize PDN services and their families.

- C. A description of the classes of persons who will benefit from the proposed rule:

This rule will benefit members who utilize PDN services and their families by allowing them increased staffing flexibility according to the member's needs.

- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no economic impact and there are no fee changes associated with the rule change for the above classes of persons or any political subdivision.

- E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The proposed rule changes are budget neutral.

- F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule will not have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule.

- G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule will not have an adverse effect on small businesses as provided by the Oklahoma Small Business Regulatory Flexibility Act.

- H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The Agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

- I. A determination of the effect of the proposed rule on the public health, safety, and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety, and environment, an explanation of the nature of the risk and to what extent

the proposed rule will reduce the risk:

The proposed rule should have no effect on the public health, safety, and environment.

- J. A determination of any detrimental effect on the public health, safety, and environment if the proposed rule is not implemented:

The Agency does not anticipate any detrimental effect on the public health, safety, or environment if the proposed rule changes are not implemented.

- K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared: November 18, 2024

**RULE TEXT:**

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY  
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE  
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES  
PART 62. PRIVATE DUTY NURSING**

**317:30-5-558. Private duty nursing (PDN) coverage limitations**

The following provisions apply to all PDN services and provide coverage limitations:

- (1) All services must be prior authorized to receive payment from the Oklahoma Health Care Authority (OHCA). Prior authorization means authorization in advance of services provided in accordance with Oklahoma Administrative Code (OAC) 317:30-3-31 and 317:30-5-560.1;
- (2) A treatment plan must be completed by an eligible PDN provider before requesting prior authorization and must be updated at least annually and signed by the physician [medical doctor (MD), or doctor of osteopathy, (DO)], a physician assistant (PA), or advanced practice registered nurse (APRN)];
- (3) An assessment by an OHCA care management nurse is required prior to the authorization for services. The assessment will be conducted by the OHCA through one (1) of the following:
  - (A) ~~Telephone;~~**Telephone.** Audio-only telephonic communication;
  - (B) ~~Virtually; or~~**Virtually.** Virtual visits are the standard method of assessment. This is a means to use virtual technology to collect medical and other forms of health data for the purposes of assessment and recommendation; or
  - (C) ~~Face-to-face;~~**Face-to-face.** In person face-to-face assessments are completed when determined by OHCA to be the most appropriate assessment method. A face-to-face assessment is not completed at the parent or caregiver's request.
- (4) Care in excess of the designated hours per ~~day~~week granted in the prior authorization is not SoonerCare compensable. Prior-authorized but unused service hours cannot be "~~banked,~~" "~~saved,~~" or otherwise "~~accumulated~~"accumulated for use at a future date or time. If such hours or services are provided, they are not SoonerCare compensable.
- (5) Any medically necessary PDN care provided outside of the home must be counted in and

cannot exceed the number of hours requested on the treatment plan and approved by OHCA.  
(6) PDN services do not include office time or administrative time in providing the service. The time billed is for direct nursing services only.

(7) Staff must be engaged in purposeful activity that directly benefits the member receiving services. Staff must be physically able and mentally alert to carry out the duties of the job. At no time will OHCA compensate an organization for nursing staff time when sleeping.

(8) OHCA will not approve PDN services if all health and safety issues cannot be met in the setting in which services are provided.

(9) A provider must not misrepresent or omit facts in a treatment plan.

(10) It is outside the scope of coverage to deliver care in a manner outside of the treatment plan or to deliver units over the authorized units of care.

(11) PDN is not authorized in excess of 112 hours per week, not exceeding sixteen (16) hours per day. There may be approval for additional hours for a period not to exceed thirty (30) days, if:

(A) The member has an acute episode that would otherwise require hospitalization or immediately following a hospital stay; or

(B) The primary caregiver is temporarily and involuntarily unable to provide care.

(C) The OHCA has discretion and the final authority to approve or deny any additional PDN hours and will take into consideration that the additional hours are not to be a substitute for institutionalized care.

(12) Family and/or caregivers and/or guardians (hereinafter, "caregivers") are required to provide some of the nursing care to the member without compensation. PDN services shall not be provided solely to allow the member's caregiver to work or go to school, nor solely to allow respite for the caregiver.

(13) PDN services will not be approved for overnight trips away from the member's primary residence that are unrelated to medically necessary treatment or medical care.

(A) For a member to receive Medicaid-reimbursable PDN services on an overnight trip that is related to medically necessary treatment or medical care, all provisions of this Part must be met. If said trip occurs out of state, OAC 317:30-3-89 through 317:30-3-92 must also be met.

(B) In instances in which the member's family is temporarily absent due to vacations, any additional PDN hours must be paid for by the family, or provided by other trained family members without SoonerCare reimbursement.

(14) PDN services will not be approved when services are reimbursed or reimbursable by other insurance, other governmental programs, or Medicaid program services that the member receives or is eligible to receive. For example, if a member receives Medicaid-reimbursable PDN services pursuant to an Individualized Education Program (IEP) in a public school, then those PDN school hours will be counted in the member's daily allotment of PDN services.

### **317:30-5-559. How Private Duty Nursing (PDN) services are authorized**

PDN services may be initiated after completion of the following steps:

(1) A treatment plan for the patient has been created by an eligible PDN provider per Oklahoma Administrative Code (OAC) 317:30-5-560;

(2) A prior authorization request is submitted with the appropriate Oklahoma Health Care Authority (OHCA) required data elements and the treatment plan;

(3) An assessment (telephonic, virtual, or face-to-face) has been conducted by an OHCA care

management nurse, per OAC 317:30-5-558 (3); and

(4) An OHCA physician, or his or her designee, has determined the medical necessity of the service, including but not limited to, scoring the member's needs on the OHCA PDN assessment.

### **317:30-5-560. Treatment plan**

(a) An eligible organization must create a treatment plan for the member as part of the authorization process for private duty nursing (PDN) services. The initial treatment plan must be signed by the member's attending physician [medical doctor (MD), or doctor of osteopathy, (DO)], a physician assistant (PA), or advanced practice registered nurse (APRN).

(b) The treatment plan must include all of the following:

- (1) Diagnosis;
- (2) Prognosis;
- (3) Anticipated length of treatment;
- (4) Number of PDN requested hours per ~~day~~week;
- (5) Assessment needs and frequency (e.g., vital signs, glucose checks, neuro checks, respiratory);
- (6) Medication method of administration and frequency;
- (7) Age-appropriate feeding requirements (diet, method and frequency);
- (8) Respiratory needs;
- (9) Mobility requirements including need for turning and positioning, and the potential for skin breakdown;
- (10) Developmental deficits;
- (11) Casting, orthotics, therapies;
- (12) Age-appropriate elimination needs;
- (13) Seizure activity and precautions;
- (14) Age-appropriate sleep patterns;
- (15) Disorientation and/or combative issues;
- (16) Age-appropriate wound care and/or personal care;
- (17) Communication issues;
- (18) Social support needs;
- (19) Name, skill level, and availability of all caregivers; and
- (20) Other pertinent nursing needs such as dialysis, isolation.

#### **317:30-5-560.1. Prior authorization requirements**

(a) Authorizations are provided for a maximum period of six (6) months.

(b) Authorizations require:

- (1) A treatment plan for the member;
- (2) An assessment (telephonic, virtual, or face-to-face) has been conducted by an Oklahoma Health Care Authority (OHCA) care management nurse, per Oklahoma Administrative Code (OAC) 317:30-5-558 (2); and
- (3) An OHCA physician, or his or her designee, to determine medical necessity including use of the OHCA Private Duty Nursing (PDN) assessment.

(c) The number of hours authorized may differ from the hours requested on the treatment plan based on the review by an OHCA physician.

(d) If the member's condition necessitates a change in the treatment plan, the provider must request

a new prior authorization.

(e) Changes in the treatment plan may necessitate another assessment (telephonic, virtual, or face-to-face) by an OHCA care management nurse.

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