

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 April 30, 2024 Tribal Consultation. Additionally, this proposal was presented to the Medical Advisory Committee on November 7, 2024. Furthermore, this proposal will be presented at a Public Hearing scheduled for January 6, 2025. Finally, the proposed changes are scheduled to be presented as permanent rules to the OHCA Board of Directors on January 15, 2025.

SUMMARY: Proposed changes add coverage and reimbursement for Community Health Services as performed by a community health worker.

LEGAL AUTHORITY:

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; 42 CFR 440.90

RULE IMPACT STATEMENT:

**STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY**

SUBJECT: Rule Impact Statement
APA WF #24-34

A. Brief description of the purpose of the rule:

The proposed rule changes are a request of OSDH to add coverage and reimbursement for Community Health Services. These services are provided by a Community Health Worker (CHW) who work under the Public Health Clinic Services authority and must be ordered by a physician. Services include screening and assessments, health education/coaching, and health system navigation. Eligible providers must obtain a certificate of completion of a C3 core competency-based training offered by OSDH or an affiliated local health department and work and bill under a licensed provider. Eligible members must have a diagnosis of a chronic condition, unmet health-related social need, received a screening, or be pregnant to receive services.

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:

The proposed rule changes will impact some SoonerCare members who are eligible to receive community health services.

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

The proposed rule changes will benefit all SoonerCare members who are eligible to receive community health services by providing health system navigation, various screenings/assessments, health coaching, and other important services.

- 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 probable economic impact and there are no fee changes associated with the rule change for the above classes of persons or any political subdivisions.

- 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 changes have an estimated budget impact for SFY2025 in the total amount of \$130,704; with \$43,028 in state share; and for SFY2026 an increase in the total amount of \$871,360; with \$285,980 in state share.

- 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 a positive 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 8, 2024

RULE TEXT:

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE**

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 112. PUBLIC HEALTH CLINIC SERVICES

317:30-5-1154. County health department (CHD) and city-county health department (CCHD) services/limitations

CHD/CCHD service limitations are:

- (1) Child-guidance services (refer to Oklahoma Administrative Code (OAC)317:30-5-1023).
- (2) Dental services (refer to OAC 317:30-3-65.4(7) for specific coverage).
- (3) Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, including blood lead testing and follow-up services (refer to OAC 317:30-3-65 through 317:30-3-65.12 for specific coverage).
- (4) Environmental investigations.
- (5) Family planning and SoonerPlan family planning services (refer to OAC 317:30-5-12 for specific coverage guidelines).
- (6) Immunizations (adult and child).
- (7) Blood lead testing (refer to OAC 317:30-3-65.4 for specific coverage).
- (8) Newborn hearing screening.
- (9) Newborn metabolic screening.
- (10) Maternity services (refer to OAC 317:30-5-22 for specific coverage).
- (11) Public health nursing services.
- (12) Tuberculosis case management and directly observed therapy.
- (13) Laboratory services.
- (14) Targeted case management.
- (15) Community health services.

317:30-5-1162. Community Health Services

(a) Overview. Community Health Services are a preventive health service to prevent disease, disability and other health conditions or their progression; to prolong life; and/or to promote physical and mental health and efficiency .Community Health Services are furnished by community health workers (CHW). CHWs are trusted members of a community who help address chronic conditions, preventive health care needs, and health-related social needs.

(b)Settings. Community Health Services:

- (1) Must be performed at the main clinic site, satellite clinic or mobile clinic site that is open to the public, or at a member's home.
- (2) Only when an eligible individual does not reside in a permanent dwelling or does not have a fixed home or mailing address can services be provided outside of the clinic, satellite clinic, or mobile clinic.

(c) Covered Services. Community Health Services include:

- (1) Health education and coaching, in individual or group settings, consistent with established or recognized healthcare standards, to promote beneficiaries' awareness of and engagement in health care and other related services as well as chronic disease self-management methods; including care planning, setting goals, and creating action plans to address barriers to engaging in care and/or self-management of chronic conditions;
- (2) Screening and assessment to uncover the need for services;
- (3) Health system navigation and health-related social resource coordination to assist beneficiaries with access to appropriate health care and other related community resources; care coordination services include engaging with beneficiaries and interdisciplinary care teams as a part of a team-based, person-centered approach to support and advocate for physical and mental health including during time-limited episodes of instability.

(d) Member Eligibility. In order to receive CHW services, a beneficiary must have services ordered by a physician or other licensed practitioner and must have at least one of the following:

- (1) Diagnosis of one or more chronic health conditions including behavioral health conditions
- (2) Self-reported/suspected or documented unmet health-related social need
- (3) Received a screening
- (4) Pregnancy

(e) Provider Eligibility. In order to provide CHW services, an individual shall, in addition to the requirements set forth in 317:30-5-1152:

- (1) Be at least eighteen (18) years of age, a legal United States resident, and a resident of Oklahoma
- (2) Be contracted with the State Medicaid Agency or its designee
- (3) Pass a background check
- (4) Obtain a certificate of completion of a C3 core competency-based Community Health Worker training offered by the Oklahoma State Department of Health, Tulsa City County Health Department, and/or Oklahoma City County Health Department; or have 2,000 documented hours of paid, volunteer, or lived experience
- (5) Have lived experience that aligns with the community being served
- (6) Work and bill under a licensed provider

(f) Limitations. The following limits exist for community health services.

- (1) Individuals may not receive more than 2 hours or 4 units per member per day.

(2) Monthly service limits are not to exceed 12 hours or 24 units.

(3) Hour limits are constant, regardless of whether services are administered in an individual or group setting.

(4) A visit may consist of multiple units of service on the same date; the time for units of service is added together and rounded up only once per visit.

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