PUBLIC NOTICE

Pursuant to Section 440.386 and Section 447.57 of Title 42 of the Code of Federal Regulations, the Oklahoma Health Care Authority (OHCA) is required to provide public notice of its intent to submit a state plan amendment (SPA) to substantially modify the existing Adult Expansion Alternative Benefit Plan (ABP) as well as to establish new cost sharing amounts. An ITU notice was sent to inform tribal partners of the proposal on June 16, 2021; further discussion will take place during the tribal consultation on July 6, 2021 at 11AM via teleconference.

**Adult Expansion ABP Service Delivery System Update; Effective: July 1, 2021, contingent upon CMS approval.**

The Oklahoma Health Care Authority (OHCA) seeks to add the current Primary Care Case Management (PCCM) service delivery system, the Patient Centered Medical Home (PCMH), to the Adult Expansion Alternative Benefit Plan (ABP). As part of the SoonerCare Choice coordinated care delivery system, all new Expansion Adult members will select a PCMH for primary care and care coordination. Additionally, Expansion Adult members will be eligible to receive Health Management Program (HMP) and Health Access Network (HAN) support based on their health status and coordinated care needs. Benefits will be reimbursed through the State’s fee-for-service (FFS) methodology and providers will be eligible to receive a per member per month (PMPM) care coordination payment. Expansion adults will be a mandatorily enrolled population, other than during a period of presumptive eligibility. American Indian/Alaskan Native (AI/AN) members will be a voluntary PCCM enrollment population that may choose not to opt-in to the service delivery system. The Agency intends to submit the SPA to the Centers for Medicare & Medicaid Services (CMS) on or after July 1, 2021.

**Co-payments for Dental Services; Effective: July 1, 2021, contingent upon CMS approval.**

The OHCA is seeking authority to establish copay amounts for adult dental services. The State will establish a $4 copay per visit for dental services for non-exempt individuals. The new copay amount will not apply to exempt individuals nor services as described in 42 CFR 447.56. The Agency intends to submit the SPA to the Centers for Medicare & Medicaid Services (CMS) on or after July 1, 2021.

Interested persons may visit [oklahoma.gov/ohca/policies-and-rules/public-notices](http://oklahoma.gov/ohca/policies-and-rules/public-notices) to view a copy of the public notice(s) and visit [oklahoma.gov/ohca/policies-and-rules/proposed-changes](http://oklahoma.gov/ohca/policies-and-rules/proposed-changes) to view a copy of the proposed state plan amendment and a link to provide public comments on the proposal. Persons wishing to present their views in writing or obtain copies of the proposed state plan amendments may do so via mail by writing to: Oklahoma Health Care Authority, Federal Authorities Unit, 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma 73105, or by email at [federal.authorities@okhca.org](mailto:federal.authorities@okhca.org). Written comments or requests for copies of the proposed state plan amendments will be accepted by contacting OHCA as indicated. Comments submitted through the OHCA policy blog will be available for review online at [oklahoma.gov/ohca/policies-and-rules/proposed-changes](http://oklahoma.gov/ohca/policies-and-rules/proposed-changes). Other written comments are available upon request at [federal.authorities@okhca.org](mailto:federal.authorities@okhca.org). Comments will be accepted from June 16 through June 30, 2021.

The Agency solicited input from Oklahoma’s tribal representatives regarding the proposed changes herein in compliance with section 5006(e) of the American Recovery and Reinvestment Act of 2009 and in accordance with the Oklahoma State Plan tribal consultation policy. The Agency also assures that individuals under twenty-one (21) years of age, pursuant to EPSDT federal regulations, Section 440.345 of Title 42 of the Code of Federal Regulations, may receive additional services if determined medically necessary.