



Tribal Consultation Meeting Agenda
11 am, March 1st, 2022
Online Microsoft Teams Meeting

1. Welcome— Dana Miller, Director of Tribal Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments— Dana Miller,
Director of Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

- **Recovery Audit Contractor Exception**
 - **Removing Provider Panel Limits in the Patient Centered Medical Home (PCMH)**
 - **Updating Tribal Residential Substance Use Disorder (SUD) Policy**
 - **1915(c) HCBS Community Waiver Amendment**
 - **1915(c) HCBS Homeward Bound Waiver Amendment**
 - **1915(c) HCBS In Home Supports Waiver for Adults**
 - **1915(c) HCBS In Home Supports Waiver for Children**
 - **Disaster-relief Request PRTF Nursing Care Ratios**
3. Other Business and Project Updates- Dana Miller, Director of Tribal Government Relations
 - **Comprehensive Quality Strategy** – Dr. Nathan Valentine, Chief Quality Officer
 4. Adjourn—Next Tribal Consultation Scheduled for 11 am, May 3rd, 2022



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Proposed Rule, State Plan, and Waiver Amendments

Please note, the 2022 meeting dates for MAC and Board are tentative and subject to change. The MAC and Board will not vote on their future 2022 meeting dates until their respective November 2021 meetings. Additionally, unless otherwise identified as an emergency rule, all rules will be going through the permanent rulemaking process.

Recovery Audit Contractor Exception — The proposed State Plan amendment (SPA) seeks an exemption from the recovery audit contract (RAC) requirement. Federal RAC programs execute audits for the purpose of identifying under/overpayments of Medicaid claims under the State Plan. The State has robust and effective program integrity procedures in place which performs the tasks of a RAC program; therefore, the Agency is seeking an exemption to the RAC requirement, as it is duplicative of the auditing activities that the State already performs.

Anticipated Tribal Impact: indirect; ITU claims are included in audits

Proposed State Plan Amendment Timeline

60-day Tribal Consultation Period: February 17, 2022 – April 15, 2022

Tribal Consultation: March 1, 2022

Public Comment Period: March 1, 2022 – March 31, 2022

Proposed Effective Date: April 1, 2022

Removing Provider Panel Limits in the Patient Centered Medical Home (PCMH) — The proposed revisions will update the current member caps for Physicians, Advanced Practice Registered Nurses (APRN), and Physician Assistants (PA) participating in SoonerCare Choice as a Patient Centered Medical Home. Currently, policy only allows 2,500 members for each physician, 1,250 members for each APRN, and 1,250 members for each PA. The proposed revisions will remove the member caps completely, which will allow members easier access to care. The aforementioned changes will align policy with the current redesign of the PCMH model.



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Anticipated Tribal Impact: none; ITUs are not PCMH providers

Proposed Rule Timeline

60-day Tribal Consultation Period: February 17, 2022 – April 15, 2022

Tribal Consultation: March 1, 2022

Public Comment Period: March 1, 2022 – March 16, 2022

Medical Advisory Committee: May 12, 2022

OHCA Board Meeting: May 18, 2022

Requested Effective Date: Upon Governor’s signature or the 45th day post submission of the rules to the Governor (July 5, 2022)

Updating Tribal Residential Substance Use Disorder (SUD) Policy — The proposed revisions will update policy at Oklahoma Administrative Code 317:30-5-1094 to reflect that I/T/U providers will utilize their current outpatient clinic contract to bill for residential SUD services and receive the OMB outpatient rate. This will also reflect the language in the Medicaid State Plan and align with current business practices. I/T/U providers will be exempted from ODMHSAS and/or state required certification as a residential SUD provider

Anticipated Tribal Impact: direct; ITUs providing this service will be reimbursed at the OMB rate.

Proposed Rule Timeline

60-day Tribal Consultation Period: February 17, 2022 – April 15, 2022

Tribal Consultation: March 1, 2022

Public Comment Period: March 1, 2022 – March 16, 2022

Medical Advisory Committee: May 12, 2022

OHCA Board Meeting: May 18, 2022

Requested Effective Date: Upon Governor’s signature or the 45th day post submission of the rules to the Governor (July 5, 2022)

1915(c) HCBS Community Waiver Amendment — The Oklahoma Health Care Authority (OHCA) is seeking a waiver amendment of the 1915(c) HCBS Community Waiver. The proposed revisions to the Community Waiver will update the “reserved capacity purpose” language to include not only persons transitioning from public ICF/IIDs, but also persons transitioning from private ICF/IIDs as well as persons identified through the PASRR process. Further revisions will update the scope of the background investigation to include the Federal Bureau of Investigation Identity



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History Summary Check. Additional revisions will update several services found within the waiver. The following changes will be made dental services will change from “Other Service” to “Extended State Plan Services”; the limits for Dental, Transportation, and Family Training services will be increase; optometry services will be added to the Participant Services section; and therapeutic leave payment will be added to the Specialized Foster Care services. Language regarding supported employment services, prevocational services, and daily living supports service will be updated to state that services may be provided remotely with prior approval. Language will also be added to state that occupational and/or physical therapy will require a prescription by any licensed health care provider who has appropriate prescriptive authority. Additional changes include allowing case management virtual visits within the scope of service plan implementation and monitoring; these virtual visits will be limited to twice a year for individuals receiving residential services. For individuals receiving non-residential services, the virtual visits will be limited to once per year. Moreover, language will be added to the service plan development section of the waiver to allow team meetings, including individual plan meetings, to be conducted via HIPAA compliant teleconference or video conference. Finally, language will be updated to reflect the current practice related to the sharing of information between Oklahoma Human Services (OKDHS) and the Oklahoma Health Care Authority (OHCA).

Anticipated Tribal Impact: indirect; AI/AN individuals enrolled in the waiver program

Proposed Timeline

60-day Tribal Consultation Period: February 17, 2022 – April 15, 2022

Tribal Consultation: March 1, 2022

Public Comment Period: January 18, 2022 – February 18, 2022

Proposed Effective Date: July 1, 2022

1915(c) HCBS Homeward Bound Waiver Amendment — The Oklahoma Health Care Authority (OHCA) is seeking a waiver amendment of the 1915(c) HCBS Homeward Bound Waiver. The proposed revisions will update the scope of the background investigation to include the Federal Bureau of Investigation identity history summary check. Revisions will update several services found within the waiver including, but are not limited to, changing dental service from “Other Service” to “Extended State Plan Service”; increasing the limits for dental, transportation and family training services; optometry service will be added to the participant services section; and



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therapeutic leave payment will be added to the specialized foster care services section. Language regarding supported employment service, prevocational service, and the daily living supports service will be updated to state that services may be provided remotely with prior approval. Language will be added to state that occupational and/or physical therapy will require a prescription by any licensed health care provider who has appropriate prescriptive authority. Medicaid certified Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) will be removed as a provider of the respite daily service. The environmental accessibility adaptations and architectural modification service limit will be updated to allow a designee, as well as the DHS/DDS division administrator, to authorize modification of more than two different residences in a seven-year period. Language will be added to the service plan development section which will allow team meetings, including individual plan meetings, to be conducted via HIPAA compliant teleconference or video conference. Finally, language will be updated to reflect the current practice related to the sharing of information between Oklahoma Human Services (OKDHS) and the Oklahoma Health Care Authority (OHCA).

Anticipated Tribal Impact: indirect; AI/AN individuals enrolled in the waiver program

Proposed Timeline

60-day Tribal Consultation Period: February 17, 2022 – April 15, 2022

Tribal Consultation: March 1, 2022

Public Comment Period: January 18, 2022 – February 18, 2022

Proposed Effective Date: July 1, 2022

1915(c) HCBS In Home Supports Waiver for Adults — The Oklahoma Health Care Authority (OHCA) is seeking a waiver renewal of the 1915(c) HCBS In Home Supports Waiver for Adults. The proposed revisions will increase the annual limits of assistive technology services or environmental accessibility services to allow for major purchases that are in excess of \$2,500. Additionally, a combined service limit of \$5,500 will be added for prevocational and supported employment services when the member's need for one or both services cannot be met within the waiver limit. Further revisions will update the individual and group limit for family training service from \$5,500 to \$6,500 (per plan of care year). Moreover, the scope of the background investigation will be updated to include the Federal Bureau of Investigation identity history summary check.



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Revisions will also include updating several services found within the waiver; revisions include changing dental service from “Other Service” to “Extended State Plan Services” and increasing the limits for dental and transportation. Optometry service and respite daily service will be added to the participant services section. Language will also be added to state that supported employment service and prevocational services can be provided remotely with prior approval. Revisions will update the environmental accessibility adaptations and architectural modification service limit to allow a designee, as well as the DHS/DDS division administrator, to authorize modification of more than two different residences in a seven-year period. Moreover, language will be added to state that occupational and/or physical therapy will require a prescription by any licensed health care provider who has appropriate prescriptive authority. Further revisions will update the self-directed goods and services individual provider type and qualifications. These revisions will state that the business/provider must be registered with the Secretary of State and in good standing with the state that offers the approved goods/services. Revisions will also update the service plan development section to allow team meetings, including individual plan meetings, to be conducted via HIPAA compliant teleconference or video conference.

Finally, the unduplicated number of participants from Appendix B of the waiver will be updated to the following:

- Waiver Year 1 – from 1620 to 2450;
- Waiver Year 2 – from 1750 to 2450;
- Waiver Year 3 – from 1900 to 2450;
- Waiver Year 4 – from 2100 to 2450; and
- Waiver Year 5 - from 2200 to 2450.

Anticipated Tribal Impact: indirect; AI/AN individuals enrolled in the waiver program

Proposed Timeline

60-day Tribal Consultation Period: February 17, 2022 – April 15, 2022

Tribal Consultation: March 1, 2022

Public Comment Period: January 18, 2022 – February 18, 2022

Proposed Effective Date: July 1, 2022



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1915(c) HCBS In Home Supports Waiver for Children — The Oklahoma Health Care Authority (OHCA) is seeking a waiver renewal of the 1915(c) HCBS In Home Supports Waiver for Children. The proposed revisions will increase the annual limits of assistive technology services or environmental accessibility services to allow for major purchases that are in excess of \$2,500. Revisions will also update the individual and group limit for family training service from \$5,500 to \$6,500 (per plan of care year). Moreover, revisions will update the scope of the background investigation to include the Federal Bureau of Investigation identity history summary check. Additional revisions will include updating several services found within the waiver. These include adding language which states that supported employment service and prevocational service can be provided remotely with prior approval and noting that the service is available to members of transition age. Respite daily service will be added to the participant services section. Additional revisions will update the environmental accessibility adaptations and architectural modification service limit to allow a designee, as well as the DHS/DDS division administrator, to authorize modification of more than two different residences in a seven-year period. Further revisions will update the self-directed goods and services individual provider type and qualifications; these revisions will note that the business/provider must be registered with the Secretary of State and in good standing with the state that offers the approved goods/services. Additionally, revisions will update the service plan development section to allow team meetings, including individual plan meetings, to be conducted via HIPAA compliant teleconference or video conference. Finally, language regarding the Habilitation Training Specialist (HTS) will be revised to include the provision of HTS in an acute care hospital.

Anticipated Tribal Impact: indirect; AI/AN individuals enrolled in the waiver program

Proposed Timeline

60-day Tribal Consultation Period: February 17, 2022 – April 15, 2022

Tribal Consultation: March 1, 2022

Public Comment Period: January 18, 2022 – February 18, 2022

Proposed Effective Date: July 1, 2022



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Disaster-relief Request PRTF Nursing Care Ratios - For the period beginning December 1, 2021, through the expiration of the PHE, OHCA seeks to provide flexibility for nursing care ratio requirements to address staffing shortages when inpatient psychiatric services for individuals under 21 are provided within in-state psychiatric residential treatment facilities (PRTFs) with 17 beds or more. PRTFs shall ensure that an RN is available to be on-site within one hour and nursing care coverage allows for appropriate and safe monitoring of patients.

Anticipated Tribal Impact: indirect; AI/AN members residing in PRTF will experience the staffing changes.

Proposed State Plan Amendment Timeline

60-day Tribal Consultation Period: N/A

Tribal Consultation: March 1, 2022

Public Comment Period: N/A

Proposed Effective Date: 12/1/2021



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