



STATE FISCAL YEAR 2023 TRIBAL CONSULTATION SUMMARY

July 1, 2022 – June 30, 2023

OHCA is committed to engage in active communication with tribal governments during the decision-making and priority-setting process. OHCA convenes regularly scheduled and ad hoc tribal consultation meetings throughout the year. It is OHCA's practice to consult on all matters including direct, indirect and no impact to Indian Health Services, tribal facilities, and Urban Indian Clinics (I/T/Us), and American Indian/Alaska Native (AI/AN) SoonerCare members. This report consists of SFY22 proposed rules, state plan and waiver amendments that were considered during tribal consultation.

**51 Total Items
Considered**

**34 Total Items
Considered with
Tribal Impact**

- Pending: 13
- Withdrawn: 1
- Effective: 20

Proposed Rule, State Plan, and Waiver Amendments

Mobile Dental Services – Currently, policy only allows mobile or portable dental providers to render services to just children, and the services are limited to just screenings, fluoride varnish and sealants. The proposed rule changes would expand the services that mobile dental providers render; and allow the mobile dental services to be authorized for both children and adults. Due to a dental provider shortage in numerous areas of Oklahoma, many SoonerCare members are unable to access dental care so these changes will help with that barrier.

Consultation: 07/05/2022; Status: Permanent Rule Effective: 9/11/2023

Staff Ratios and Staff Licensing Requirements for Out-of-State Psychiatric Providers – The proposed rule changes will allow out-of-state inpatient psychiatric providers to utilize the staffing ratios and staff licensing requirements of the state in which the facility/provider is located.



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Consultation: 07/05/2022; Status: Permanent Rule Effective: 9/11/2023

Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) Rendering Physician-Required Psychiatric Services – The proposed rule changes will allow APRNs with psychiatric certifications and PAs to provide psychiatric services. Presently, psychiatric service provision is only allowed by psychiatrists to members in inpatient settings. The psychiatric services provided by APRNs and PAs will now also include psychiatric evaluations and weekly individual treatment hours.

Consultation: 07/05/2022; Status: Permanent Rule Effective: 9/11/2023

Coverage for Donor Breast Milk – This benefit will be added as a new service and will be covered under the Medical Suppliers section of policy. These rules will outline medical necessity, provider qualifications, coverage, and reimbursement for donor breast milk. Further proposed revisions to the Enteral Nutrition section of policy will remove human breast milk as a non-covered item and add a definition for donor breast milk.

Consultation: 07/05/2022; Status: Permanent Rule Effective: 9/11/2023

Covering Former Foster Care Youth from Another State — Changes in federal law require SoonerCare to grant program coverage to individuals in the former foster care youth eligibility group who were enrolled in Medicaid when they aged out of foster care in another state on January 1, 2023, or later, and who now reside in Oklahoma and are not enrolled in another mandatory eligibility category. Prior to the federal law changes, SoonerCare was only required to grant eligibility in the former foster care youth category to individuals who were enrolled in Medicaid when they aged out of foster care in Oklahoma.

Consultation: 07/05/2022; Status: Permanent Rule Effective: 9/11/2023; State Plan Amendment Effective: 1/1/2023

Statewide Health Information Exchange (HIE) — Oklahoma senate bill 1369 revised the Statewide HIE program. Policy revisions are needed to comply with those changes, including creating the Office of the State Coordinator for HIE; designating that the Office of the State Coordinator for HIE will oversee the state-designated entity for HIE; revising the definition of "health information exchange organization" to indicate that it is an organization governed by its stakeholders; and, providing that beginning July 1, 2023, all qualified health care providers, as defined by OHCA rules who are licensed by and located in Oklahoma, shall be actively engaged with onboarding process of connecting to the HIE in order to meet the legislative requirement to report data to and utilize the state-designated HIE entity.

Consultation: 09/06/2022; Status: Emergency Rule (WF # 23-17) Effective: 8/3/2023; Permanent Rule Pending

Transition to Managed Care: State Rules – The Agency will promulgate managed care rules for contracted entities, inclusive of managed care entities (MCEs), provider-led entities (PLEs), and dental benefit managers (DBM), through at least two emergency rulemaking sessions. The first set of rule additions/revisions will include damages and complementary



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noncompliance remedies required of the contracted entities (CEs). Furthermore, Agency rule additions/revisions will define terms, processes, and regulations that were outlined in the approved delivery system reform State legislation and the published Request for Proposal (RFP)/Model Contract. Other rule additions will include, but are not limited to, managed care mandatory and voluntary populations (American Indian/Alaskan Native (AI/AN) members), processes for network adequacy, provider requirements, termination of contracts, transition of care policies, medical necessity, required notices, and grievances and appeals. Of note, American Indian/Alaskan Native (AI/AN) members will voluntarily choose to enroll with a contracted entity for medical and/or dental care through an opt-in process. Additionally, the current Chapter 50 OHCA managed care rules, which were promulgated during the previous managed care effort will be updated to reflect changes made to the new RFP and legislative requirements. Future emergency rules will address any clean-up or additional content needed from the initial set of emergency rules including but not limited to, covered services and limitations (when applicable), prior authorization requirements, allowed/disallowed marketing practices by the contracted agency, and any other outstanding federal and/or state requirements for operationalizing SoonerSelect, SoonerSelect Children's Specialty Program, and SoonerSelect Dental not otherwise previously addressed in rules.

Consultation: 09/06/2022; Status: Emergency Rule Effective: 7/1/2023; Permanent Rule Pending

1115(a) SoonerCare Choice Demonstration Waiver Renewal – The Oklahoma Health Care Authority (OHCA) will request federal approval from the Centers of Medicare and Medicaid (CMS) to extend the SoonerCare 1115(a) waiver demonstration (Project Number 11-W00048/6). If approved, the request will renew the current demonstration, ending on December 31, 2023, from January 1, 2024, through December 31, 2028. The waiver demonstration authorizes the State to offer a Primary Care Case Management (PCCM) health care delivery service model called the SoonerCare Choice Patient-Centered Medical Home (PCMH). The PCMH health care delivery model allows the State to contract directly with health care providers, on a statewide basis, for the provision of Medicaid services to SoonerCare Choice PCMH members; allows for care coordination payments; and provides authority to operate the Health Management Program (HMP), Health Access Networks (HANs), and the Insure Oklahoma (IO) Employer Sponsored Insurance (ESI) program. The current demonstration ends December 31, 2023. The agency must submit a renewal request to CMS by 12/31/2022.

Consultation: 09/06/2022; Status: Renewal Application Pending

Dental Services Reimbursement Methodology - The Oklahoma Health Care Authority proposes a state plan amendment (SPA) to update the rate methodology used to pay for dental services as the Agency was appropriated dollars within the state fiscal year 2023 budget to increase dental rates. The proposed rate methodology to pay dental services will continue to use a calculation of Relative Value Units (RVUs) times a Conversion Factor; however, the State will update the RVUs annually with the Optum Coding Relative Values for Dentists Data File and a new conversion factor which is different for children and adults. The current Conversion Factor is the same for all populations and has not been updated in several years. Dental providers will see a rate increase in the aggregate of over 5% for children and over 14% for adults through the new rate methodology. This update will improve the Agency's ratio of



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Medicaid reimbursement to private dental insurance reimbursement to 73.02% which is over a 10% improvement; compared to other states, the new dental service rates will be over what New Mexico Medicaid pays for dental services and on par with what Colorado Medicaid pays.

Consultation: 09/06/2022; Status: State Plan Amendment Effective: 10/1/2022

Increase FPL for Pregnant Women and Extend Postpartum Coverage — The Oklahoma Health Care Authority (OHCA) will seek federal and state authority to expand Medicaid eligibility for pregnant women by increasing the federal poverty level (FPL) percentage from 133% FPL to 185% FPL, or 210% once converted to MAGI and applying the applicable MAGI disregards. Additionally, OHCA will seek federal and state authority to extend Medicaid postpartum coverage from 60 days to 12 months. This new coverage option is afforded by the American Rescue Plan Act of 2021.

Consultation: 11/01/2022; Status: Permanent Rule Effective: 9/11/2023; State Plan Amendment Effective: 1/1/2023

Ukrainian Humanitarian Parolees — Policy will be updated to comply with Public Law 117-128, which entitles certain Ukrainian nationals who enter the United States, during a designated time period, to receive SoonerCare services provided all other eligibility factors are met. Ukrainian humanitarian parolees are eligible for the same benefits available to refugees admitted under Section 207 of the Immigration and Nationality Act, except for the program of initial resettlement.

Consultation: 11/01/2022; Status: Permanent Rule Effective: 9/11/2023

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Visit and Sick Visit on the Same Day – Policy will be revised to allow reimbursement for an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visit and a sick visit that occur on the same date of service, when it is deemed medically appropriate. The revisions will outline the requirements that must be met including, but not limited to, separate documentation/note to justify additional condition(s), information on the appropriate use of Modifier 25, a provider's ability to only claim the additional time required above and beyond the completion of the EPSDT screening, and clarification that any health problem that is encountered in the EPSDT screening and does not require significant additional work will be included in the EPSDT visit and should not be billed separately.

Consultation: 11/01/2022; Status: Permanent Rule Effective: 9/11/2023

Cost Sharing Updates – OHCA will submit a state plan amendment (SPA) to align with current cost sharing practices for certain services including State Plan Personal Care Services, physical therapy/occupational therapy/speech therapy (PT/OT/ST), alternative treatment for pain management, and prosthetics and orthotics. This request also seeks to remove cost sharing for vaccine administration during physician visits; the Inflation Reduction Act (IRA) of 2022 prohibits Medicaid programs from imposing cost-sharing for vaccines.

Consultation: 11/01/2022; Status: State Plan Amendment Effective: 1/1/2023



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Post-PHE Supplemental Payments for Long-Term Care Facilities - OHCA will seek CMS approval of a state plan amendment (SPA) to authorize supplemental payments to Long Term Care (LTC) facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Currently, lump sum payments are made to facilities that comply with CMS' Nursing Home Visitation Guidelines and OHCA program requirements. These supplemental payments were previously approved by CMS as a disaster relief flexibility for the duration of the public health emergency (PHE) period. A temporary, non-disaster relief SPA is now being sought to extend the initial disaster-relief request through 6/30/2023.

Consultation: 11/01/2022; Status: OHCA Did Not Move Forward

Insure Oklahoma Self-Funded/Self-Insured Plans — The proposed rules will update Insure Oklahoma policy to comply with Oklahoma Senate Bill 1323, which added language to Title 56 Oklahoma Statutes § 1010.1. The policy additions mirror the bill's language regarding self-funded/self-insured plans to address that qualified benefit plans may become a self-funded or self-insured benefit plan if certain criteria are met.

Consultation: 01/03/2023; Status: Emergency Rule Effective: 7/6/2023; Permanent Rule Pending

Notification of Date of Service (NODOS) — The proposed rules will update policy regarding application procedures during the NODOS process. The current 5-day requirement for the hospital to file the electronic NODOS will remain in effect; however, after the electronic NODOS is filed, the applicant or someone acting on behalf of the applicant will have 40 days to submit a completed SoonerCare application instead of the current 15 days.

Consultation: 01/03/2023; Status: Emergency Rule Effective: 5/1/2023; Permanent Rule Pending

Transition to Managed Care — The Oklahoma Health Care Authority (OHCA) will seek approval to transition to a new health care model following the passage of SB 1337, the delivery system reform bill. SB 1337 codifies the system design for a transformed Medicaid program, which utilizes a value-based payment system and prioritizes health outcomes for SoonerCare members. The legislation authorizes OHCA to award at least three statewide capitated contracts for both medical and dental managed care programs for pregnant women, children, deemed newborns, parent-caretaker relatives, and the expansion population for physical health services, dental, behavioral health services, and prescription drug services. It also authorizes OHCA to award a capitated contract for the Children's Specialty Plan for children in foster care, juvenile-justice involved children and children receiving adoption assistance. SB1337 allows OHCA to award an urban-region contract to a provider-led entity (PLE) if it otherwise meets all the Request for Proposal (RFP) requirements and agrees to expand to statewide coverage within five years. The American Indian/Alaska Native population is considered voluntary and will have the option of receiving services through a managed care plan or through the fee-for-service program operated by OHCA. Following the request for proposals and in order to obtain authority to establish the managed care organization, the agency will seek to revise/add federal and state policy including: 1115(c) and 1915(b) waiver



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requests, Title XIX and XXI state plan amendments, and state rules. The rule additions/revisions will include State-sanctions and complementary noncompliance remedies required of the medical contracted entities (CEs), inclusive of PLEs, and dental benefit managers (DBMs) and will define terms, processes, and regulations that were outlined in the SB1337 and the published RFP/Model Contract. Other rule additions will include, but are not limited to, managed care mandatory and voluntary populations (American Indian/Alaskan Native (AI/AN) members), processes for network adequacy, provider requirements, termination of contracts, transition of care policies, medical necessity, required notices and grievances and appeals. Revisions will also update the timeframe for the continuation of benefits pending appeals for all SoonerCare members.

Consultation: 01/03/2023; Status: Emergency Rule Effective: 7/1/2023; Permanent Rule Pending

1115(c) SoonerCare Choice Demonstration — The State will request the Centers for Medicare and Medicaid Services (CMS) approval to update the 1115(c) Freedom of Choice waiver to include pregnant women with incomes between 134% and 185% of the federal poverty level (FPL). After Jan. 1, 2023, these members will no longer be excluded from the Demonstration since the State is expanding the income limit for the Title XIX pregnant women coverage group to 185% FPL (effectively 210% FPL once converted to MAGI with applicable disregards). The Agency will also request a modification to the Retroactive Eligibility waiver, extending the exclusion for pregnant women from a 60-day period beginning on the last day of pregnancy to 12 months beginning on the last day of pregnancy. After Jan. 1, 2023, these members will be afforded continuous coverage for 12 months postpartum. Further updates are to align with current practice which allows for tribal members covered by Indian Health Services (IHS) creditable health care to participate in the Demonstration. The Oklahoma Health Care Authority (OHCA) will request to remove this exclusion from the Demonstration's Special Terms and Conditions.

Consultation: 01/03/2023; Status: Amendment Application Pending

State Plan Personal Care Services for Expansion Adults, TEFRA Eligible Children and Certain MAGI Populations — The proposed rules will add new policy to delineate eligibility requirements, definitions, medical eligibility criteria for personal care, and the process for medical eligibility determinations. Additionally, rules will be added to reflect the current business practice for approving the TEFRA population and any EPSDT members who meet medical necessity to receive personal care services.

Consultation: 01/03/2023; Status: Emergency Rule Effective: 3/28/2023; Permanent Rule Pending

Behavioral Health Services — The proposed rules seek to revise inpatient behavioral health and residential substance use disorder (SUD) policy to clarify timely completion of the placement tool for SUD admission or extension request. The proposed revisions will also update service plan, documentation, and signature requirements. Furthermore, the proposed revisions will require providers to report to the Oklahoma Department of Human Services



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instances of child abuse/neglect in residential settings in accordance with state law. Lastly, revisions will make grammatical and formatting changes as needed.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023

Crisis Intervention Services (CIS) — The proposed rule changes seek to clarify CIS as the provision of these services is expanding in the State. The proposed changes will clearly define mobile versus on-site CIS and make other grammatical and formatting changes as needed.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023

Physician Assistant (PA) Services — The proposed rule changes seek to review PA rule sections to ensure previous amendments to the Physician Assistant Practice Act made by the Legislature in 2020 are reflected in the rules. The proposed revisions will update the term "supervising" physician to "delegating" physician; remove the application to practice requirements and replace it with the practice agreement requirement; as well as, provide a timeframe of ten (10) business days for providers to submit any updated copy of the practice agreement due to changes. Other revisions will involve limited rewriting aimed at improving readability and overall flow of policy language.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023

Opioid Treatment Program (OTP) Services — The proposed rule changes seek to revise OTP policy to update the phase requirements to align with federal regulations. Furthermore, revisions will clarify service plan signature requirements according to the member's age.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023

Eliminate the Certificate of Medical Necessity (CMN) Form Requirement for Prior Authorization (PA) of Medical Supplies, Equipment, and Appliances — The Centers for Medicare and Medicaid Services (CMS) is discontinuing CMNs effective Jan. 1, 2023, for providers, suppliers, billers, and vendors who bill medical supplies, equipment, and appliances to Medicare. The Oklahoma Health Care Authority (OHCA) is following the lead of Medicare and eliminating the requirement to include a CMN form when requesting PAs of most medical supplies, equipment, and appliances covered by SoonerCare. All the other required documentation, which is listed in the PA guidelines for that service, will still be required to be submitted by the provider.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023

Outdated/Obsolete Policy Language Cleanup — The proposed rule changes will amend language to remove or update obsolete references. Additional revisions will combine sections of policy to remove the overabundant number of sections that are currently in Title 317. These changes are necessary to comply with Oklahoma Executive Order 2020- 03.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023



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Laboratory Services — The proposed rule changes will reorganize the existing laboratory policies and combine them into one centralized location. This will allow for better access to the policies and an easier understanding of services covered under the laboratory benefit. Furthermore, language will be put into policy that will clarify coverage of reference (outside) laboratories when an independent or hospital laboratory refers a service to another laboratory.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023

Oklahoma Department of Human Services ADvantage Program — The proposed rule changes will align policy with the recently approved 1915(c) ADvantage waiver amendment, which added assistive technology and remote support services. Assistive technology services include devices, controls and appliances specified in the member's person-centered service plan which enables them to increase their abilities to perform activities of daily living or to perceive, control or communicate with the environment in which they live. Remote support services involves monitoring of a waiver member by remote staff using audio or video equipment, allowing for live, two-way communication with them in their residence. Additionally, remote support allows for a member to choose the method of service delivery which best suits their needs.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023

Developmental Disability Services (DDS) — The proposed rule changes to the DDS policy will reflect amendments made to the Community Waiver, Homeward Bound Waiver, and In-Home Supports for Children and Adults Waivers. These amendments were recently approved by CMS and made effective Oct. 1, 2022. Proposed revisions to the family support services policy will update coverage limitations for individual family training and group family training from \$5,500 to \$6,500, as well as, revoke outdated documentation requirements language. Other revisions will add new language to outline criteria for respite care providers and homemaker services providers. Additional revisions will add new language to clarify the termination process of remote support services as well as provide new criteria and explain the exceptions allowed when agency companion services are provided. Revisions to the specialized foster care (SFC) section will add new language to outline new SFC standards and criteria. Other revisions will add optometry benefits, which will allow routine eye examination and purchase of corrective lenses. Further revisions add language to support the increase of the public transportation limit from \$5,000 to \$25,000. Additionally, revisions provide a new residential service option, Extensive Residential Supports (ERS) for members with the most extensive behavioral support needs. Moreover, revisions will correct formatting and grammatical errors, as well as align policy with current business practices. Finally, revisions will update and remove outdated language and definitions, remove obsolete references, and revoke/combine sections to comply with Executive Order 2020-03, which requires state agencies to reduce unnecessary and outdated rules.

Consultation: 01/03/2023; Status: Permanent Rule Effective: 9/11/2023

Homeward Bound Waiver — The Oklahoma Department of Human Services is seeking to amend the Homeward Bound Waiver by updating the incident management process to detail requirements for electronically reporting for four tiers of incidents. Other changes include



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allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Consultation: 01/03/2022; Status: Approved 6/14/2023

Community Waiver — The Oklahoma Department of Human Services is seeking to amend the Community Waiver which serves individuals (ages 3 and up) with Intellectual Disabilities. The specific changes include increasing the number of individuals served in waiver years 2 through 5. Changes also include the addition of a new residential service, the Extensive Residential Supports service. This new service is designed to meet the needs of waiver members with significant challenging behavioral issues in a community setting. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, increasing the number of people who can be served in the waiver, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Consultation: 01/03/2023; Status: Approved 6/23/2023

In-Home Supports Waiver for Adults (IHSW-A) and In-Home Supports Waiver for Children (IHSW-C) — The Oklahoma Department of Human Services is seeking an amendment to the In-Home Supports Waiver for Adults which serves individuals with intellectual disabilities ages 18 and over and the In-Home Supports Waiver for Children which serves individuals with intellectual disabilities ages 3 through 17. The specific changes include increasing the number served in waiver years 1 through 5. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Consultation: 01/03/2023; Status: Approved 6/14/2023

In-Home Supports Waiver for Children (IHSW-C) — The Oklahoma Department of Human Services is seeking an amendment to the In-Home Supports Waiver for Children which serves individuals with intellectual disabilities ages 3 through 17. The specific changes include increasing the number served in waiver years 1 through 5. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT) and occupational therapy (OT) services.

Consultation: 01/03/2023; Status: Approved 6/14/2023



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Medically Fragile Program Renewal — The Oklahoma Health Care Authority (OHCA) is seeking to renew the Medically Fragile Waiver. The Medically Fragile program is a 1915(c) home and community-based alternative to placement in a hospital or skilled nursing facility to receive Medicaid-funded assistance for care. This program allows Medicaid eligible persons who meet the institutional level of care requirements to remain at home or in the residential setting of their choosing while receiving the necessary care. In the renewal request, the Medically Fragile Waiver will adopt several Appendix K flexibilities such as allowing case management and nursing services to be conducted via HIPAA compliant teleconference or video conference and allowing legal guardian, power of attorney, spouse, or authorized representative to provide personal care services as needed. Additional revisions will include rewriting several performance measures to adequately meet the Centers for Medicare and Medicaid (CMS) compliance with Health and Welfare, Electronic Visit Verification and the HCBS Settings rule detailed in the Statewide Transition Plan. Finally, language will be updated to reflect the current workflow practices of the Medically Fragile Waiver.

Consultation: 01/03/2023; Status: Approved 6/23/2023

Copayment Exemption for Expansion Adults — The Affordable Care Act (ACA) requires states to cover preventive services for expansion adults without any cost sharing. The proposed rules will update the list of services exempted from copayments to ensure the ACA requirement is reflected in the rule.

Consultation: 03/07/2023; Status: Emergency Rule Effective: 7/6/2023; Permanent Rule Pending

Substance Abuse Screening Coverage and Reimbursement in Primary Care Settings — The Oklahoma Health Care Authority (OHCA) will seek approval to allow reimbursement for drug and alcohol screenings that are performed in primary care settings. Covering these screenings in the primary care setting will assist in supporting existing Screening, Brief Intervention, and Referral to Treatment for Substance Use (SBIRT) initiatives.

Consultation: 03/07/2023; Status: OHCA Did Not Move Forward

Enhanced Payment for Vocational & Day Services Provided in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) — As per SB1074, the Oklahoma Health Care Authority (OHCA) will request federal approval to implement an enhanced payment program for intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) that offer community and vocational services or day program services or both. The purpose of the enhanced payment is to offset costs incurred by the ICFs/IID in these services as these services are currently funded by donations/charity. The enhanced payment will be in addition to all other reimbursement from the OHCA.

Consultation: 03/07/2023; Status: Emergency Rule Effective: 7/6/2023; Permanent Rule Pending



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Doula Services — The Oklahoma Health Care Authority (OHCA) will seek approval of a federal and state authority to cover doula services. A doula, or birth worker, is a trained professional who provides emotional, physical, and informational support during the prenatal, labor, delivery, and postpartum periods. Doula services are non-clinical and do not provide medical care and will not replace the services of licensed and trained medical professionals including, but not limited to, physicians, physician assistants, advanced practice registered nurses, and certified nurse midwives. A referral from a licensed medical provider (physician, physician's assistant (PA), obstetrician, certified nurse midwife) is required. OHCA will require doulas to be at least 18 years of age and to be certified by one of the Agency-recognized certifying organizations. Members will have eight doula visits, including one for labor and delivery care. Doula services provided to American Indian/Alaskan Native (AI/AN) members by qualified Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) doula providers will be reimbursed the Office of Management and Budget (OMB) rate, per the current State Plan methodology.

Consultation: 03/07/2023; Status: Emergency Rule Effective: 7/6/2023; Permanent Rule Pending

Signature Requirements Disaster-Relief Request — Effective March 1, 2020, signature requirements for pharmacy counseling related to the dispensing of drugs will be waived for the duration of the COVID-19 Public Health Emergency ending on May 11, 2023.

Consultation: 03/07/2023; Status: Disaster Relief State Plan Amendment Effective: 3/1/2020 (Expired At End Of Public Health Emergency)

Private Duty Nursing (PDN) Rate Increase Disaster-Relief & Permanent Request — Effective January 1, 2023, the base rate for private duty nursing services will be increased from \$32.68/hour to \$40/hour, and the overtime rate for persons with tracheostomies or who are ventilator dependent will be increased from \$40/hour to \$48.92/hour. These rates are for the duration of the PHE. After the expiration of the PHE, the State will seek to keep these increased rates in effect.

Consultation: 03/07/2023; Status: State Plan Amendment Effective: 5/12/2023

American Recovery Plan (ARP) Policy Revisions — This item was previously presented during the Nov. 2, 2021 Tribal Consultation meeting and now moving forward due to the ending of the public health emergency (PHE). Agency will pursue time-limited state plan authority to assure coverage and reimbursement without cost sharing for all full-scope Title XIX individuals as well as Title XXI individuals (inclusive of Soon-to-be-Sooners) through September 30, 2024, for the following COVID19 countermeasures: vaccine administration; testing; treatment including specialized equipment and therapies (including preventive therapies and drugs), pharmacological, non-pharmacological; and treatments for a condition that may seriously complicate COVID-19 treatment. Further, the State will attest that items and services are provided without amount, duration, or scope limitations that would otherwise apply when items and services are covered for purposes other than COVID19-related treatment. The SPA will also assure coverage and reimbursement without cost sharing for individuals receiving Family Planning or Tuberculosis through September 30, 2024, for COVID-19 vaccine and



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vaccine administration. As per the Public Readiness and Emergency Preparedness (PREP) Act, the Agency will continue to consider the following providers as qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines: pharmacies, pharmacists, pharmacy interns, and other qualified professionals. The Agency's payment rate for COVID-19 vaccine administration in cases where vaccine administration is separately reimbursable at a fee amount will follow the national Medicare rates, without geographic adjustment, in effect when the service is provided. Vaccines administered to American Indian/Alaskan Native (AI/AN) members by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) will be reimbursed the Office of Management and Budget (OMB) rate, per the current State Plan methodology. Reimbursement for COVID-19 diagnostic and screening testing as well as treatment and therapies will be reimbursed per the methodologies established in the State Plan.

Consultation: 03/07/2023; Status: State Plan Amendment Effective: 3/11/2021

Independent Clinical Psychologist Services for Adults – This item was previously presented during the Nov. 2, 2021 Tribal Consultation meeting and now moving forward due to the ending of the public health emergency (PHE). The Oklahoma Health Care Authority (OHCA), in coordination with the Department of Mental Health & Substance Abuse Services (DMHSAS), submitted a disaster relief state plan amendment (SPA) to allow adults in the Medicaid program access to services provided by licensed clinical psychologists who can bill independently and are practicing within state scope of practice. Services provided by independently contracted clinical psychologists were previously a State Plan benefit only available to children. The OHCA will pursue a permanent SPA to extend this flexibility and access upon the termination of the public health emergency (PHE).

Consultation: 03/07/2023; Status: State Plan Amendment Effective: 5/12/2023

ACIP-recommended Vaccine Administration by Pharmacists — This item was previously presented during the Jan. 5, 2020 Tribal Consultation meeting and now moving forward due to the ending of the public health emergency (PHE). This request will extend the flexibility granted by the DRSPA indefinitely as the DRSPA is set to end with the Public Health Emergency, on May 11, 2023. The Oklahoma Health Care Authority (OHCA) will seek approval of a State Plan amendment (SPA) to continue provisions of the previously approved Disaster Relief SPA allowing for licensed pharmacists to receive the administration fee for vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). Vaccines administered to American Indian/Alaskan Native (AI/AN) members by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) will be reimbursed the Office of Management and Budget (OMB) rate, per the current State Plan methodology. Claims submitted for vaccines and other injections require an order by a contracted physician or midlevel provider. Pharmacists may not be the ordering/prescribing provider for vaccines or their administration as the Agency does not directly contract with this provider type. Pharmacists may bill for this service under a standing order, prescription, or collaboration agreement with a physician.

Consultation: 03/07/2023; Status: State Plan Amendment Effective: 5/12/2023



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Naloxone — No policy changes will be sought for this request as current federal and state authority are sufficient. The Oklahoma Health Care Authority (OHCA) will seek a standing order to allow pharmacists to fill, dispense, and be reimbursed for naloxone (name brand Narcan) for SoonerCare members. Members will be able to receive naloxone at their pharmacy without having to first get a prescription from their physician. The pharmacist can use the standing order as a “blanket prescription”.

Consultation: 03/07/2023; Status: Standing Order Effective: 5/18/2023

Audio-only Health Service Delivery — The proposed policy revisions allow for audio-only service delivery for individual psychotherapy and for medically necessary covered primary care and other approved health services delivered in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), and Indian Health Service/Tribal Program/Urban Indian Clinic (I/T/U). Audio-only services are delivered through the use of audio-only technology, permitting real-time communication between a patient and the provider, for the purpose of diagnosis, consultation, or treatment, and does not include the use of facsimile or email nor the delivery of health care services that are customarily delivered by audio-only technology and customarily not billed as separate services by the provider, such as the sharing of laboratory results. FQHCs and RHCs will be reimbursed at the fee-for-service rate; audio-only services delivered by I/T/U providers, including I/T/U-FQHCs, will remain at the all-inclusive rate.

Consultation: 05/02/2023; Status: Emergency Rule Effective: 7/6/2023; Permanent Rule Pending

Reach Out and Read Oral Health Service Initiative — The State is seeking to amend the CHIP Title XXI State Plan Health Service Initiative (HSI), Reach Out and Read (ROR). This amendment will add a dental component to the current ROR HSI that will allow primary care providers to play an integral role in prevention of tooth decay for low-income children 12 months to 60 months of age during well child visits. PCPs participating in the program will receive training on oral health, fluoride varnish application, and the ROR program. Children will receive fluoride varnish and be provided an oral health book, toothbrush, and toothpaste. Parents will receive child oral health resource materials and a referral to a dental home if needed. This HSI ensures preventive measures are taken as soon as possible and decreases initial tooth decay that could possibly result in other health related issues.

Consultation: 05/02/2023; Status: CHIP SPA Pending

Mental Health Transport — Effective July 1, 2023, the Agency in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will seek approval of a State Plan amendment to cover and reimburse for secure mental health transportation to treatment facilities for the purpose of examination, emergency detention, protective custody, or inpatient services. The Department currently provides these services, required by Oklahoma Statutes, Title 43A Section 1-110, with no federal or Medicaid match. This project would provide reimbursement to ODMHSAS when the service is provided to Medicaid members.



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Consultation: 05/02/2023; Status: Emergency Rule Effective: 7/6/2023; Permanent Rule Pending; State Plan Amendment Effective: 7/1/2023

Provider preventable conditions — Revisions to Agency rules and the Medicaid state plan are needed to align with the Centers for Medicare and Medicaid Services (CMS) final rule regarding Section 2702 of the Affordable Care Act, which reduces or prohibits payments related to provider preventable conditions (PPCs). PPCs include Health Care Acquired Conditions (HCACs) which apply to any inpatient hospital settings and Other-Provider Preventable Conditions (OPPCs) which apply to any health care setting. The Agency's list of PPCs for non-payment will align with the PPCs as identified by Medicare with exceptions for pediatric and obstetric patients for Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery. In aligning with Medicare, two additional OPPCs for Surgical Site infection following cardiac implantable electronic device (CIED) and iatrogenic pneumothorax with venous catheterization.

Consultation: 05/02/2023; Status: Emergency Rule Pending; State Plan Amendment Effective: 9/1/2023

Nursing Facility Rebasing — For the rate period beginning July 1, 2023, a proposed amendment to the state plan will recalculate the Quality of Care (QOC) fee for regular nursing facilities, nursing facilities serving residents with Acquired Immune Deficiency Syndrome (AIDS) and Regular and Acute Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID).

Consultation: 05/02/2023; Status: State Plan Amendment Effective: 7/1/2023

Biosimilar Reimbursement — The Oklahoma Health Care Authority (OHCA) will seek to align reimbursement for certain biosimilar products with the Medicare Part B fee schedule. The Inflation Reduction Act (2022) included a provision directing Medicare Part B to increase reimbursement for certain biosimilar products from Average Sales Price (ASP) + 6% to ASP + 8%. Based on CMS guidance, OHCA is amending the State Plan and rules to replace specific references to ASP + 6% with language indicating payment will match Medicare Part B's fee schedule.

Consultation: 06/06/2023; Status: Emergency Rule Pending; State Plan Amendment Effective: 9/1/2023

Supplemental Drug Rebate Agreement — The Oklahoma Health Care Authority (OHCA) will seek approval of a State Plan amendment reflecting the new effective date for the updated pharmacy supplemental rebate agreement. The agreements will be effective on and after January 1, 2024. This is a required annual update.

Consultation: 06/06/2023; Status: State Plan Amendment Effective: 1/1/2024

ADvantage Waiver Amendment — The Oklahoma Health Care Authority (OHCA) will seek to amend the 1915(c) HCBS ADvantage Waiver and rules. The program's reimbursement rates for remote supports services have not kept pace with commensurate services provided by other



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Oklahoma 1915(c) HCBS waiver programs. The amendments will increase the reimbursement rate for ADvantage Waiver remote supports services to match corresponding rates of other Oklahoma 1915(c) waivers. The amendments will also allow the maximum number of home-delivered meals per ADvantage member to remain at two meals per day instead of one, past the expiration of the Appendix K emergency waiver. The proposed change also seeks to lower the eligibility age that an individual can enter the program from 21 to 19 years of age.

Consultation: 06/06/2023; Status: Emergency Rules Pending



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