SFY 2017 Bi-Monthly Consultations items with implications for ITUs and tribal citizens

OHCA Initiated Policy Changes

16-03 Cost Sharing — Proposed policy revisions include language cleanup in Chapter 30 in order to match Federal regulations enacted in 2013. The aggregate limit on premiums and cost sharing incurred by all members in the Medicaid household will not exceed 5 percent of the family's income applied on a monthly basis. **CONSULTATION: 1/3/2017**, **EFFECTIVE DATE: 9/1/2017**

16-10 Fingerprint-based Criminal Background Checks (FCBC) — In accordance with federal guidance, policy is revised to require OHCA to screen all provider enrollment applications based on a categorical risk level of "limited," "moderate," or "high" related to increased financial risk of fraud, waste or abuse to the Medicaid program. When the agency determines that a provider's categorical risk level is "high," the agency must require providers to consent to criminal background checks, including fingerprinting. The requirement to submit fingerprints applies to both the "high" risk provider and any person with a 5% or more or in ownership interest in the provider. Providers who have an active Medicare contract and have been successfully screened, including fingerprinted, are exempt. At this time, DME and Home Health providers are deemed high-risk by OHCA.**CONSULTATION: 7/5/2016; EFFECTIVE DATE: 11/22/2016**

16-12 Medical Residents' Licensure Requirements and Policy Clean Up — Proposed General Coverage policy adds contracting requirements for medical residents and adds language mirroring requirements set by regulatory state medical boards. Additional revisions remove language that pertains to non-licensed physicians in a training program and clarifies language exempting SoonerCare Choice members from office visits limits. **CONSULTATION: 9/6/2016**; **EFFECTIVE DATE: 9/1/2017**

16-13 Pharmacy Reimbursement — Proposed pharmacy changes reflect ion in new federal regulations and the Affordable Care Act (ACA) regarding covered outpatient drugs. This change will impact reimbursement rates for I/T/U and non-I/T/U pharmacy providers. Changes will allow ITU pharmacies to be reimbursed at the federal OMB encounter rate. The OMB rate will be paid based on a-per member-per facility-per day payment. Current methodology for Non-I/T/U pharmacies includes ingredient cost and a dispensing fee; both are affected by this change. Currently, the agency utilizes published drug pricing benchmarks to determine the Estimated Acquisition Cost (EAC) for drug ingredient costs. Proposed methodology changes will now use Actual Acquisition Cost (AAC) to price for brand and generic drugs. The change will also require the agency to provide a professional dispensing fee instead of the current $3.60 dispensing fee. **CONSULTATION: 9/6/2016**; **EFFECTIVE DATE: 12/29/2016**

16-14 Inpatient Behavioral Health Policy Revisions — Proposed Inpatient Behavioral Health policy is revised to accurately reflect the total number of core active treatment hours for individuals in a Community Based Transitional setting. Revisions also clarify active treatment requirements specific to group therapy when a child is admitted to the facility on a day other than the beginning of a treatment week. In addition, policy amends medical necessity criteria for continued stay in an acute psychiatric setting for children to include requirements for 24 hour nursing/medical supervision criteria. This change will help ensure the appropriate level of care is being provided. Rules are also revised to update the time between treatment plan reviews. Policy revisions include time between treatment plan reviews are at a minimum every five to nine calendar days when in acute care, 14 calendar days when in a regular PRTF, 21 calendar days in the OHCA approved longer term treatment programs or specialty PRTFs and 30 calendar days in Community Based Transitional treatment programs. The extension of treatment plan reviews will allow inpatient providers additional time to determine response to treatment as well as ease the burden on them without compromising quality of care. **CONSULTATION: 11/1/2016, EFFECTIVE DATE: 9/1/2017**

16-15 A&B Obstetrical reimbursement- Proposed revisions will amend the obstetrical reimbursement policy to revert back to a bundled reimbursement structure. **CONSULTATION: 9/6/2016**; **EFFECTIVE DATE: EMERGENCY RULE ON 11/22/2016; PERMANENT RULE ON 9/1/2017**

16-18 Telemedicine Consent — Proposed revisions amend language in Chapter 30 to reflect the repeal of 36 O.S. Section 6804, of The Oklahoma Telemedicine Act. The repeal of Section 6804 eliminates the informed consent requirement from Oklahoma Statutes. The proposed revisions rename the service telehealth to be more inclusive of an array of telehealth technologies that could potentially be used to deliver healthcare services to SoonerCare members. The revisions define telehealth and specific telehealth technologies and remove language requiring informed consent due to changes in Oklahoma statutes. Additionally, revisions remove language that was missed in a previous rule revision that removed references to "originating site". **CONSULTATION: 11/1/2016, 1/3/2017**; **EFFECTIVE DATE: 12/29/2016**

16-23 I/T/U and FQHC Removal of Time Requirements — Proposed Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) and Federally Qualified Health Centers (FQHC) policy is amended to remove the minimum 45-50 minute time requirement for Outpatient Behavioral Health encounters. Rules are also added to indicate that services should be billed on appropriate claim form with the applicable Current Procedural Terminology (CPT) procedure code. In addition, minor cleanup changes were made to outdated references to align with current policy. **CONSULTATION: 11/1/2016; EFFECTIVE DATE: 9/1/2017**

16-26 Molecular Pathology Reimbursement Changes — Proposed General Coverage policy will clarify reimbursement requirements for molecular pathology tests that examine multiple genes in a single test panel. The proposed policy changes will require providers to utilize a one code for one test approach to billing molecular pathology tests. **CONSULTATION: 9/6/2016**; **EFFECTIVE DATE: 9/1/2017**

16-28 Policy Revision to Contracting Rules — The proposed provider contracting revisions revoke administrative sanction rules as the language is obsolete and does not accord with current agency practices. Proposed revisions also revoke other agency rules which have been substantively revised to clarify what the agency may consider when deciding whether to terminate a contract with a particular enrolled provider. Also, proposed revisions add a new rule which explains what factors OHCA may take into consideration when deciding whether to approve an application for a new or renewing provider enrollment contract. In addition, proposed revisions add a new rule which modifies and replaces the Emergency Rule which will expire on September 14, 2017. The new rule fulfills a Federal requirement for all state Medicaid agencies to institute fingerprint-based criminal background checks for certain "high categorical risk" providers who want to contract with the state. Proposed revisions also add a new rule which streamlines, clarifies and provides examples of the kinds of conduct that may serve as a basis for a for-cause termination of a provider contract. **CONSULTATION: 1/3/2017**; **EFFECTIVE DATE: 9/1/2017**

16-32 Provider Contracting Updates and Hospital Language Cleanup — Proposed revisions to the following provider types amend rules to ensure policy mirrors OHCA provider contract language: Optometrists, Renal Dialysis Facilities, Hospitals, Birthing Centers and Podiatrists. Hospital policy is further revised to update requirements for reporting abuse to align rules with state statutes. **CONSULTATION: 1/3/2017; EFFECTIVE DATE: 9/1/2017**

16-33 Therapeutic Foster Care (TFC) Revisions — The proposed Therapeutic Foster Care revisions remove minimum time requirements for behavioral health assessment services to allow providers more flexibility in completing biopsychosocial assessments. Additional revisions add frequency limitations to

clarify limits on how often an assessment can be completed at a single agency. Further revisions clarify if an assessment is performed by a licensure candidate, it must be countersigned by the licensed behavioral health professional who is responsible for the member's care. This change will clarify oversight requirements for licensure candidates and ensure quality of care. Rules are also revised to clarify specific clinical documentation requirements when changes need to be made to the service plan prior to the scheduled six month review/update. In addition, minor language clean-up changes are made. **CONSULTATION: 1/3/2017; EFFECTIVE DATE: 9/1/2017**

16-34 Elimination of Diagnostic Cast — Proposed Dental policy is revised to allow photographic images of study models to be submitted to OHCA as part of the prior authorization request. **CONSULTATION: 9/6/2016; EFFECTIVE DATE: 9/1/2017**

16-36 Policy Revision to Program Integrity Audits and Electronic Records/Electronic Signatures/Hand-Written Signatures — Proposed revisions in Program Integrity Audits/Reviews policy clarify the OHCA audit process by: explaining that the scope of audits may include examination for fraud, waste, and/or abuse of the SoonerCare program; establishing a clearly defined response due date for providers who want to request an informal reconsideration and/or formal appeal of audit findings; informing providers that overpayments identified through the audit process may be withheld from future payments if the provider fails to timely contest the underlying audit findings; and other language clean-up. Also, proposed revisions in electronic records and signatures policy set a consistent timeframe in which medical records are to be authenticated, including those instances in which transcription occurs. Additionally, the rules have been revised to correct errors, improve reader comprehension, and make the language consistent with other OHCA administrative rules. **CONSULTATION:** 1/3/2017; **EFFECTIVE DATE: 9/1/2017**

17-01 Policy Revision to Comply with Fairness in Medicaid Supplemental Needs Trust Act — The proposed revisions are necessary to comply with Federal regulation. The Fairness in Medicaid Supplemental Needs Trusts, adds language into the Social Security Act to give mentally competent disabled individuals the same right to create an exempt trust as a parent, grandparent, guardian, or court. The Fairness Act will apply to trusts established on or after Dec. 13, 2016. Other requirements of these types of trusts which are exempt from Medicaid resource limits remain unchanged. **CONSULTATION: 3/7/2017; EFFECTIVE DATE: 8/10/2017**

17-02 Policy Revision to Revise Self-Employment Language in Insure Oklahoma Individual Plan Policy The proposed revisions to Insure Oklahoma Individual Plan policy strengthen program integrity. Revisions will help ensure that self-employed applicants are engaged in routine, for-profit activity, in accordance with Federal Internal Revenue Service guidelines. The self-employed are one of the eligible populations who can enroll in the Insure Oklahoma Individual Plan. **CONSULTATION: 3/7/2017; EFFECTIVE DATE: 11/7/2017**

17-04 A&B Money Follows the Person Demonstration — OHCA is proposing to add a fourth population to be served in the Money Follows the Person (MFP) demonstration. Living Choice is developing its implementation plan to transition eligible individuals from the Psychiatric Residential Treatment Facility (PRTF) back into the community. Oklahoma's MFP Demonstration for PRTF transitioning will focus on transitioning youth 16 to 18 whom:

- Have been in an inpatient psychiatric residential facility for 90 or more days during an episode of care;
- Meet criteria for Level 4 on the Individual Client Assessment Record (CAR); and

- A caregiver rated Ohio Scale shows critical impairment (a score of 25 and above on the Problems Subscale or a score of 44 and below on the Functioning Subscales)

The individuals will be eligible for transitional and community-based services and medications under Oklahoma's Living Choice. Services will be provided in accordance with an individualized plan of care under the ion of appropriate service providers. The goal is to improve health outcomes and reduce the number of days in out-of-home placements for this set of members. **CONSULTATION: 11/1/2016**; **EFFECTIVE DATE: 8/10/2017**

17-05 A&B Policy Revision to Medical Identification Card Policy — The proposed revisions remove references that refer to the issuing/mailing of member medical identification cards. Revisions also remove any reference that describes providers checking a member's plastic identification card. This policy change is the result of the Oklahoma Health Care Authority no longer printing and/or issuing plastic cards. Members now have access to print their medical identification card from their online member account. Non-online enrollment members can visit their local Department of Human Services office to get a printed card. Providers can verify eligibility online via the Eligibility Verification System. **CONSULTATION: 5/23/2017; EFFECTIVE DATE: 11/1/2017**

17-06 Pharmacy Revisions -The proposed pharmacy revisions reduce the amount of reimbursable prescription drugs from a maximum of six (6) total prescriptions (new or refill) to five (5), and reduces brand name prescriptions from two (2) to one (1) per month per eligible non-institutionalized and non-wavier adult member. Revisions also remove coverage of optional non-prescription drugs for adults. (Insulin, nicotine replacement products for smoking cessation, and family planning products are not optional.) **CONSULTATION: 5/23/2017; EFFECTIVE DATE: 10/1/2017**

OHCA Initiated State Plan Amendments

Reimbursement for Eyeglasses — A proposed payment methodology change for eyeglasses and materials will require an amendment to the Title XIX State Plan. Reimbursement for eyeglass materials will be set at a flat rate for the frame and the lens. **CONSULTATION: 7/5/2016**; **EFFECTIVE DATE: 9/22/2016**

Proposed Amendments to the State Plan, Medically Fragile Wavier, Living Choice Demonstration, and Program of All-Inclusive Care for Elderly (PACE) capitation contract rates

On January 1, 2016, the OHCA implemented a three percent across-the-board provider rate reduction which affected SoonerCare Choice care coordination and provider incentive payments, Program of All-Inclusive Care for the Elderly (PACE) capitation rates, the Medically Fragile wavier and the Living Choice demonstration. The January 1, 2016 budget cuts excluded services financed through appropriations to other state agencies, complex rehabilitation technology provider services, long term care facilities, child abuse exams, non-emergency transportation, Insure Oklahoma, payments for drug ingredients/ physician supplied drugs, services paid for by other state agencies, excluding school based services and services provided to Native Americans through Indian Health Services Indian/Tribal/Urban Clinics. The January 1, 2016 provider rate reductions were implemented to accommodate a State revenue failure which caused a decrease in appropriated funding and to submit a balanced budget.

The OHCA proposes a reinstatement of the three percent provider rate reduction that was implemented on January 1, 2016 for the following services and/or programs: emergency transportation, Private Duty Nursing (PDN), the Medically Fragile waiver, the Living Choice demonstration, and Program of all-Inclusive Care for the Elderly (PACE). OHCA is proposing to reinstate the above reduced rates to select programs and provider types that the agency has identified serve our most vulnerable populations and provide access to critical programs. While the agency is unable to reinstate all programs and provider types at this time, adequate and sufficient provider rates continues to be a

priority of our agency. CONSULTATION: **7/5/2016**; EFFECTIVE DATE: **MEDICALLY FRAGILE WAIVER EFF 12/1/2016 & LIVING CHOICE EFF DATE 9/1/2016**

Insure Oklahoma Waiting Period for Dependent Children with Creditable Coverage and Language Update — A proposed amendment to the Title XXI State Plan will revise the current language regarding the waiting period for dependent children eligible for Insure Oklahoma benefits who already have or have had creditable coverage through another source. The current Title XXI State Plan states that they must undergo a six-month uninsured waiting period, with exceptions, prior to becoming eligible for either the Insure Oklahoma Employer Sponsored Insurance (ESI) or Individual Plan (IP). Proposed changes will make the waiting period optional and no more than 90 days. This State Plan Amendment (SPA) is needed in order to come into compliance with new federal regulations which require that waiting periods can be no longer than 90 days.
Further, the amendment will update language regarding coverage for dependent children in the Insure Oklahoma Individual Plan, as the Centers for Medicare & Medicaid Services (CMS) has eliminated this population by limiting income qualifications for the Individual Plan to less than 100 percent of the federal poverty level (FPL). As coverage for dependent children was for those in households from 185 to 200 percent of the FPL, Individual Plan coverage is no longer possible. The State took necessary action to comply with the federal requirements regarding financial qualifications for the Individual Plan effective January 1, 2014, and is now updating the Title XXI language for dependent children to match.
CONSULTATION: 1/3/2017; EFFECTIVE DATE: PENDING SUBMISSION TO CMS

I/T/U Reimbursement Outside of Four Walls— The proposed Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) changes will allow I/T/Us who choose to contract as a Federally Qualified Health Center to be reimbursed at the Federal Office of Management and Budget rate for services provided outside of the four walls of their facility. Policy changes are needed to comply with Federal regulations. CONSULTATION: **3/7/2017;** EFFECTIVE DATE: **AGENCY SUBMITTED INFORMAL REQUEST FOR ADDITIONAL INFORMATION RESPONSES TO CMS ON 02/28/18**

Title XXI Health Service Initiative (HSI)— Due to an increase in the Children's Health Insurance Program Federal Medical Assistance Percentages for FY16 and FY17 to fund health service initiatives, the Oklahoma Health Care Authority (OHCA) is exploring two projects including:

- one targeting blood lead screening test awareness and utilization and
- one that would provide safe sleeps cribs to hospitals to distribute to families in need

as part of an existing partnership between the State Health Department and various birthing hospitals. State match will be provided by either partner agencies or by the OHCA. HSIs protect public health and/or the health of individuals, improves or promotes a state's capacity to deliver public health services, strengthen the human and material resources necessary to accomplish public health goals to improve children's health, and targets low-income children under 19. This item will have an expedited Tribal consultation comment period, March 7 – March 20. CONSULTATION: **3/7**/2017; EFFECTIVE DATE: **10/1/2017**

Provider Rate Reductions — The Oklahoma Health Care Authority will potentially implement provider rate cuts in order to minimize the impact of current and forecasted state budget concerns. Any budget reduction measure adopted will have a proposed effective date of July 1, 2017, or later. CONSULTATION: **5/23/2017**; EFFECTIVE DATE: **AGENCY RETRACTED REQUEST**

Long Acting Reversible Contraceptives (LARC) — The proposed state plan amendment (SPA) will revise coverage language to increase access and utilization of LARC devices. The proposed SPA will expand access to these devices by removing unnecessary restrictions. Changes within the proposed SPA will support appropriate birth spacing, which can reduce infant and maternal mortality. **CONSULTATION: 5/23/2017**; **EFFECTIVE DATE: 7/1/2017**

Title XXI Health Service Initiative (HSI) — Due to an increase in the CHIP FMAP for FY17 to fund health service initiatives, the OHCA is exploring a project to create a coordinated system to manage all communications between the Medicaid enterprise and its providers, members, and other stakeholders. State match will be provided by OHCA. HSIs protect public health and/or the health of individuals, improve or promote a state's capacity to deliver public health services, strengthen the human and material resources necessary to accomplish public health goals to improve children's health, and target low-income children under 19. **CONSULTATION: 9/6/2016**; **EFFECTIVE DATE: DID NOT MOVE FORWARD WITH CHANGE**

Over-the-Counter Products Update — A proposed amendment to the Title XIX State Plan will revise language pertaining to pharmacy over-the-counter (OTC) coverage. The State Plan currently states that OTC drugs, rather than products, are reimbursable. Not all covered OTC products are considered drugs; therefore, a change in language is needed to clarify OTC coverage and align the State Plan to current practice. **CONSULTATION: 1/3/2017**; **EFFECTIVE DATE: DID NOT MOVE FORWARD WITH CHANGE**

Unbundling of Obstetrical (OB) Services — Proposed changes will remove references to bundled payment for obstetrical services for Soon-to-be-Sooners. Presently, the agency utilizes the global care CPT codes for routine obstetrical care billing. These codes can be used if the provider has provided care for a member for more than one trimester. A Title XXI State Plan amendment (SPA) is needed to require providers rendering obstetrical services to bill using the appropriate codes for antepartum care evaluation and management as well as delivery only and postpartum care services as OHCA is changing this obstetrical care policy across-the-board for services to pregnant women under Title XIX or Title XXI. **CONSULTATION: 7/5/2016**; **EFFECTIVE DATE: DID NOT MOVE FORWARD WITH THE SPA; WAS NOT SUBMITTED TO CMS**

Genetic Counseling— The proposed amendment to the State Plan will allow members to access genetic counseling after genetic testing has found that a member displays clinical features of a suspected genetic condition, is at risk of inheriting the genetic condition in question, or has been diagnosed with a condition where identification of specific genetic changes will impact treatment or management. Currently, the State Plan limits this service to women with a high-risk pregnancy. **CONSULTATION: 3/7/2017**; **EFFECTIVE DATE: 4/1/2017**

Hospice Care Curative Treatment for Children — The proposed state plan amendment (SPA) will align Medicaid hospice services with current program operations and federal regulations. The proposed SPA will allow children to receive hospice services without forgoing other medical/curative services to which the child is entitled to under Medicaid. Additional revisions to the hospice state plan pages are made to make the benefit more descriptive. **CONSULTATION: 5/23/2017**; **EFFECTIVE DATE: 7/1/2017**

OHCA Initiated Waiver Requests

Incontinence Supplies Sole Source 1915(b)(4) Waiver Request — The State will seek to waive freedom of choice for incontinence supplies under Section 1902(a)(23) of the 1902 Social Security Act via a 1915(b)(4) waiver request. The State has elected to utilize selective contracting in order to deliver a high quality program with sufficient utilization controls for incontinence supplies under the EPSDT benefit for children ages 4 through 20, as long as medical necessity criteria are met. OHCA has negotiated fixed rate reimbursement for the incontinence supplies furnished under the provider agreement. Further, OHCA has expanded the agreement to include professional service contract terms, in which the vendor provides customer service for members and ordering providers. **CONSULTATION:** **1/3/2017**; **EFFECTIVE DATE:** **8/2/2017**

2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Extension Request — Per federal regulation, the Oklahoma Health Care Authority (OHCA) is providing notice of its plan to submit an update to its current renewal application for the SoonerCare Choice and Insure Oklahoma 1115(a) waiver to the Centers for Medicare and Medicaid Services. The OHCA is requesting an additional year extension of the waiver for the period January 1, 2018 to December 31, 2018. The OHCA plans to extend the demonstration with one change to clarify and define payment methodology. The state will provide clarification for supplemental payments to the State of Oklahoma teaching universities. This will reflect value based purchasing. The OHCA welcomes comments on the continuation of the SoonerCare Choice and Insure Oklahoma programs. The existing waiver application is currently posted on the OHCA website. It can be found on the Policy Change Blog and the Native American Consultation Page. The OHCA will be accepting comments/feedback for the waiver application until June 24, 2017. **CONSULTATION:** **5/23/2017**; **EFFECTIVE DATE:** **APPROVED BY CMS ON 12/29/2017; THE APPROVAL IS EFFECTIVE JANUARY 1, 2018 THROUGH DECEMBER 31, 2018**

Medically Fragile Waiver — The Medically Fragile Waiver is amended to include proposed clean-up changes related to transitions that have been made to align the waiver with policy. The proposed effective date of the changes is December 1, 2016. **CONSULTATION:** **9/6/2016**; **EFFECTIVE DATE:** **12/1/2016**

Proposed 1115 Waiver Amendment — The Oklahoma Health Care Authority (OHCA) proposes an amendment to the 1115(a) demonstration waiver. Pursuant to House Bill 1566 passed by the Oklahoma Legislature, the OHCA has issued a Request for Proposal for a care coordination model for the Aged, Blind and Disabled (ABD) populations. The outcome will allow for a fully capitated, statewide model of care coordination to best serve Oklahoma Medicaid's ABD population known as SoonerHealth+. The ABD population currently receiving health care services under the 1115(a) demonstration will be added as a separate program under the 1115 waiver to transition eligibility to the SoonerHealth+ program once implemented. The benefits for the ABD population will be delivered in a new program called SoonerHealth+ program. These individuals will receive all benefits including care coordination services through a fully capitated managed care delivery model. **CONSULTATION:** **5/23/2017**; **EFFECTIVE DATE:** **THE OHCA CANCELLED THE RFP ASSOCIATED WITH THIS REQUEST AND PROVIDED A PRESS RELEASE FROM THE AGENCY JUNE 14, 2017.**

DHS Initiated Policy Changes

16-25 ADvantage Waiver — The proposed revisions to the Advantage Waiver policy include clean-up to remove and update outdated policy to align with current business practices. Proposed revisions clarify rules are in accordance with state laws and regulations. **CONSULTATION:** **11/1/2016**; **EFFECTIVE DATE:** **9/1/2017**

DHS Initiated Waiver Requests

In-Home Supports for Adults Waiver Renewal Application — The Oklahoma Department of Human Services is seeking a 5 year renewal of the In-Home Supports for Adults (IHSW-A) waiver. The IHSW-A serves individuals with Intellectual Disabilities age 18 and over. Specific changes include, but are not limited to, (1) Updating the rate determination methods section with details related to the fixed rate method associated with Prevocational and Supported Employment services; (2) Updating the Family Counseling service provider section; (3) Updating the Person Centered Planning and Service Delivery section; (4) Updating language regarding critical incidents and reporting, dental service providers, seclusion and restraints and supported employment services definition and limits; (5) Updating Specialized Medical Supplies and Assistive Technology language to remove waiver coverage of incontinence supplies as these supplies are now covered by SoonerCare; (6) Updated unduplicated number of participants and reserved capacity number; and (7) Deleted Physician Services from Appendices C and J. Other changes include general clarification and clean-up. **CONSULTATION: 1/3/2017; EFFECTIVE DATE: 7/1/2017**

In-Home Supports for Children Waiver Renewal Application — The Oklahoma Department of Human Services is seeking a 5 year renewal of the In-Home Supports for Adults (IHSW-C) waiver. The Oklahoma Department of Human Services is seeking a 5 year renewal of the In-Home Supports for Children (IHSW-C) waiver. The IHSW-C serves individuals with Intellectual Disabilities age 3 to 17. Specific changes include, but are not limited to, (1) Updating Person Centered Planning and Service Delivery section; (2) Unduplicated number of participants and reserved capacity numbers; (3) Updating cost data/estimates updated throughout Appendix J; (4) Updating Specialized Medical Supplies and Assistive Technology language to remove waiver coverage of incontinence supplies as these supplies are now covered by SoonerCare; and (5) Added Prevocational and Supported Employment services for members age 16 and above. Other changes include general clarification and clean-up. **CONSULTATION: 1/3/2017**; **EFFECTIVE DATE: 7/1/2017**

DMH Initiated Policy Changes

16-35 Outpatient Behavioral Health Policy Revisions — Proposed policy revisions remove outdated references to Axis diagnosis and add new language to align with changes to the Diagnostic and Statistical Manual of Mental Disorders (DSM). Additional revisions clarify clinical outpatient behavioral health agency provider documentation requirements for when changes need to be made to the service plan prior to the scheduled six month review/update. Rules are also revised to clarify that behavioral health case management is not reimbursable for members who are enrolled in a Health Home. Case management and care coordination are included with the Health Home payment and separate reimbursement for behavioral health case management would result in duplication. Additionally, rules are revised to clarify that, unless otherwise specified in rule, reimbursement is not allowed for outpatient behavioral health services provided to members who are considered to be in "inpatient status". Additional provisions, which were previously approved as emergency rules, are not revised and contained in this work folder. **CONSULTATION: 1/3/2017**; **EFFECTIVE DATE: 9/1/2017**

Reimbursement Methodology for Outpatient Behavioral Health Assessments – ODMHSAS
Rules at 317:30-5-241.1 were revised to remove specific minimum time requirements for behavioral health assessment services in order to allow providers more flexibility in how they conduct and bill assessments. Rules no longer require at least 1.5 hours in order to bill for a low complexity assessment or over 2 hours in order to bill for a moderate complexity assessment. The Department of Mental Health and Substance Abuse Services (ODMHSAS) will revise the reimbursement methodology for behavioral

health assessments by submitting the methodology to the State Plan Amendment Rate Committee (SPARC) and subsequent Board committee for approval, **CONSULTATION: 7/5/2016; EFFECTIVE DATE: 9/1/2017**