

**OKLAHOMA HEALTH CARE AUTHORITY  
MEDICAL ADVISORY COMMITTEE MEETING**

**March 27, 2008**

**1:00 p.m. – OHCA Board Room  
4545 N. Lincoln Blvd., Suite 124  
Oklahoma City, OK 73105**

**TENTATIVE AGENDA**

- I. Welcome, Roll Call, and Public Comment Instructions
- II. Presentation of Plaque
- III. Approval of minutes of the January 17, 2008 Medical Advisory Committee Meeting
- IV. Financial Report and Requested Clarification of 14% Increase: Anne Garcia, Chief Financial Officer
- V. Legislative Update: Nico Gomez, Director of Communication Services
  - HB2842 Status
  - FY09 Budget Request
- VI. Program Operations & Benefits Update: Becky Pasternik-Ikard, Director of Program Operations
- VII. Provider Services Support Update and Medical Home Overview: Paul Keenan, MD, Chief Medical Officer
- VIII. Federal Regulation Changes to Targeted Case Management: Traylor Rains, Sr. Health Policy Specialist
- IX. Action Items: Cindy Roberts, Director of Program Integrity & Planning

**DHS Initiated Rule - Emergency**

1. **DDSD** - Rules are revised to provide current Home and Community Based Services Waiver provisions for respite care, including types of respite care. Other revisions denote a new level of support, pervasive level of support, through agency companion services and agency companion services salary options.

**OHCA Initiated Rules - Emergency**

2. **Pace Disenrollment** - Rules are revised to clarify involuntary disenrollment provisions for members in the Program of All-Inclusive Care for the Elderly (PACE) program. Disenrollment may occur if the caregiver or guardian of the PACE member fails to pay, or make satisfactory arrangements to pay, any premiums due to the PACE organization after a 30-day grace period or the caregiver or guardian of the member engages in disruptive or threatening behavior.

3. **Inpatient Behavioral Health (Plan of Care)** - Rules are revised to change requirements for review of Individual Plan of Care for children residing in Inpatient Psychiatric Hospitals. Change would mandate plan reviews at least every seven calendar days but no less than every nine calendar days in acute care and at least every 14 calendar days but no less than every 16 calendar days in the longer term treatment program or specialty Psychiatric Residential Treatment Facilities (PRTF).

4. **Outpatient Behavioral Health** - Rules are revised to outline reimbursement methodology for services formerly reimbursed as a per diem under the Program of Assertive Community Treatment (PACT) program. PACT services will now be billed as fee for service using already existing CPT codes which have modified rates to reflect the home based component of the PACT service. The suggested rule change also rearranges the Outpatient Behavioral Health Rules by moving existing provisions into more appropriate sections within Part 21.

5. **Insure Oklahoma / O-EPIC** - Rules are revised to: (1) update current rules with the new name, Insure Oklahoma/Oklahoma Employer and Employee Partnership for Insurance Coverage (O-EPIC); (2) expand current Insure Oklahoma/O-EPIC Employer Sponsored Insurance (ESI) and Individual Plan (IP) coverage to the children of non-disabled working adults whose household income is between 186% and 250% of the federal poverty level; and (3) expand ESI and IP coverage to Oklahoma college students who are 19 through 22 years of age and whose household income is less than 250% of the federal poverty level.

X. Discussion

XI. New Business

XII. Adjourn