Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's Proposed Changes Blog.

OHCA COMMENT DUE DATE: January 16, 2019

The proposed policy is a Permanent Rule. This proposal policy was presented at the September 5, 2018 Tribal Consultation and is scheduled to be presented to the Medical Advisory Committee on January 17, 2019 and the OHCA Board of Directors on February 14, 2019.

Reference: APA WF# 18-20

SUMMARY:
Programs of All-Inclusive Care for the Elderly (PACE) – The proposed revisions to the PACE policy will update Uniform Comprehensive Assessment Tool requirements in order to reflect current business practices.

LEGAL AUTHORITY
The Oklahoma Health Care Authority Act, Section 5007 (F)(1) and (3) of Title 63 of Oklahoma Statutes; Section 5003 through 5016 of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; 42 CFR, Part 460

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Nicole Nantois
Legal Services

FROM: Carmen Johnson
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 18-20

A. Brief description of the purpose of the rule:

The Programs of All-Inclusive Care for the Elderly (PACE) policy is being amended to reflect current business practice pertaining specifically to where the Oklahoma Department of Human Services nurse or PACE nurse are to perform the Uniform Comprehensive Assessment Tool, Part III visit. Revisions will also include clean-up and updating of obsolete acronyms.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

No classes of persons will be affected by the proposed rule. This rule should not place any cost burden on private or public entities. No information on any cost impacts were received from any entity.

C. A description of the classes of persons who will benefit from the proposed rule:

No classes of person will benefit from this rule change as the rule is only being revised to reflect current business practice.

D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable economic impact and there are no fee changes associated with the rule changes for any classes of persons or any political subdivision.

E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

Agency staff has determined that the proposed rule is budget neutral.

F. A determination of whether implementation of the proposed rule

will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule.

G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The agency does not anticipate that the proposed rule will have an adverse effect on small businesses.

H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there are no other legal methods to achieve the purpose of the proposed rule.

I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should not have any effect on the public health, safety or environment. The proposed rule is not designed to reduce significant risks to the public health, safety or environment.

J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The agency does not anticipate any detrimental effect on the public health, safety or environment if the proposed rule is not implemented.

K. The date the rule impact statement was prepared and if modified, the date modified:
Prepared October 8, 2018
Modified November 14, 2018

RULE TEXT

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY

SUBCHAPTER 18. PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY

317:35-18-5. Eligibility criteria

(a) To be eligible for participation in ~~PACE,~~Programs of All-Inclusive Care for the Elderly (PACE), the applicant must:

(1) be age ~~55~~fifty-five (55) years or older;

(2) live in a PACE service area;

(3) be determined by the state to meet nursing facility level of care; and

(4) be determined by the PACE ~~Interdisciplinary~~interdisciplinary team (IDT) as able to be safely served in the community at the time of enrollment. If the PACE provider denies enrollment because the IDT determines that the applicant cannot be served safely in the community, the PACE provider must:

(A) notify the applicant in writing of the reason for the denial;

(B) refer the applicant to alternative services as appropriate;

(C) maintain supporting documentation for the denial and notify ~~CMS~~the Centers for Medicare and Medicaid Services and ~~OHCA~~the Oklahoma Health Care Authority (OHCA) of the denial and make the supporting documentation available for review; and

(D) advise the applicant orally and in writing of the grievance and appeals process.

(b) To be eligible for SoonerCare capitated payments, the individual must:

(1) meet categorical relationship ~~to disability (reference OAC 317:35-5-4).~~for the aged, blind, or disabled [refer to Oklahoma Administrative Code (OAC) 317:35-5-4];

(2) be eligible for Title XIX services if institutionalized as determined by the Oklahoma Department of Human Services~~;~~ (DHS);

(3) be eligible for SoonerCare State Plan services;

(4) meet the same financial eligibility criteria as set forth for the SoonerCare ~~Advantage~~ADvantage program per OAC 317:35-17-10 and 317:30-17-11;~~and~~ and

(5) meet appropriate medical eligibility criteria.

(c) The nurse designee makes the medical determination utilizing

professional judgment, the Uniform Comprehensive Assessment Tool (UCAT) Part I, Part III, and other available medical information.

(1) When PACE services are requested:

(A) The PACE nurse or ~~OKDHS~~DHS nurse is responsible for completing the UCAT assessment.

(B) The PACE intake staff is responsible for aiding the PACE enrollee in contacting ~~OKDHS~~DHS to initiate the financial eligibility application process.

(2) The nurse completes the UCAT, Part III visit with the PACE enrollee, in the participant's home, within ~~10~~ten (10) days of receipt of the referral for PACE services.

(3) The nurse sends the UCAT, Part III to the designated OHCA nurse staff member for review and level of care determination.

(4) A new medical level of care determination may be required when a member requests any of the following changes in service programs:

(A) ~~From~~from PACE to ~~Advantage.~~ADvantage;

(B) ~~From~~from PACE to State Plan Personal Care Services~~.~~;

(C) ~~From~~from Nursing Facility to PACE~~.~~;

(D) ~~From Advantage~~from ADvantage to PACE if previous UCAT was completed more than ~~6~~six (6) months prior to member requesting PACE enrollment~~.~~; or

(E) ~~From~~from PACE site to PACE site.

(d) To obtain and maintain eligibility, the individual must agree to accept the PACE providers and its contractors as the individual's only service provider. The individual may be held financially liable for services received without prior authorization except for emergency medical care.