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: February 16, 2018

The proposed policy is a Permanent Rule. The proposed policy was presented at the January 2, 2018 Tribal Consultation and is scheduled to be presented to the Medical Advisory Committee on March 15, 2018 and the OHCA Board of Directors on March 22, 2018.
Reference: APA WF # 17-05B

SUMMARY:
Medical Identification Card Policy Revisions – The proposed medical identification card revisions remove references that refer to the issuing of or mailing of member medical identification cards.

LEGAL AUTHORITY:
The Oklahoma Health Care Authority Board; The Oklahoma Health Care Authority Act, Section 5003 through 5016 of Title 63 of Oklahoma Statutes;

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Tywanda Cox
Federal and State Policy

FROM: Sasha Teel
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 17-05B

A. Brief description of the purpose of the rule:

The proposed medical identification card revisions remove references that refer to the issuing of or mailing of plastic

member medical identification cards. This policy change is the result of the OHCA no longer printing and/or issuing plastic medical identification cards. Members now have access to print their medical identification card from their online member account, or non-Online Enrollment members can visit their local county DHS office to obtain a printed card. Providers must still verify the eligibility online via Eligibility Verification System (EVS).

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:

SoonerCare members and providers may be affected by the proposed rule. Members will have access to print their medical identification card from their online member account, or non-Online Enrollment members can visit their local DHS office to obtain a printed card. Providers can verify eligibility online via Eligibility Verification System (EVS). There have been no cost impacts received by the agency from any private or public entities.

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

No classes of persons will benefit from this; however, the agency will benefit in a cost savings by no longer printing or mailing plastic medical identification cards.

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 changes:

There is no economic impact and there are no fee changes associated with the rule change for the above 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:

Savings were approved during promulgation of the emergency rule; the PERM rule change will not result in any additional costs and/or savings to the agency.

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 nor will it require the cooperation of any political subdivision 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 proposed rule will not have an adverse impact on small business.

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 proposed revisions will be a cost saving to the agency. The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving 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 have no adverse effect on the public health, safety, and environment.

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

OHCA does not believe there is a detrimental effect on the public health and safety if the rule is not passed.

K. The date the rule impact statement was prepared and if modified, the date modified:

The rule impact statement was prepared June 1, 2017.

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

SUBCHAPTER 7. MEDICAL SERVICES

PART 5. DETERMINATION OF ELIGIBILITY FOR MEDICAL SERVICES

317:35-7-40. Eligibility as Qualified Medicare Beneficiary Plus

~~(a)~~ An individual determined to be categorically related to aged, blind or disabled is eligible for Medical Services as a Qualified Medicare Beneficiary Plus (QMBP) if he/she meets the conditions of eligibility shown in paragraphs (1)-(3) of this subsection. For persons age 65 and older in mental health hospitals, refer to OAC 317:35-9-7.

(1) The individual's/couple's income and resources do not exceed the standards as shown on DHS Appendix C-1, Schedule VI, of which the income standard is based on ~~100%~~100 percent of the Federal Poverty Level.

(2) Countable income and resources are determined using the same rules followed in determining eligibility for individuals categorically related to ~~Aid to the~~ Aged, Blind or Disabled, except that a $20 general income disregard is applied to either earned or unearned income, but not both. For couples, only one $20 general income disregard is given.

(3) The individual meets all other eligibility conditions for ~~Medicaid~~SoonerCare.

~~(b) Medical identification cards are issued to all individuals determined eligible for QMBP coverage.~~

SUBCHAPTER 9. ICF/IID, HCBW/IID, AND INDIVIDUALS AGE 65 OR OLDER IN MENTAL HEALTH HOSPITALS

PART 9. CERTIFICATION, REDETERMINATION AND NOTIFICATION

317:35-9-75. Certification for long-term medical care through ~~ICF/MR~~ICF/IID, ~~HCBW/MR~~HCBW/IID services and to persons age 65 and older in a mental health hospital

(a) **Application date**. If the applicant is found eligible for ~~Medicaid~~SoonerCare, certification may be made retroactive for any service provided on or after the first day of the third month prior to the month of application and for future months. The first month of the certification period must be the first month that medical service was provided and the recipient was determined eligible. ~~An applicant approved for long-term medical care under Medicaid as categorically needy is mailed a permanent Medical Identification Card.~~

(b) **Certification period for long-term medical care**. A certification period of 12 months is assigned for an individual who is approved for long-term care.

317:35-15-7. Certification for Personal Care

(a) **Personal Care certification period.** The first month of the Personal Care certification period must be the first month the member was determined eligible for Personal Care, both financially and medically. When eligibility or ineligibility for Personal Care is established, the local office updates the computer-generated form and the appropriate notice is mailed to the member.

~~(1) As soon as eligibility or ineligibility for Personal Care is established, the local office updates the computer form and the appropriate notice is computer generated. Notice information is retained on the notice file for county use.~~

~~(2) An applicant approved for Personal Care under SoonerCare as categorically needy is mailed a Medical Identification Card.~~

(b) **Financial certification period~~ for Personal Care Services~~.** The financial certification period for Personal Care services is 12 months. Redetermination of eligibility is completed according to the categorical relationship.

(c) **Medical certification period~~ for Personal Care services~~.** A medical certification period of not more than 36 months is assigned for an individual who is approved for Personal Care. The certification period for Personal Care is based on the ~~UCAT~~Uniform Comprehensive Tool (UCAT) evaluation and clinical judgment of the ~~OKDHS~~Oklahoma Department of Human Services (DHS) area nurse or designee.

SUBCHAPTER 17. ADVANTAGE WAIVER SERVICES

317:35-17-12. Certification for ADvantage program services

(a) **Application date**. ~~If~~When the applicant is ~~found~~determined eligible for ~~SoonerCare~~ADvantage, his/her certification ~~may be~~is effective the date ~~of application~~that medical and financial eligibility was determined. ~~The first month of the certification period must be the first month the member was determined eligible for ADvantage, both financially and medically.~~When eligibility or ineligibility for ADvantage program services is established, the worker updates the authorization and the computer-generated notice is mailed to the member and ADvantage Administration (AA).

~~(1) As soon as eligibility or ineligibility for ADvantage program services is established, the worker updates the computer form and the appropriate notice is computer generated to the member and the ADvantage Administration (AA). Notice information is retained on the notice file for county use.~~

~~(2) An applicant approved for ADvantage program services is mailed a Medical Identification Card.~~

(b) **Financial certification period ~~for ADvantage program services~~**. The financial certification period ~~for the ADvantage program services~~ is 12 months. ~~Although "medical eligibility number of months" on the computer input record will show 99 months, redetermination of eligibility is completed according to the categorical relationship.~~

~~(c) **Medical Certification period for ADvantage program services**. The medical certification period for ADvantage program services is up to 12 months. Redetermination of medical eligibility is completed by OKDHS in coordination with the annual reauthorization of the member's service plan. An independent redetermination of medical eligibility is completed by the OKDHS Nurse when, depending upon the needs of the member, the medical certification is determined to be less than 12 months, or, at any time documentation supports a reasonable expectation that the member may not continue to meet medical eligibility criteria.~~

(c) **Medical Certification period**. The medical certification period is 12 months. Redetermination of medical eligibility by an Oklahoma Department of Human Services (DHS) nurse is:

(1) completed annually in coordination with the annual reauthorization of the member's patient-centered service plan.

(2) completed when documentation is received that supports a reasonable expectation the member may not continue to meet medical eligibility criteria.

SUBCHAPTER 19. NURSING FACILITY SERVICES

317:35-19-22. Certification for ~~NF~~Nursing Facility (NF)

(a) **Application date**. The date of the application for NF care is most important in determining the date of eligibility. If the applicant is found eligible for ~~Medicaid~~SoonerCare, certification may be made retroactive for any service provided on or after the first day of the third month prior to the month of application and for future months. ~~An applicant approved for long-term medical care under Medicaid as categorically needy is mailed a Medical Identification Card.~~

(b) **Time limited approvals for nursing care**. A medical certification period of a specific length may be assigned for an individual who is categorically related to ~~ABD~~Aged, Blind and Disabled or ~~AFDC~~Aid to Families with Dependent Children. This time limit is noted on the system. It is the responsibility of the nursing facility to notify the area nurse 30 days prior to the end of the certification period if an extension of approval is required by the client. Based on the information from the NF the area nurse, or nurse designee, determines whether or not an update of the ~~UCAT~~Uniform Comprehensive Tool (UCAT) is necessary for the extension. The area nurse, or nurse designee, coordinates with appropriate staff for any request for further UCAT assessments.

(c) **Certification period for long-term medical care**. A financial certification period of 12 months is assigned for an individual who is approved for long-term care.