



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2017-06

October 18, 2017

RE: Oklahoma Health Care Authority (OHCA) Proposed Rule, State Plan, and Waiver Amendments

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting held on November 7th, 2017 at 11 a.m. in the Oklahoma Health Care Authority (OHCA) Board Room at the OHCA's office, located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting, and we welcome any comments you may have. The agency is committed to active communication with Tribal Governments during the decision-making and priority-setting process and therefore keeps you apprised of all proposed changes.

Enclosed are summaries of the currently proposed rule, state plan, and waiver amendments for your review. The summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, new changes must obtain budget authorization, the OHCA Board approval, and when applicable, federal approval and the governor's approval.

Additionally, the OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). This public website is designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay apprised of proposed policy changes, you may sign up for web alerts for the page to be automatically notified when any new proposed policy changes are posted for comment.

The OHCA values consultation with Tribal Governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [Policy Change Blog](#) and/or the [Native American Consultation Page](#).

Sincerely,

Dana Miller
Director, Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

Income Rounding for Non-disabled Adults and Children Eligibility — The proposed revisions will update the income guidelines to match how the online eligibility system presently computes income for non-disabled adults and children. The current online eligibility system rounds cents down to the nearest dollar in its income calculations for non-disabled adults and children.

Grandfathered CHIP Children — The proposed revisions will update the Qualifying Categorical Relationship policy by removing the subsection "Grandfathered CHIP children." This eligibility group terminated December 31, 2015, which prompts the removal of this subsection from policy.

Student Earned Income Exclusion for Aged, Blind, and Disabled (ABD) Applicants — The proposed ABD countable income revisions regarding student earned income will add general language and remove the specific amounts, currently listed as the Social Security Act revises the amounts on an annual basis.

Accreditation Commission for Health Care (ACHC) Accreditation Option for Outpatient Behavioral Health Agencies/Organizations — The proposed behavioral health revisions will add the ACHC as an additional accreditation option for outpatient behavioral health agencies/organizations.

Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) Current Procedural Terminology (CPT) Language Removal — The proposed I/T/U revisions will remove the restriction to billing with a CPT procedure code for outpatient behavioral health encounters. Rules will clarify that when billing for an outpatient behavioral health encounter, services must be billed on an appropriate claim form using the appropriate procedure code and guidelines.

Inpatient Behavioral Health Restraints, Seclusion and Incident Reporting Requirements for Members under Age 21 — The proposed inpatient behavioral health revisions will make rule language consistent with federal regulations regarding the standards of restraint and seclusion for members under the age of 21. Rules will also be revised to cleanup definitions, which will now be incorporated throughout policy.

Developmental Disabilities Services (DDS) Division — The proposed revisions to the Home and Community-Based Services (HCBS) Waiver will affirm a member's rights to have visitors of his/her choosing. Revisions will also remove treatment extensions for Habilitation Services authorized by DDS area managers. In addition, revisions will allow eligible members, 16 years of age and older, to access Waiver employment services through the HCBS Waiver.

Inpatient Psychiatric Services for Individuals under Age 21 Revisions — Policy changes are required in order to align settings and reimbursement methodology of inpatient psychiatric services for individuals under 21 with federal regulation and guidance. The proposed policy change will revise and expand the identification of settings where inpatient psychiatric services for individuals under 21 are provided and delineate requirements for reimbursement within each setting. Additionally, proposed changes will update the list of accrediting bodies for psychiatric facilities to meet federal regulations. Other revisions will include page format and grammatical changes.

Reimbursement for Services outside the Office of Management and Budget (OMB) Rate — The proposed revisions will allow special consideration for services reimbursed to Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) outside of the OMB rate. Particularly, as it relates to provider rate reductions, since reimbursement for services provided by I/T/Us that are outside of the OMB rate are reimbursed to the state at 100% FMAP.

Federally Qualified Health Center Services (FQHC) Alternative Payment Methodology (APM) —

The proposed policy revisions will introduce a new optional payment methodology for FQHCs. FQHCs are currently reimbursed through a Prospective Payment System (PPS) methodology; the proposed revision will add the APM as an optional reimbursement method for FQHCs. In order to align with the methodology change, the FQHC policy will also be updated to reflect the term and definition for APM.

Nursing Home Supplemental Payment Program — The proposed revisions will add a nursing home supplemental payment program for nursing facilities and will change the methodology for computing the Upper Payment Limit.

School-based Health Services (SBS) — The proposed school-based health services (SBS) changes clarifies the definition of school-based services, revises the format of and renumbers the pages within the state plan regarding SBS provider qualifications, and revises the definition of school-based behavioral health services. Further, language is added to outline notification requirements for schools regarding parental/legal guardian consent. Revisions are needed to align with current practice and federal regulation.

Improve Outpatient Hospital Reimbursement Rate for Dental Services — The proposed revisions will provide a new methodology for increasing the reimbursement rate for dental services in an outpatient hospital. The new method uses the cost of dental services and the cost of services in the Ambulatory Patient Classification group 5164 to calculate the rate for all outpatient hospitals.

Tribal Participation in Residency Programs — The proposed revisions will allow a reimbursement to Indian Health Services, Tribal Programs and Urban Indian Clinics (I/T/U) for residency stipends under the Workforce Development program contained in the Section 1115 (a) waiver renewal application. The proposal will also seek a 100% federal match for the I/T/U residency stipends under the Workforce Development program.