



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, November 1st
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

1. Welcome—Emily Shipley, Director of Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments—Demetria Bennett, Policy Development Coordinator

Proposed Rule, State Plan, and Waiver Amendments

- 16-11 School Based Language Clean-up Only
 - 16-14 Inpatient Behavioral Health Policy Revisions
 - 16-18 Telemedicine Consent
 - 16-21 SPARC Membership Increase and Allowance for a Stand-In
 - 16-22 Purchasing Language Clean-Up
 - 16-23 I/T/U and FQHC Removal of Time Requirements
 - 16-24 Developmental Disabilities Services
 - 16-25 Advantage Waiver
 - Money Follows the Person Demonstration
3. Other Business—Emily Shipley, Director of Government Relations
 - Project Updates:
 - 100% FMAP through an ITU-Emily Shipley, Director of Government Relations
 - HB 1566- Aged, Blind, & Disabled Care Coordination- Dana Northrop, Project Manager
 - Contract renewal update- Amy Bradt, Provider Contracting Manager
 - LogistiCare Tribal Addendum-Emily Shipley, Director of Government Relations
 - I/T/U Pharmacy Reimbursement-Nancy Nessler, Pharmacy Director
 4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, January 3rd, 2017.

Proposed Rule, State Plan, and Waiver Amendments

16-11 School Based Language Clean-Up Only — Proposed School Based Services policy is revised to reflect the number of units authorized for personal care services. In addition, rules are updated to reflect that claims must be received within six months from the date of service.

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.

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.

16-21 SPARC Membership Increase and Allowance for a Stand-In — Proposed revisions to the State Plan Amendment Rate Committee (SPARC) policy increase the SPARC from five persons to seven persons and allows for appointed alternates. The changes to the membership enhances our coordinated efforts with sister agencies.

16-22 Purchasing Language Clean-Up — Proposed revisions amend language in Chapter 10 to replace Oklahoma Department of Central Services with Office of Management and Enterprise Services. Oklahoma Department of Central Services was consolidated under Office of Management and Enterprise Services in 2011. Additional revisions replace OAC Title 580 which is now Revoked with OAC Title 260 and replaces associate director with Executive Staff.

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.

16-24 Developmental Disabilities Services — The proposed revisions to the Developmental Disabilities Services policy implement changes recommended during the annual Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) rule review process. Proposed revisions include clean-up to remove outdated policy to better align with current business practices.

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.

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 direction 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.