

Item	Notes	Recommendations/ Golden Nuggets
<p><b>Welcome, Consent Agenda</b></p>	<p>Welcome and participants introductions were done.</p> <p>The co-chair stated the MATF minutes are meant to track conversations and the progress of the MATF. It also helps highlight items the members were not aware of. Be sure to pay attention to the "Golden Nuggets" items. Members should review the minutes and let OFN and the Co-Chair know if anything needs to be added or revised. Minutes were accepted as written.</p>	
<p><b>Legislative Watch and Budget Update</b></p>	<p>2 documents were shared: a general summary; and the 2<sup>nd</sup> is a more detailed information of the budget situation for 2018.</p> <p>The appropriation is \$34 million short of the requested amount to maintain current services. Of the \$1.025 billion dollars received in appropriation, \$70 million is tied to the cigarette fee that is currently being challenged in the supreme court.</p> <p>We are currently looking at every option to stabilize provider rate cuts with the \$34 million shortfall that we have. If the cigarette fee is overturned then OHCA may have to impose provider rate cuts. We have indicated to the legislature that we are looking internally at every option to cover the \$34 million shortfall.</p> <p>About \$450 -500 million of the budget that was appropriated this year can be challenged in court. The likelihood that other fee challenges are coming is high if the cigarette fee is overturned. The same argument applies to all of them. They were considered in the last week of the session or are revenue raising measures that were started in the Senate not the House, both of which are constitutionally prohibited. There are several grounds that these can be challenged on. If these are challenged a \$500 million revenue failure across state government will be triggered then a special session is likely to determine how to fill the void.</p> <p>This week the RFP for Care Coordination for the blind, aged and disabled populations was cancelled. The \$52 million needed to start the program was not appropriated. We received many concerns from providers and members, including some MATF members.</p>	<p><b>Golden Nugget:</b> The Aged Blind and Disabled Managed Care RFP will not move</p>

	<p>HB 1270 stalled. This bill was done without talking with the agency or with the members on SoonerCare. There are operational issues that would have made it expensive. Example: requirement that OHCA would send written notice if there was an issue with their eligibility, right now they send an email. Postage alone to mail notices would be \$75,000 per month. The bill stalled due to the high cost of fulfilling the legislation.</p> <p>However, the bill can be brought up again in the next session. A member said she feels it will come back because of fraud in other states. There were a number of family advocates providing education regarding this and expressing their concerns; typically those who are on SoonerCare. So it was a good joint conversation and another example of why as a member and user of the service MATF members really need to share your voice. Anthony stated that Oklahoma has many factors already in place including online enrollment and a pretty robust eligibility system to protect against fraud. He said when he went into legislators offices to talk about this bill or others, they would say I know, I have already heard from TEFRA families.</p> <p>The legislature will have interim studies this fall. Some members have interest in those regarding the Developmental Disability Services program. The interim studies are an excellent opportunity for members to talk to their legislators. The lawmakers are more accessible to make concerns heard. Ex: Rep. Lewis Moore is hosting: Improving Access to Rural Health for Oklahomans.</p> <p>A list of the approved studies will be released in the next few weeks. The ones specific to our members will be prepared and shared with the MATF.</p> <p>MATF members need to advocate now, it may be more effective than during session. No legislation passed that will limit access to services or eligibility.</p> <p><b>Please share your voice. 55 other agencies were cut this year but even though OHCA didn't receive everything needed, OHCA still received 3% more than last year. It was because members and providers made phone calls and visits making the case.</b></p> <p>HB 2311 – State and Federal Audits – LEGISLATION passed and the governor signed to create a commission of 9 to give oversight to agencies effective November 1 and it will be in place for the 2019 budget. Sunset will be after 6 years. This commission will be authorized with evaluating the operations of the top 15 largest appropriated agencies once every four years (OHCA is #2 on that list). If changes are directed, OHCA and others will have a year to comply with it the changes with little or no opportunity for an appellate process for the agency.</p>	<p>forward due to a lack of appropriations.</p> <p><b>Golden Nugget:</b> Interim study is a fact finding mission for the next legislative session or a continuance of discussions that weren't resolved during the legislative session.</p> <p>Basically they are forums for legislators to discuss items they don't have time to thoroughly flush out during the legislative session.</p> <p>The policy making process really begins with this and if you are trying to bring</p>
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<p><b>Rules Update</b></p>	<p>OFN made a copy of the rules available for public comment. (see attached)</p> <p>34 rules were signed by the governor June 13, 2017 and will be effective September 1, 2017.</p> <p>OHCA has 2 emergency rules that will be presented at the June 29 board meeting. One rule is to comply with the Medicaid Supplemental Needs Trust Act. This now allows a Private Trust to be created by the individual.</p> <p>The other rule is 2 parts. It is the Money Follows the Person Demonstration for the</p>	

	<p>psychiatric residential treatment facility. Develops a plan to transition eligible individuals 16 to 18 years old and have been inpatient for a long time from psychiatric residential treatment (inpatient/institutional) facilities back into the community. It would provide additional wrap around services. These will be presented at our June 29<sup>th</sup> board meeting.</p> <p>The State Plan and rules pertaining to the plan must be updated.</p> <p>Pharmacy plan changes: Currently, adult members receive a total of 6 prescriptions per month (2 brand and 4 generic). Revising so they are able to receive 1 brand and 5 generics and a PA override is in place if additional brand names are needed. Other states only allow generic and fewer prescriptions.</p> <p>Medical ID card changes were made to align with some insurance carriers available. Members will access their identification cards via their member portal. Those who are not able to access the member portal to receive their identification cards can visit their county DHS office. OHCA is asking for this policy to be effective July 1.</p> <p>Updating the rules for Family Planning drugs to remove unintended barriers for the LARCs (Long Acting Reversible Contraceptive). There are codes in case a LARC is expelled so a new one can be placed at the appropriate time. OHCA is also working to have targeted training for staff.</p> <p>One change that is not on the list and impacts our Insure Oklahoma program requires appropriate documentation for self-employment.</p> <p>Two upcoming rules:  SoonerRide – With the current policy, the vendor is not required to transport additional riders for medical appointments for our eligible members. OHCA is asking to revise the policy so the vendor can allow and transport additional riders for appointments.</p> <p>Revisions to the OHCA school-based program – Revisions a couple of years back created some unintended access issues, so revisions are being made to improve access in school settings for our members. We have been working with the State Department of Education. These will be emergency rules.</p> <p>See Attachment</p>	
<p><b>Call Tree/Videos</b></p>	<p>A story was shared of a member whose son must have liquid prescriptions but his prescription for pain was filled with pills. It was after hours and they were not sure what to do. They were MATF members so they contacted Sasha, and she contacted other staff who were able to work after hours and get the prescription filled as a liquid within an hour.</p>	<p><b>Recommendation:</b>  Develop info on web site, FB or for newsletter to share how to handle an urgent pharmacy situation of</p>

	<p>2 new videos online: how to print a medical ID card and another shows how to go online and change a member’s medical PCP.</p> <p>More videos will be coming.</p> <p>In October, members will have access via the EDS System to check their eligibility, their PCP and if there is a 3<sup>rd</sup> party liability (another insurance company).</p> <p><b>Recommendation:</b> Member suggested they create a video to show a member how to access a message.</p> <p>Another member said in the past, she could not access her provider because he was outside the small radius she was allowed to put in the search. You can now search by provider name or specialty and by miles, and also if you need someone who speaks Spanish. This should simplify the process and give member more options.</p>	<p>this type.</p> <p><b>Golden Nugget:</b> Medical ID cards will not be printed and mailed to members beginning October 1.</p> <p><b>Golden Nugget:</b> In October, members will have access via the EDS System to check their eligibility, their PCP and if there is a 3<sup>rd</sup> party liability (another insurance company).</p> <p><b>Recommendation:</b> Create a video to show how to access messages.</p>
<p><b>Child Health Check Up Guide and Member Newsletter</b></p>	<p>Members newsletter Recommendations of articles/information from the last MATF meeting will go out just before school year (end of July/first week of August) and will include immunization information and back to school well child check up including sports physicals.</p> <p>New articles will include information regarding Pharmacy changes. OHCA will be working with their pharmacy department to determine when the rules will be effective and how to word correctly in the member newsletter. We don’t want to make them think they are losing any benefits, but that we are modifying how their benefits look for our adult members. There will be a piece on dental and finance.</p> <p>Health promotion – would like to get the email addresses of Foster Care parents so they can receive the member newsletter. Information will be included for Foster Parents on services and quick tips for them if they are fostering a child with SoonerCare benefits.</p> <p>A Spotlight on a SoonerCare Member will be included. Opportunities for MATF members</p>	<p><b>Recommendation:</b> <b>Newsletter:</b> Include how to print member ID card, that they won’t be provided beginning Oct. 1 and more information about the call tree changes.</p> <p><b>Recommendations:</b> For newsletter: signs and symptoms of Rocky Mountain Spotted Fever, dry drowning and other</p>

	<p>to share their story, pictures, a quote, etc. See the photo release and email sent out by OFN this week.</p> <p>OFN Facebook page has a reminder to members that youth may receive a sports physical during their well visit with notice to provider.</p> <p>Summer Safety Tips info graphic was in the newsletter sent out.</p> <p>October/November</p> <p>Child Health Check Up Guide. OHCA staff updated and reduced the size of the child health check-up. The information removed from the brochure is available on the web site as PDFs.</p> <p>See Attachment</p> <p><b>Golden Nugget:</b> Hearts for Hearing is offering free adult hearing screenings through the end of this year. The only requirement is to schedule an appointment. Their goal for the year is to provide 1,000 free exams. Once they meet 1,000 the offer is over.</p>	<p>summer related issues</p> <p><b>MATF Recommendation:</b> Give in-person and off sight opportunities for members to review publications during the process of development or updating publications, instead of only OHCA staff.</p> <p><b>Suggestions for Child Health Check up Guide from MATF:</b> Sports and other extra-curricular activity physicals can be accessed during the childhood check up. Upload version where two pages can be printed at once so it fits into a standard purse or bag. Photos should include grandparents, kids who use glasses or wheelchairs, more culturally diverse. Might add discussion regarding contraception, parent should ask in teenager area. Add HPV immunization information. That information should be shared with school nurses also.</p>
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<p><b>Private Duty Nursing Crisis for Children</b></p>	<p>Private Duty Nursing (PDN) – in home benefit for clinical care, provided on a regular basis by a RN or LPN.</p> <p>Medically necessary, in the member’s primary residence, during transport to medical appointments or ER in lieu of ambulance, they provide clinical support for the family as they assume a portion of the member’s care.</p> <p>Children enrolled in SoonerCare are eligible until age 21 via prior authorization for medically necessary private duty nursing. It is for those with complex healthcare needs.</p> <p>Home Health Care Agency will provide evaluation and complete a Plan of Care (485) Documentation is completed and signed and submitted to the MAU. PCM nurses are Exception Needs Coordinator (ENC) completes a needs assessment and document in the Acuity Grid. This is forwarded to the Medical Professional Services Unit (MPSU) review.</p> <p>Senior Medical Director. The Acuity Grid that is used now is really a table of information. At no point in the evaluation is a number assigned to children. 2<sup>nd</sup> component is categories that we feel need to be considered and includes a description of each one and a place for us to write notes.</p>	<p><b>Golden Nugget:</b> Dr. Evans: Scoring rubric changed to give a little more flexibility in including more needs to determine level of need. No longer numerical scoring. Categories to help determine: skilled needs, personal needs, level of care need.</p>

	<p>Medical decision process includes the involvement of the primary care taker and the involvement of the licensed nurse. The child's needs are assessed as a low level of activity and skill, a moderate level of activity and skill, or a high level of activity and skill for the care giver and the nurse. The allocation of services is based on the need. Parental employment is now considered, where it has not been previously.</p> <p>Implementation began a few months ago. After we had evaluated 30 or 40 cases, it became apparent that by separating the caregiver and nurse we had been overscoring several technical areas. As a result when we translated that in the new system most folks were dropping down in their level of services. We simply skewed our perception of what was low, medium, and high. Folks who had been on the system were maintained at the same level if they were still stable and no great changes. Then we went back and changed all the cases previously downgraded as a result of that artifact.</p> <p>Multiple physicians are being coached to review the cases and ensure regardless of who reviews the child's medical record, all come up with the same result. Another medical director has been added in the last month and will be trained in a month or two. All will review using the same perceptions.</p> <p><b>Recruitment and Reimbursement of Private Duty Nurses.</b> There are fewer nurses in rural areas. Lisa's team is tasked with recruiting providers in those areas. One of the best ways to recruit is referrals from current providers. If members know of potential providers please share their info.</p> <p>Reimbursement rate for PDN is comparable to other states for Medicaid, but lower than private insurance or Medicare. Maximum Healthcare just shut down home health care in Tulsa area. One member cannot get all of her child's hours covered. How can members help or advocate for nurses?</p> <p>Acute care nurses receive a much higher rate of pay and PDN can't compete.</p> <p>There are about 200 kids who receive PDN and there are less than 10 providers in the state. When a home health agency discontinues OHCA contract or closes, OHCA believes those nurses usually migrate to other agencies.</p> <p>SoonerCare/MATF Member from frontier region has had a terrible time finding adequate care. Her perspective is due to low pay. It is difficult to find nurses that know how to care for children with high medical needs. If I had to work, my son would have to be in a nursing home. Grandmother is a nurse and providing care now and other grandmother is going to nursing school.</p>	<p><b>Recommendation:</b> Raise awareness of need for PDN with retired nurses, school nurses off during the summer. Can OHCA help in raising awareness of need via use of their social media or PR contacts? OHCA cannot do that. That would be telling the provider how to conduct their business.</p> <p><b>Recommendation:</b> Consider a one minute video highlighting</p>
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	<p>2010 was the last rate increase. It is doubtful there will be another one soon.</p> <p>Educating legislators on the level of care provided in the home for children needing PDN, may be helpful to increase their knowledge level and the need for higher pay</p> <p><b>Text from Member attending by phone:</b>          Since I'm not there, you all may have already covered or mentioned this, but how many physicians look at the applications for home health? <b>One</b></p> <p>Also, I understand from our own last OHCA home health evaluation, that nurses ARE now required to come out each visit? If I am understanding this correctly, I think this is wonderful and applaud you for doing this as I believe it will help decipher those manipulating the system OR ensure those who need the most hours to receive the most hours/lowering hours for those who don't need the full hours.</p> <p>There are major issues taking place with the home health companies themselves. Terrible miscommunication and awful overturn (overturn likely due to lack of pay but also because of lack of organization). For example, our own home health nurses haven't been paid for two weeks because the proper paperwork wasn't in our home, even though all FOUR of our nurses had called, begged and pleaded for it to be sent. If the proper paperwork isn't there for them to fill out, they can't fill it out, obviously. If it isn't filled out properly, they don't get paid. This happens often, not just with our home health company.</p> <p>*Home health is its own breed. We often talk about this as moms who are blessed and lucky enough to have its help! The nurse's are 99% LPN's, many times single mommas who need a lot of grace and patience with their own schedules because of their own sick children, etc. For most of them, home health is their second job, OR they take on several patients.</p> <p>*It's evident that home health nurses are not adequately trained by their own companies and by their fellow nurses within the home (ex: I've trained many nurses in our home but I can't tell them about the paperwork or other vital info; often will forget things a nurse would remember. It's not my job to initially train but that of a fellow nurse).</p> <p>*In our approx seven yrs of home health (two agencies), we've had around 8 nurses leave for various or unknown reasons, we've had one nurse DIE in our home, and we've had several just not come back. We've only had few not come back because they don't fulfill our own requirements of no-smoking/not smelling of smoke and being willing to be around a dog.</p> <p>*Along with lack of communication WITHIN the companies themselves, I believe there</p>	<p>members stories as an education for legislators.</p>
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<p>is lack of communication from each of their headquarters and I want to do something about that. I would love to see what OHCA has done to encourage better treatment of nurses, better organization from top to bottom, etc with these businesses. I believe a parent focus group of some type (maybe not the best word) would be super helpful because I cannot help but think that the people at "the top" of the businesses could be happy about the constant turnover and miscommunication, the nurse's who just don't show up or show up very late (happens frequently in ALL homes) and on and on. I keep thinking that, if their corporate KNEW of all of this, something would have to be done.</p> <p>*It's not OHCA's job to motivate and encourage, not necessarily hold accountable the nurses it's the businesses and corporations themselves (ex:Preferred Pediatrics).</p> <p>Lastly, I would just ask that OHCA continue to actually SEE the patient, frequently laying eyes on them to assess the in-home care needs. Otherwise, words alone can manipulate over the phone and I know of mothers who have done just that (maybe not even willingly, truly thinking their child absolutely needs the help).</p> <p>EX: I've seen several of our children from our support group who are extremely severe medically - hundreds of seizures a day, cannot walk or talk, over the age of 4-5 and still in diapers, tube-fed, on and on be DENIED home health on multiple occasions, while I've also seen a family who's child CAN walk, talk, eat by mouth, occasionally has an accident, has seizures, etc receive the FULLEST amount of home healthcare there is.</p> <p>This doesn't make sense and isn't right, in my eyes. It breaks my heart for the more severe family to appeal and appeal for nursing assistance while the other family is able to send their daughter to school and camp, listen to her talk about her day, make her favorite meal, etc all while receiving full home health hours.</p> <p>I do believe OHCA IS getting better about this, and I admit to not being a doctor - I just know families on a daily basis and see the needs and if it happens within our group, I know it's happening outside as well.</p> <p>*I cannot thank OHCA enough for our home health coverage and can truthfully say that our nurses have saved the lives of our daughters so many times. They've saved my sanity as well and are a blessing we know we don't deserve - one we certainly don't demand - but one we will forever be indebted for and grateful about!"</p> <p><b>To answer the member's question</b> All children who are deemed eligible or request this service will receive 1 face to face review annually. Initially authorized for 60 days, if no change, the authorization is</p>	<p><b>Recommendation:</b> Parent focus group to brainstorm how to keep private duty nurses long-term.</p>
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	<p>extended for 6 months. At the 6 month recertification if nothing has changed, it is possible that the nurse will request medical records and do a clinical review of the documentation and then perhaps do a telephone interview with the family. Anytime at the request of the physician or our legal department the nurses are able to go out and do a face to face review.</p> <p>OHCA is hopeful the new system will help to eliminate some of the difficulties that were experienced before and will be corrected. Our determination is determined by what is needed.</p> <p>Dr. Evans said hopefully the new system will help with discrepancies in who does or does not receive services and how many hours, will help with discrepancies in the past. <b>See Attachment</b></p> <p>OHCA staff manages those who provide private duty nursing. One member has a friend with an 18 year old that has significant disabilities due to a car accident. Because the young adult was 18 they did not qualify for PDN. Staff asked if the member will refer her to OHCA, and she would be happy to follow up on it.</p>	<p><b>Recommendation:</b> MATF members encourage families with PDN to make recommendations to agencies.</p>
<p><b>Lunch and SoonerFit Update:</b></p>	<p>Through the TSET Grant, OHCA hired a local ad agency to do a redesign. OHCA also hired a new Graphic designer.</p> <p>There are approximately 1,100 nutritionists in Oklahoma. There are only about 200 contracted with SoonerCare.</p> <p>What are some content ideas that you have regarding health information - what appeals to you?</p> <p>Do you like videos, recipes?</p> <p><b>Recommendations:</b> Find something that makes people click on the information. Show the picture of the finished product, label it healthy at the end. Put kids on there and videos A health resource link, pregnancy link, DHS, WIC, etc., if there additional links you would like included. Change the way we talk about things example diabetes – counting carbs now not calories There is an app called TreeHouse Table – meals plan by low fat, or canned foods, fresh foods, and budget Red, Yellow and Green foods good idea Recommendation education about blood sugar aka prevent diabetes</p>	

	<p>Recommendation Cholesterol education</p> <p>Recommendation spices that go with healthy</p> <p>Recommendation Food allergy options and recipes</p> <p>Recommendation for spices that enhance the flavors of different foods</p> <p>Substitution list for current recipes, different ways to make recipes healthy</p>	
<p><b>Final Comments Announcements</b></p>	<p>Next meetings: August 5, September 16, December 2 are upcoming dates for MATF.</p> <p>MATF adjourned 1:20pm.</p>	