

Member Advisory Task Force

MATF Notes
Co-Chairs: Parent of SoonerCare Member and OHCA Staff
June 16, 2018

Members Present: 11
 Steering Committee Present: 4
 Guests Present: 10

Item	Notes	Recommendations / Golden Nuggets
Welcome, Consent Agenda, Recognition (Wanda Felty and Daryn Kirkpatrick)	<p>Welcome and participants' introductions.</p> <p>Rachel Buckles, who has served as a co-chair for the Task Force, has decided to go back to school full time and will be leaving OHCA.</p> <p>Please review the notes, Golden Nuggets, and Recommendations. If there is a highlight or recommendation that may have been missed, please bring it to our attention. This helps us keep track.</p>	
Policy/Budget/Legislative/ Work Requirement Update (Tywanda Cox)	<p>The FY19 budget work plan will be presented to the board on June 28th. The budget for FY 19 was not cut.</p> <p>OHCA was directed in the appropriations bill to give an across the board provider rate increase of 2% for the majority of providers and 3% to the nursing homes. There were no additional funds received for these increases, but the Federal Medical Assistance Percentage (FMAP) will increase October 1. The rate increases will be effective on or after October 1. This will help with the budget.</p> <p>Our Agency partners (Department of Human Services (OKDHS) and Department of Mental Health and Substance Abuse Services (ODMHSAS) that provide Medicaid services to our members are also working to provide increases for some of their providers. DHS rate increases for different provider types are under the waivers. Because it is waiver amendments, Centers for Medicaid and Medicare Services (CMS) will have to approve and sign off on the waivers before implementing. The effective date is around October 1 or after.</p>	

There is a State Plan Rate Committee meeting to approve the rate increases for DHS and DHM on June 26th. When there are rate changes, these have to go before a committee of representatives from Oklahoma Health Care Authority (OHCA), DHS, and ODMHSAS. The reasoning must be stated for why there is a change needed, how the rate change amount was developed, and if the agency anticipates any type of access issue. Once approved, it goes before the Board for their approval.

Information regarding current Policy Changes is posted on the OHCA website. The next hearing is on June 26th. The website posting is an opportunity for you to provide input, comments, and concerns regarding the proposed Policy Changes. The staff reviews the responses and may decide they need to make additional adjustments or further look at the change before it goes to the Board. Once the changes are completed and approved, they are sent to CMS.

Work requirement update:

There was a bill and an executive order from the governor for OHCA to implement a work requirement program in the state for certain individuals who are not exempt. The recommendations have been completed and submitted to the governor. There is a meeting scheduled on June 27th to review the proposal.

The law required OHCA to apply the Supplemental Nutrition Assistance Program (SNAP) program requirements and exemptions. All the SNAP exceptions were adopted and some of the language in SNAP referred to different laws that added additional populations. The state plan for family planning will be exempt as well as the breast and cervical cancer program; former foster care children who received Medicaid through 26 years; Foster Care Parents; American Indians, and Native Alaskans.

If the green light is received from the Governor, OHCA is on target to post the waiver amendment to the website for 30 days. If approved, the waiver will be presented at the Tribal Consultation Meeting July 10th. OHCA will have two public meetings in two different locations. One on July 10th at the Medical Advisory Committee Meeting (MAC) and another community meeting sometime during the summer.

October 1 is the target submittal date with an approval date of February 1 by CMS. However, CMS does not have a certain amount of time to take action on the amendment. Implementation date will be later in the year.

Becky Pasternik-Ikard, CEO of OHCA attended a Medicaid Directors meeting recently and shared information from that meeting on work requirements.

Concern was expressed by a MATF member for the parents of children who have behavioral health challenges. What impact will the work requirements have on those families? Specifically families who have behavioral health challenges tied to an extremely low income. Example: Single mom with 2 kids with an income less than \$500. Parent caregivers at 47% of FPL. As MATF members there is a responsibility to look at the whole membership even though some may not be at the table or able to be heard.

See Attachment (This lists each SIF and description)

SIF 252 – Update to the SB 250 Diabetes Prevention Report

After passing two Senate Bills (SB250 in 2015 and SB972 in 2018), this SIF is looking at the requests from the bills plus additional ways to reduce diabetes rates in SoonerCare members.

SIF 240 – DME under Home Health

This SIF, revises policy regarding medical suppliers, home health agencies, long-term care facilities, hospitals, and general providers to comply with the Home Health final rule which changes Durable Medical Equipment (DME) and supplies from an optional benefit to a mandatory benefit.

SIF 255 – HOPE Act

This SIF looks at ways to address system, contractual, operational and legal/policy changes to comply with HB1270 (Hope Act) which directs Oklahoma Health Care Authority to verify eligibility prior to awarding assistance, etc.

SIF 209 Electronic Visit Verification

This SIF is looking to implement an Electronic Visit Verification (EVV) for personal care and home health care services. All agencies or entities that provide in-home

GOLDEN NUGGET:

Indiana – Promoting independence not just transitioning members from the system. Promoting community engagement.

Age focus more on 19-50 years of age instead of up to 64

RECOMMENDATION:

In development of the work requirements encourage that the staff be aware of the impact this could have on parent(s) with extremely low incomes who have children with behavioral health challenges.

	<p>visits for personal care services or home health care under a State plan under Title XIX or under a Waiver are required to utilize EVV system.</p> <p>Stakeholders' meeting Monday, June 18.</p>	
<p>Strategic Planning Update (Beth Van Horn)</p>	<p>The member survey and strategic forum was held in October, 2017. In January, the plan was published. The Strategic Plan is on the website. The first update will be published in July and will be on the website.</p> <p>In the fall, OHCA will be having regional forums for updating the strategic plan and getting input from the community, tribal leaders, providers, and members. This will provide opportunity for some who could not travel to Oklahoma City last October to have some input into the plan; and it is a year later and things have changed, work requirements on the horizon and other things going on. This is a good opportunity to make sure we are still on track. As it is a five year strategic plan, changes will be needed as OHCA moves forward. MATF may be interested in having a part in these meetings. More information will be shared in the future.</p> <p>See Attachment "Update on Strategic Plan Implementation" (reviews the activities on the 10 individual strategies)</p> <ol style="list-style-type: none"> 1. Focus on preventive care proven to reduce long-run expenditures for chronic care. 2. Expand and enhance OHCA managed care programs. 3. Develop new services and providers for members in rural hospitals. 4. Develop a continuum of insurance options for low-to-moderate income Oklahomans. 5. Improve health literacy among younger Oklahomans (aged 10-20) 6. Improve advocacy and understanding of SoonerCare members, programs and agency budget. 7. Enhance and promote cultural sensitivity. 	<p>Golden Nugget: Regional Fall Forums will be held to gather input from tribal leaders, community members and MATF members.</p> <p>RECOMMENDATION: Strategic Plan Regional Fall Forums meeting in the fall. MATF members would appreciate specifics and be able to participate.</p> <p>RECOMMENDATION: MATF previously discussed the possibility of a youth advisory group, a conference or symposium bringing in youth to talk about health literacy and what could be done.</p>

	<p>8. Develop a streamlined online enrollment system for all programs.</p> <p>9. Expand OHCA quality improvement efforts for both administrative and clinical quality.</p> <p>10. Move the provider reimbursement towards payment for value or outcomes.</p> <p>Appreciation and thank you was expressed by MATF for all the work that has been done on this plan.</p>	<p>RECOMMENDATION: Receive copies of the of the new communications tools for legislators that were developed.</p> <p>RECOMMENDATION: Prior recommendation from MATF for online enrollment for all SC members.</p>
<p>TEFRA Updates and Input (Lori Kann)</p>	<p>Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) gives states the option to make Medicaid (SoonerCare in Oklahoma) benefits available to children with physical or mental disabilities who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of their parent's income or resources. This option allows children (under 19) who are eligible for institutional services to be cared for in their homes. In most cases the parents have insurance and TEFRA becomes the secondary insurance.</p> <p>On the OHCA website, links have been added to necessary documentation. Sometimes when the forms are turned in, it is discovered that the family qualifies for another DHS or OHCA program. If the family's resources are over eligibility requirements for the other programs then TEFRA may be possible, if the child has a severe health care need or disability. One question asked is "If you were not able to care for your child in your home, where would your child be?" If the answer is a hospital or nursing home, they likely qualify.</p>	

	<p>Paperwork needed to begin the process:</p> <ul style="list-style-type: none"> • Income Verification, 3 DHS forms • TEFRA medical assessment • A letter of denial from the Social Security Administration • Current medical documentation from an MD or DO the child sees. What the child can and cannot do. The family must paint a picture of their child’s typical day • If in school, a current Individual Education Plan (IEP) is required • Home school – documentation on how your child’s disability affects the way the parent is home schooling their child • Eligibility requirement every 12 months, financial situation is reviewed, a new IEP must be submitted as well as updated medical documentation <p>OKDHS county offices are able to assist with the application paperwork, but it is easier if paperwork is submitted to the OHCA state office.</p> <p>The TEFRA assessment form is being redesigned. The form is being reviewed by OHCA staff to determine what is needed and what is not needed.</p>	<p>RECOMMENDATION MATF to review the redesign of the TEFRA assessment form.</p>
<p>Lunch</p> <p>Sickle Cell Overview and Access to Care Challenges (Tywanda Cox, Velvet Brown-Watts, Sickle Cell Supporters)</p>	<p>OHCA contracts with Velvet Brown-Watts, Supporters of Families with Sickle Cell Disease (“Supporters”), providing education, outreach, and awareness to all 77 counties. Supporters conducts support groups and interactions with families living with sickle cell disease (SCD) and sickle cell trait (SCT), and assists them with information, awareness, and education. Supporters works with the families to empower patients and to educate families about appropriate questions to ask health care providers and what information should be shared with school staff, such as nurses and teachers. Supporters became the center of community contact and resources in 2009.</p> <p>See Attachment Supporters of Families with Sickle Cell Disease (“Supporters”),</p> <p>Supporters is a contractor for the OHCA which provides sickle cell consultation services.</p>	

	<p>Supporters provide sickle cell education to several community entities.</p> <p>Supporters is a national presenter at the Sickle Cell Disease Association of America</p> <p>On a state and local level, Supporters currently engages with many organizations and Clinics, Hospitals, etc.</p> <p>One initiative that Supporters has done with funding provided through the Child Health Insurance Program (CHIP) is the Sickle Cell Care Kit. A proposal to fund the purchase of empowerment and educational kits for newly diagnosed families and transitional children was received.</p> <p>Parents who have just received notice that their child is impacted by this genetic disease may receive a kit which contains information, pamper wipes, a blanket, a thermometer, and a number of other useful items. The kits help families feel engaged, connect them to support, and introduce them to the Supporters' family.</p> <p>Backpacks for transitional age youth are provided and include a heating pad, water bottle, educational materials and other items to help them feel empowered about their own health. Someone from Supporters (who receives a stipend) will take a kit to the family and provide support.</p> <p>See Attachment: Geographical information of members provided by OHCA SFY 2017. Sickle cell is about ethnicity not race. There are about 1,600 families affected by Sickle Cell Disease.</p> <p>Sickle Cell (SC) Disease is a genetic disorder. Both parents must carry the trait, giving each child a 1 in 4 chance of having SC. It is a mutation on the 11th chromosome.</p> <p>Sickle Disease is very painful. The blood cell of sickle cell is a sickle (banana shaped) hard, elongated shape, lack oxygen and are sticky. When traveling through veins they get stuck and cause pain. It kills off tissues and muscles. Heart attacks, knee replacements, shoulder replacements, blindness and silent strokes causing cognitive delay in children can all be symptoms. This impacts every facet of a person's life, causing much pain. There are only 2 FDA approved</p>	<p>Golden Nugget: Sickle Cell Disease impacts not only African Americans, but also, Hispanics, American Indian, Asian, and Caucasian populations.</p> <p>RECOMMENDATION</p>
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	<p>medications for SC. The emotional or mental health aspect of this disease is significant. The life expectancy is 30 years shorter than average.</p> <p>Supporters recently received a newborn screening follow-up program grant for sickle cell. The grant provides two community health workers (one in Oklahoma City and one in Tulsa) and a state wide health educator. Helping families with the continuum of care.</p> <p>Concern was raised due to the way families are notified their child has not passed the newborn screening. Families receive a letter by mail stating their baby's hemoglobin is abnormal. They receive information and are instructed to have their physician confirm/rule out the lab findings in six months.</p> <p>Contract defined data sharing with OHCA, allows Care Management to share names and contact information of families.</p> <p>Appreciation was expressed by the Co-Chair for sharing information today and the outreach, information, emotional support provided.</p>	<p>Contact the Dept. of Health to recommend a change in the way parents are contacted with the diagnosis. A review of other states may be helpful. Having multiple groups approach Newborn Screening may be more effective.</p> <p>RECOMMENDATION On the SC brochure make the picture smaller and the words larger.</p>
<p>Wrap-Up Wandy Felty and Daryn Kirkpatrick</p>	<p>Future Agenda Item: Dental Quality; Lori Kann to return when re-design of the TEFRA form is closer to final.</p> <p>Conflict with the August meeting, move to September 22.</p> <p>Meeting ended 1:11 pm</p>	
<p>Future MATF Meetings: September 22; October 6, and December 1.</p>		
<p>Board of Directors: June 28, 1-3 pm; August 9, 1-3 pm; September 13, 1-3 pm; November 8, 1-3 pm; December 13, 1-3 pm.</p>		