

Oklahoma Health Care Authority



**SoonerCare 1115(a)
Research and Demonstration Waiver
Amendment Request**

Project Number: 11-W-00048/6

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Section 1. Introduction

Background

The Oklahoma Health Care Authority (OHCA) is the state's single state Medicaid agency. OHCA operates the SoonerCare Choice and Insure Oklahoma programs under 1115(a) demonstration authorities. On August 30, 2018, CMS approved OHCA's request to extend the demonstrations for a five (5) year period. The renewal included an extension of the existing waivers of certain Title XIX regulations as well as updates to the expenditure authorities and the Special Terms and Conditions (STCs) in order to: (1) expand Health Access Networks (HAN) statewide; (2) incorporate technical corrections; (3) include new temporary expenditure authority to certain medical education programs; and (4) provide retroactive eligibility for pregnant women and children under age 19. The current demonstration is approved for the period of August 31, 2018 through December 31, 2023.

The demonstration provides for a modification of the service delivery system for family and child populations and some aged, blind, and disabled populations. Oklahoma's SoonerCare Choice program offers a managed care delivery system of enhanced primary care case management to qualified populations statewide. Insure Oklahoma provides premium assistance to small business and employees. This amendment request is directed to the SoonerCare Choice program.

Since the inception of the SoonerCare demonstration, the OHCA has implemented several programs and strategies that reflect the goals and objectives of the State to improve health outcomes for Oklahomans through the demonstration.

While the SoonerCare program and the State have successfully improved in some health outcomes as evidenced by having moved from 46th to 43rd in the nation according to the 2017 America's Health Rankings report¹, there is still work to be done. Oklahoma's Governor released a statement applauding the efforts by state health officials and stated, "That's good progress, but none of us are going to settle for a ranking of 43rd. Together, we can continue to improve our health".² Based on the commitment of the State's leadership to invest in and improve upon healthcare and health outcomes for Oklahomans, the State continues to pursue innovative approaches.

With the announcement from the current administration to support innovative approaches to increase employment and community engagement³, Oklahoma began exploring strategies that would allow the State to take advantage of flexibilities in the SoonerCare program that are designed to improve health outcomes. A workgroup was convened in 2017 by the Governor to examine the effects and barriers of work requirements as a condition of SoonerCare eligibility. The workgroup was tasked with assessing the most effective way to engage individuals receiving public assistance in the State to take an active role in their communities through employment, education, and training activities resulting in skills needed for long-term independence, success, better health, and well-being. The correlation between employment and health for the

¹ [Americas Health Rankings](#)

² [KFOR News Article](#)

³ [Health and Human Services](#)

general population is well established and presented in several large-scale literature reviews and meta-analyses.⁴

The workgroup examined social determinants of health, including economic and social factors such as employment and community engagement and established that the promotion and advancement of consumer education, training, employment, and job activity has a direct correlation to health outcomes. It was determined that by encouraging job seeking, employment, and participation in and completion of skills/training/education programs, Oklahoma could impact employment rates and improve health outcomes simultaneously. Additionally, the workgroup concluded that these innovations could have a positive impact on enrollment for the Insure Oklahoma programs or other private insurers. These initiatives could lead to improved overall health for members, as the correlation between employment and better physical and mental health has been documented.⁵ Further, the initiative will support a better-trained workforce within the state of Oklahoma.

As a result of the workgroup's findings, on March 5, 2018, the Governor of Oklahoma signed an executive order⁶ directing the OHCA to apply for waiver and state plan amendments that would allow the State to implement work requirements in the State Medicaid program. In addition to the executive order, HB 2932 was passed by the state legislature, in the Oklahoma 56th Second Legislature Session, and signed into law by Governor Mary Fallin on May 7, 2018. HB 2932 directed OHCA to pursue modifications to SoonerCare eligibility criteria to reflect that receipt of SoonerCare coverage for certain SoonerCare populations is conditional upon documentation of educational, skills training, work, or job seeking activities.

The agency began its public notice process July 3, 2018 and concluded online comments September 30, 2018. The agency's initial priorities were to educate the public on the requirements under the amendment, the populations impacted and the populations exempted. Subsequently, the agency conducted over 30 public and targeted forums statewide to garner public and stakeholder input into the development of the amendment. As a result of the feedback, the agency identified priorities to be addressed and convened several workgroups. The workgroups consisted of agency staff, external stakeholder partners, sister agency partners, and legislature and executive branch representatives. The workgroups addressed opportunities for solutions to concerns related to reporting requirements, job availability, transportation, child care, potential loss of medical coverage, outreach and education of impacted members, and additional exemption requests. This waiver amendment has been revised in response to public feedback and recommendations from the workgroups.

⁴ Paul, K. I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74, pp. 264-282.

⁵ United Health Group, *Doing Good is Good For You: 2013 Health and Volunteering Study*, 2013; Waddell, Gordon, & Burton, A. Kim (2006) *Is Work Good For Your Health and Well-Being?* The Stationery Office Limited, Department for Work and Pensions.

⁶ Please refer to Attachment E.

Section 2. Waiver Amendment Request

In accordance with the directives listed above, the State submits this amendment to the approved demonstration ending December 31, 2023, to implement Community Engagement (CE) requirements as a condition of eligibility for certain SoonerCare populations. Where possible the proposed requirements align with Supplemental Nutrition Assistance Program (SNAP) guidelines for work, community engagement, and exemptions. OHCA asks CMS to modify the approved waiver to incorporate the following provisions:

1. Modify the existing waiver list to add community engagement requirements for certain individuals age 19 through 50;
2. Modify the existing STCs to add Medicaid eligibility criteria to certain individuals age 19 through 50; and
3. Revise the waiver document to include evaluation criteria that measures the established hypotheses for the proposed community engagement activity requirements.

Implementation of community engagement requirements will give the state the opportunity to test the results of using (CE) requirements as a condition of eligibility, and its relationship to health outcomes. Further, state will be able to measure the impact of coverage bridged to Insure Oklahoma or other employer-based or private coverage for members whose income exceeds the eligibility threshold due to new or additional employment. If these members lose SoonerCare eligibility but gain a new form of health coverage, this data will be collected and reported to CMS.

The SoonerCare eligibility CE requirements under this amendment exclude certain populations. Exclusions are defined in Section 6 below. OHCA will report data on member compliance with CE requirements and eligibility status to the extent permitted by federal and state privacy laws, to remain in compliance with CMS Special Terms and Conditions for the waiver. To comply with reporting requirements in meeting the goals and objectives of the waiver amendment.

The proposed effective date of this amendment is upon approval by the Centers for Medicare and Medicaid Services (CMS).

Section 3. Waiver List

The agency requests the existing approved waiver authorities continue under this amendment and the addition of the proposed waiver provision for CE:

3.1. Required Community Engagement Activities as a condition of eligibility (Section 1902(a)(10)(A))

To enable the State to require all individuals age 19 through 50 (except for excluded populations) to participate in CE activities as a condition of SoonerCare eligibility and to

permit disenrollment and prohibit re-enrollment of individuals who do not meet the requirements.

Section 4. Expenditure Authority

The OHCA is not requesting a change to the expenditure authority for this amendment.

Section 5. Community Engagement Requirements and Qualifying Activities

5.1. Community Engagement Requirements

To qualify for or remain eligible for SoonerCare benefits, upon implementation:

1. Non-exempt members starting on their recertification date or new applicants' age 19 through 50 will be required to provide verification of participation in at least an average of eighty (80) hours per month, of approved CE activities.
2. Non-exempt individuals or existing SoonerCare members will have a 90-day grace period, from the time of SoonerCare application for new eligibles or recertification for the existing population, to verify compliance with CE requirements. Verification of compliance may be documented or provided to OHCA through various methods as described in 7.1.2., below. Persons exempt from this requirement are listed in Section 6.
3. Individuals who have recently been released from incarceration (define as anyone who has been sentenced by a court for prison or jail time) within the last six (6) months of application date, will have a 9-month grace period to comply with CE reporting.
4. The OHCA recognizes that there may be challenges to members or new applicants to comply with the CE requirements, therefore, upon approval and implementation of CE eligibility requirements, the OHCA will employ a phased-in approach for members and new applicants who do not meet the CE required hours per week/month. Members or new applicants may gradually work up to the required hours per week/month as outlined in Table # 1 below.
5. The OHCA will provide reasonable accommodations for members or applicants with disabilities protected by the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act and Section 1557 of the Patient Protection and the Affordable Care Act, who are unable to report, or have difficulty reporting CE activities. Members or applicants who are classified under one of the above protections will have an opportunity to participate in and report their CE activities through the reasonable accommodations.

Table #1 Community Engagement Hours

Hourly Requirement Phase In of the Community Engagement Initiative	Required Participation Hours
1 - 3 months (grace period)	No verification needed
4 - 6 months	Verification of at least 10 hours of CE per week
7 - 9 months	Verification of at least 15 hours of CE per week
10 – 12 months	Verification of at least 20 hours of CE per week

5.2. Community Engagement Qualifying Activities

In order to meet conditions of CE activity requirements for SoonerCare eligibility, non-exempt members or new applicants must comply with at least one or a combination of the following CE activities for an average of eighty (80) per month, or the phased-in hours per week as detailed in Table #1 above. The employment may be paid, in-kind, unpaid, or volunteer work. Members and new applicants meet the CE requirements by participating in:

1. Workforce Innovation and Opportunity Act (WIOA) Program;
2. The Trade Adjustment Assistance Program;
3. The Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the total required time spent in the components;
4. Education related to employment;
5. General Education Development/Diploma (GED);
6. Vocational education/training;
7. Participation in Oklahoma Works;
8. Volunteer work (e.g., classroom volunteer, faith-based or community service programs); or
9. Meet any combination of work, participating in work training or volunteering the specified numbers of hours per week, averaged monthly.

Section 6. Persons Exempt from Community Engagement

Members or new applicants meeting one or more of the below listed exemptions will not be required to complete CE related activities during any month(s) in which the exemption applies to maintain continued eligibility.

1. Individuals under age 19 years of age or over 50 years of age;
2. Individuals who are pregnant;
3. Individuals who are medically certified as physically or mentally unfit for employment;
4. A parent or caretaker responsible for the care of a dependent child under the age of 6;
5. A parent or caretaker personally responsible for the care of an incapacitated person; (as attested to by a Medical or Mental health provider);
6. A person currently subject to and complying with Temporary Assistance for Needy Families (TANF) or SNAP work registration requirements;
7. Individuals participating in a drug addiction or alcohol treatment and rehabilitation program;
8. Students enrolled at least part time in any recognized (to be determined in rulemaking) school, training program, or institution of higher education;
9. Persons currently subject to and complying with a work registration requirement under title IV of the Social Security Act, as amended (42 U.S.C. 602) or Federal-State unemployment compensation system;
10. Persons who are self-employed working a minimum 30 hours weekly or receiving weekly earnings equal to federal minimum wage multiplied by 30 hours;
11. Persons with a disability under the definitions of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, or Section 1557 of Affordable Care Act; however, these members will have the opportunity for voluntary reporting if that is their preference
12. Other state exemptions include:
 - a. Members enrolled in the OHCA family planning program under the state plan (SoonerPlan); and
 - b. Members in the OHCA Breast and Cervical Cancer Program (Oklahoma Cares); and

- c. Oklahoma foster care parents; and former foster care members; and
- d. American Indians and Alaska Natives.

Section 7. Reporting of Community Engagement Activities and Non-compliance

7.1. Reporting of Activities

The OHCA will initially access various partner database resources to verify employment, training, or job search activities. Sources include, but are not limited to, the Oklahoma Employment Security Commission and Oklahoma Works.

1. If OHCA is able to verify CE activities through data resources, the member or applicant will not have to report CE activities.
2. If the OHCA is unable to verify compliance with CE activities through data resources, the applicant or existing member will be notified of the requirements at application and via correspondence. Such notification may be provided via mail or e-mail based on their preferred notification option. Members must report their CE activities on a monthly basis unless they meet an exemption.
3. Existing SoonerCare members may upload employment or CE verification activities to their MySoonerCare.org member account. If the member is unable to access MySoonerCare.org or needs assistance, they may contact the SoonerCare Helpline or mail in documentation to OHCA.
4. Volunteer hours must be documented on the OHCA form and signed by a representative of the organization where the service was provided.

The OHCA has developed various CE forms that members or applicants are required to use to report CE activities or apply for exemptions. The forms will be available to upload directly through the member's MySoonerCare account, through a partner agency or via PO Box. (Refer to Attachment D for sample forms)

7.2. Non-compliance

Members who do not meet any of the exemptions listed in Section 6 or have a good cause exemption listed in Section 9, will have eligibility terminated in accordance with current termination and notification policies.

Section 8. Re-enrollment After Loss of Eligibility

Members who lose eligibility for non-compliance with CE requirements may re-apply for SoonerCare benefits under the following conditions:

1. If the member complies with CE activities for at least the specified number of hours in Table #1 in a 30-day period, the member may regain eligibility;

2. If the member participates in and complies with the requirements of a program under section 2029 of title 7 U.S.C. 2015 or a comparable program established by a State or political subdivision of a State;
3. If the member meets an exemption status in Section 6, their eligibility would begin in the current month of when the state received notification of the exemption; or
4. If the member becomes pregnant, eligibility could be retroactive to a prior month per established state policy.
5. Transitional Medical Assistance (TMA): Members whose income increases over 100 percent of the Federal Poverty Level (FPL) but is less than 185 percent of the FPL may qualify for TMA. Except for the income limit and frequency of reporting, all other existing TMA rules will be used for coverage for this population for TMA coverage.

Section 9. Good Cause Exemptions

Any member may submit a good cause exemption request. A good cause exemption request will be reviewed and determined on a case by case basis. The good cause exemptions align in part with the exemptions for the Oklahoma SNAP program.

Section 10. State Assurances

Prior to implementation of CE as a condition of continued eligibility, the state shall:

1. Maintain system capabilities to operationalize the denial of eligibility and the re-enrollment once CE requirements are met.
2. Ensure that there are processes and procedures in place to efficiently report CE hours or obtain an exemption in accordance with 42 CFR 435.907(a) and 435.945 and to permit Oklahoma to monitor compliance.
3. Ensure that there are timely and adequate member notices provided in writing including, but not limited to, information about:
 - a. When CE requirements will commence for the specific member;
 - b. Whether a member is exempt, how the member must indicate to the state that she or he is exempt, and under what conditions the exemption would end;
 - c. The specific number of CE hours per month that a member is required to complete, and when and how the member must report their compliance;

- d. Supplying members with resources and the community supports that are available to assist in meeting CE requirements;
- e. Informing the member of how CE hours will be counted and documented;
- f. Notifying a member if she or he is out of compliance and the consequences of noncompliance;
- g. If a member has requested a good cause exemption, that the good cause has been approved or denied, with an explanation of the basis for the decision and how to file an appeal;
- h. Assurance that disenrollment or denial of eligibility will only occur after an individual has been screened and determined ineligible for all other basis of Medicaid eligibility and reviewed for eligibility for insurance affordability programs in accordance with 42 CFR 435.916 (f);
- i. Providing full appeal rights as required under 42 CFR, Part 431, subpart E prior to termination of eligibility and observe all requirements for due process for members whose eligibility will be terminated for failing to meet the CE requirement including, allowing members the opportunity to raise additional issues in a hearing, whether the member should be subject to the termination, and provide additional documentation through the appeals process.
- j. Providing reasonable accommodations related to meeting the CE requirements for members with disabilities protected by the ADA, Section 504 of the Rehabilitation Act, and Section 1557 of the Patient Protection and Affordable Care Act, when necessary, to enable them to have an equal opportunity to participate in and benefit from the program. The State will also provide reasonable modifications for program protections and procedures including, but not limited to: assistance with demonstrating eligibility for good cause exemptions; appealing suspensions; documenting CE activities and other documentation requirements; understanding notices and program rules related to CE requirements; and other types of reasonable modifications. The reasonable modifications must include exemptions from participation where an individual is unable to participate for disability-related reasons, modifications in the number of hours of participation required, and provision of support services necessary to participate, where participation is possible with supports. In addition, the state will evaluate an individual's ability to participate and the types of reasonable modifications and supports needed.

Section 11. Fair Hearing

Each member has a right to a fair hearing to appeal a denial or termination of SoonerCare benefits. An applicant or a member may file an appeal in accordance with procedures found at OAC 317:2-1-2(a). Months for which a member has requested an appeal or has successfully appealed the State's determination of non-compliance will not require CE reporting.

Section 12. Member Impact

The SoonerCare eligibility requirements under this waiver will promote community engagement among the non-exempt adult, parent-caretaker population within the SoonerCare program. OHCA is continuing its analyses to determine how many of these members would be exempt or are already furnishing documentation of meeting the proposed CE requirements. The agency is also performing testing on potential data matches that will give additional clarification regarding the potential implementation of CE.

Section 13. Required Elements of Waiver Amendment Process

13.1. Public Process

The OHCA conducted an extensive and transparent 90-day public process for this initiative in accordance with federal and state requirements. During the comment period, approximately 1,200 comments were received via the public website, mail, and public meetings. In addition to the required two public meetings, the OHCA conducted thirteen (13) public forums across the state as well as sixteen (16) targeted partner and advocacy stakeholder group meetings. To date, OHCA held two (2) required public meetings and two (2) tribal consultations. (See attachment B for a list of the CE meetings and forums.)

13.2. Stakeholder, Member, and Public Comments Received

See attachment C for a summary of the public comments.

Section 14. CHIP Allotment Worksheet

The CHIP allotment worksheet is not applicable for the populations required to participate in the CE eligibility program as the amendment is for adults only.

Section 15. Monitoring and Evaluation of Waiver Amendment

The State remains committed to ensuring the health and well-being of SoonerCare members. Monitoring and evaluation are important for understanding the outcomes and the impacts of CE. The State will employ efforts to monitor the elements of this program by developing a monitoring plan, submitting regular monitoring reports describing progress made in implementing CE activities requirements, as well as engaging in regular communication with CMS regarding monitoring and technical assistance efforts.

15.1. Monitoring

The OHCA will submit to CMS a draft of proposed metrics for semi-annual and annual monitoring reports in order to jointly identify metrics. Metrics will reflect the major elements of the demonstration and data that applies to CE initiatives including, but not limited to: member enrollment and termination for failure to meet program requirements, remediation to services for both members and individuals terminated for failure to meet the requirements, and the overall functioning of the demonstration. Analysis of data will allow the OHCA to report key challenges, underlying causes of those challenges, and strategies for addressing identified challenges, as well as key achievements and the conditions and efforts that lead to those successes.

15.2. Evaluation

For the initial year of the demonstration, the OHCA will establish baseline data for its proposed hypotheses. However, subsequent to the initial year, and after the OHCA has been able to gather data on member experiences, the OHCA will evaluate health and other outcomes for individuals that have been enrolled in and subject to the provisions of community engagement.

15.3. Evaluation Design

The evaluation design will provide a discussion of the evaluation questions and hypotheses that the OHCA intends to test, including the hypothesis that requiring certain SoonerCare members to participate in CE activities increases the likelihood that those SoonerCare members will achieve improved health outcomes. The OHCA's evaluation will provide an analysis of the effects on members' experiences in obtaining sustainable employment, to the extent to which individuals who transition from SoonerCare obtain employer sponsored or commercial coverage, and how such transitions affect member health and well-being.

The hypothesis testing will include, where possible, assessment of both process and outcome measures. The evaluation design will include multiple data sources including, but not limited to: stakeholder perspectives, surveys of members (both enrolled and those no longer enrolled as a result of the implementation of program requirements), claims data, and survey data.

The OHCA will track and evaluate health and CE outcomes for those who remain enrolled in SoonerCare. To the extent permitted by federal and state privacy laws and availability of information and state resources, OHCA will track those who are subject to the requirements but lose or experience a lapse in eligibility or coverage during the course of the demonstration. OHCA will provide details on how we will track these outcomes in our demonstration evaluation designs.

15.4. Baseline Data

According to the United States Bureau of Labor Statistics, the Oklahoma unemployment rate was 3.5% as of September 2018. This is down from 4.9% in October of 2016.⁷ Uninsured rates in Oklahoma went up 0.4% from 13.8% in calendar year (CY) 2016 to 14.2% in (CY) 2017.⁸ Both of these have a bearing on SoonerCare eligibility and enrollment.

To assist persons who will potentially be impacted by CE requirements to maintain or acquire SoonerCare coverage, the OHCA has identified several state and community resources to provide supportive services to the member/applicant. Resources, include but are not limited to:

1. A seamless transition or the bridge to coverage through the Insure Oklahoma Individual Plan (IO/IP) for persons who may become ineligible for SoonerCare due to employment. If the member's income does not exceed the maximum FPL for IO/IP, the OHCA will enroll the member into the IP. The member will be subject to nominal premiums and cost share, but will remain insured.
2. The OHCA will supply a real time transfer of data to Oklahoma Works for members who are identified as needing resources for CE. Oklahoma Works will immediately be able to work with the member to get them enrolled in job search or training programs thereby deeming them in compliance with CE requirements.
3. The OHCA will enhance the contract with the HANs to provide outreach efforts and activities by the HANs. Since the networks are embedded within the communities, they will have access and resources to assist members with CE requirements.
4. A CE dedicated resource web page that will link members to community resources within their respective communities for job/training/volunteer opportunities.

The SoonerCare Choice Demonstration enrollment for adult members, 19 through 64 years of age, has remained relatively flat from January 2015 through October 2018, particularly when focusing on adult members who are non-pregnant, non-Native American, and are not receiving long-term care services. Through work and community engagement and by promoting the relationship between employment and health, the State expects to demonstrate improvement in health outcomes for these adults.

⁷ United States Department of Labor, Bureau of Labor Statistics, Oklahoma Economy at a Glance, [Bureau of Labor and Statistics](#)

⁸ Oklahoma Health Care Authority, Office of Data Governance and Analytics

15.5. Hypotheses of Waiver Amendment

The OHCA is proposing to test a series of hypotheses that will allow the State to evaluate its success in achieving the overall goals of the demonstration as well as identifying opportunities for improvement. The table below outlines the proposed hypotheses for this demonstration and potential performance measures that will allow the OHCA to effectively test each of the specific hypotheses:

Proposed Hypothesis	Proposed Performance Measure
Implementation of CE requirements will improve health outcomes of members in the program.	Follow CE cohort group and compare utilization claims historically for one year with claims for one year for same group required to comply with CE.
Implementation of CE requirements will decrease emergency room visits for the impacted adult population.	The impacted adult population emergency room visits before CE compared to emergency room visits after compliance with CE.
Implementation of CE requirements will increase the completion of education and job training that results in employment for the impacted adult population.	Number of members that were referred to job training or education through Oklahoma Works that completed or participated in job training and obtained a job that met CE requirements.

Section 16. Budget Neutrality (BN)

The current budget neutrality will not be affected by the proposed amendment. The OHCA has provided the most current budget neutrality submitted for the 2019-2021 renewal requests (refer to Attachment A).

Section 17. Conclusion

Oklahoma is committed to supporting SoonerCare members in improving their health outcomes through CE activities. Active participation in the community is part of building a healthy lifestyle and a contributing factor to self-esteem and overall well-being. This initiative supports the assistance to families to obtain community resources such as training and job/skills opportunities⁹.

Due to the strong connection between employment and overall health, people who are unemployed have higher mortality and poorer health outcomes. Further, longitudinal studies have found that these effects of unemployment exist regardless of any pre-existing health conditions.¹⁰

⁹ Workforce Health and Productivity. Health Affairs (Millwood), 2017. 36(2): p. 200-201.

¹⁰ [Robert Wood Johnson Foundation Commission to Build a Healthier America](#)

Given this information, a well-designed process to connect individuals to employment in a way that promotes positive health outcomes and financial stability is essential. Through this amendment request, the State seeks to increase participation in the active CE requirements to connect members to gainful employment, in a way that improves physical and mental health and the individual's overall financial stability and well-being.¹¹

Section 18. Attachments

Attachment A - Budget Neutrality Summary

Attachment B - Community Engagement Meetings and Forums List

Attachment C - Public Comment Summary

Attachment D - Reporting Forms

Attachment E - Governor's Executive Order

¹¹ Ruhm, C.J., Recessions, healthy no more? J Health Econ, 2015. 42: p. 17-28.

Attachment A: Budget Neutrality Summary

Budget Neutrality Summary				
Without-Waiver Total Expenditures	CY19	CY20	CY21	
	DEMONSTRATION YEARS (DY)			TOTAL
	DY 01	DY 02	DY 03	
Medicaid Populations				
Medicaid Pop 1-TANF Urban	\$ 1,816,273,081	\$ 1,941,067,363	\$ 2,074,437,622	\$ 5,831,778,066
Medicaid Pop 2-TANF Rural	\$ 1,213,585,052	\$ 1,283,953,827	\$ 1,358,406,869	\$ 3,855,945,749
Medicaid Pop 3-ABD Urban	\$ 491,294,818	\$ 505,621,617	\$ 520,366,484	\$ 1,517,282,919
Medicaid Pop 4-ABD Rural	\$ 317,623,282	\$ 327,016,515	\$ 336,688,008	\$ 981,327,804
DSH Allotment Diverted	\$ -	\$ -	\$ -	\$ -
Other WOW Categories				
Category 1				\$ -
Category 2				\$ -
TOTAL	\$ 3,838,776,233	\$ 4,057,659,322	\$ 4,289,898,983	\$ 12,186,334,539
With-Waiver Total Expenditures	DEMONSTRATION YEARS (DY)			TOTAL
	DY 01	DY 02	DY 03	
Medicaid Populations				
Medicaid Pop 1-TANF Urban	\$ 1,131,415,689	\$ 1,226,577,839	\$ 1,328,269,723	\$ 3,686,263,251
Medicaid Pop 2-TANF Rural	\$ 700,092,043	\$ 740,554,412	\$ 783,359,301	\$ 2,224,005,756
Medicaid Pop 3-ABD Urban	\$ 442,669,118	\$ 455,564,457	\$ 468,835,783	\$ 1,367,069,358
Medicaid Pop 4-ABD Rural	\$ 320,250,457	\$ 329,711,137	\$ 339,451,571	\$ 989,413,166
Expansion Populations				
Exp Pop 1-NDWA-ESI	\$ 64,848,777	\$ 69,113,486	\$ 73,658,659	\$ 207,620,922
Exp Pop 2-TEFRA	\$ 7,049,194	\$ 7,860,683	\$ 8,765,588	\$ 23,675,465
Exp Pop 3-College-ESI	\$ 380,300	\$ 404,113	\$ 429,417	\$ 1,213,830
Exp Pop 4-NDWA-IP	\$ 39,482,875	\$ 43,302,192	\$ 47,490,965	\$ 130,276,032
Exp Pop 5-College-IP	\$ 424,322	\$ 439,626	\$ 455,483	\$ 1,319,431
Exp Pop 6-HAN	\$ 9,247,136	\$ 9,502,357	\$ 9,764,622	\$ 28,514,116
Exp Pop 7-HMP	\$ 11,782,730	\$ 12,136,212	\$ 12,500,298	\$ 36,419,239
TOTAL	\$ 2,727,642,642	\$ 2,895,166,515	\$ 3,072,981,411	\$ 8,695,790,568
VARIANCE	\$ 1,111,133,592	\$ 1,162,492,808	\$ 1,216,917,572	\$ 3,490,543,971

Attachment B: Community Engagement Meetings and Forums List

Type	Date	Description	Location
Public	7/11/2018	Tribal Consultation	OHCA
Public	7/19/2018	Medical Advisory Committee Meeting	OHCA
Phone	7/31/2018	Update w/board member Tanya Case	OHCA
OHCA	8/1/2018	OHCA staff organizational meeting re: CE initiatives	OHCA
Phone	8/1/2018	Update call with Sec Bengé & Rebecca Hobbes	Conference call
Targeted	8/2/2018	DHS Aging & Family Services Leadership (Director Patrick Klein , Deputy Directors & Regional SNAP Program staff)	OKDHS
Phone	8/3/2018	Update w/board member Alex Yaffe	Conference call
Phone	8/3/2018	Update w/HHS Secretary Steven Buck	Conference call
Targeted	8/6/2018	Introduction meeting with Erin Risley-Baird (OK Office of Workforce Development) and Rebecca Hobbes	OHCA
Targeted	8/7/2018	Oklahoma Primary Care Association (OKPCA) Directors	OKPCA
Targeted	8/9/2018	Update with board member Stan Hupfeld and Suzan Whaley, Integris Health Systems	OHCA
Public	8/9/2018	Update to OHCA Board Members and Public in attendance	OHCA
Targeted	8/9/2018	Rep. Melodye Blancett & OK Policy Institute (Carly Putnam)	OHCA
Public	8/10/2018	OU Sooner Health Access Network (HAN)	Tulsa
OHCA	8/13/2018	OHCA staff coordination of CE workgroups	OHCA
Targeted	8/13/2018	Oklahoma Family Network (Members & Stakeholders)	Webcast
Phone	8/16/2018	Update call w/ Sec. Bengé, Rebecca Hobbes and Sec. Buck	Conference call
Public	8/16/2018	Public Meeting / Comanche County Health Department	Lawton
Public	8/17/2018	Public Meeting / Norman Regional Education Center/Rep. Emily Virgin	Norman
Public	8/20/2018	Public Meeting / City Hall / Sec. Bengé and Deputy Assistant Brian Hendrix attended	Pawnee
Targeted	8/21/2018	Workforce Innovation Board of Directors & Oklahoma Works/Workforce Development/Rebecca Hobbes	Oklahoma City

Type	Date	Description	Location
Public	8/21/2018	Public Meeting / Variety Care Lafayette Community Health Center	Oklahoma City
Phone	8/22/2018	Update w/Rep. Caldwell, Mark Tygret, Stacy Johnson	Conference call
Targeted	8/23/2018	Cross Sector Innovations, MetaFund and Oklahoma Works	Conference call
Public	8/23/2018	Public Meeting / Northwestern OK State Univ./ Rep. Chad Caldwell, Former House Speaker Jeff Hickman & OHCA board member Ann Bryant	Enid
Public	8/24/2018	Public Meeting / Eastern OK State College	McAlester
Public	8/24/2018	Public Meeting / Poteau Seminar Center	Poteau
Phone	8/27/2018	Update w/Rep. Mulready, Sen. Thompson, Sen. David, Sen. Pugh	Conference call
Public	8/27/2018	Public Meeting / James O Goodwin Health Center (Tulsa City/County Health Dep't)	Tulsa
Targeted	8/28/2018	Rural Health Association of Oklahoma: Rural Roundtable Mayor Kelly Parker and former House Speaker Jeff Hickman attended	Alva
Targeted	8/29/2018	OSDH Expanded Leadership Meeting	OSDH
Targeted	8/30/2018	OK Turning Point Conference & Policy Day	Oklahoma City
Targeted	9/5/2018	Dept. of Mental Health and Substance Abuse Services	Oklahoma City
Targeted	9/5/2018	United Way Agency Directors Meeting	Oklahoma City
Targeted	9/11/2018	United Way Agency Directors Meeting	Norman
Public	9/13/2018	OHCA Board Meeting	Oklahoma City
Targeted	9/17/2018	Oklahoma American Academy of Pediatrics (OKAAP) Board of Directors Meeting	OKAAP
Targeted	9/17/2018	Oklahoma State Medical Association (OSMA) and Oklahoma Osteopathic Association (OOA) Meeting	OOA
Public	9/20/2018	Medical Advisory Committee Meeting	OHCA
Public	10/9/2018	Child Health Group Meeting	Oklahoma City

Attachment C: Public Comment Summary

OHCA received over 1,200 comments regarding Community Engagement (CE) from current and former SoonerCare members, provider groups, advocacy groups, non-profit organizations, tribal representatives, and the general public. Comments were submitted in writing, to OHCA’s public website or to OHCACommunityengagement@okhca.org, a dedicated e-mail address OHCA established to receive public comments.

OHCA reviewed each comment and categorized it by subject matter and area of concern. Many comments contained multiple concerns. Below is a summary of the number of comments received. Each comment is sorted by the number of times it was submitted and followed by a description of that message.

<u>Category</u>	<u># of messages containing category</u>	<u>Description of Message</u>
Protect SoonerCare and Oklahomans	605	Comments generally asked for SoonerCare/ Medicaid, and Oklahomans to be protected by not enacting this amendment.
Barriers to meeting the requirements	281	Comments indicated concern about barriers being in place that would prevent members from meeting the work requirements, such as available jobs, transportation, or daycare.
Catch 22	244	Comments suggested that requiring individuals to work for SoonerCare could increase income resulting in potential loss of existing health coverage.
Higher uninsured	117	Comments suggested that the amendment could increase the uninsured rate, resulting in higher cost due to uncompensated care in settings such as the emergency room.
Personal Story	114	Comments referenced personal stories of the writer to illustrate their point about Community Engagement.
Legislature / Governor	83	Comments of opposition to the amendment/requirements primarily directed to the state legislature, Oklahoma Governor, or the political process.
Spend More than Save	72	Comments suggested that the costs for implementing and operating the work requirements program will cost more than the savings from having members work. Comments state that work requirements will have a high administrative cost.
Oklahoma Values	60	Comments suggested the proposed Amendment is not in line with Oklahoma values.

<u>Category</u>	<u># of messages containing category</u>	<u>Description of Message</u>
Mental Health Concern	51	Comments about mental health of members being an unrecognized barrier to employment. The public also commented that OHCA didn't include mental health concerns while writing the amendment.
Amendment suggestion	37	Comments suggested changes or revisions to the amendment to improve it or make it better.
Support of people working for benefits	30	General comments supported the idea of having people work for benefits, but may or may not agree with our OHCA amendment proposal.
Support of Amendment	23	Comments were in support of the Amendment.
Question	14	Comments contained a question about the proposed amendment.
Other States	8	Comments referenced other states' experiences with community engagement and how community engagement in other states is not working and is facing lawsuits.
Not a problem	2	Comments suggested that the amendment is tackling an issue that is not a problem.

1. Protect SoonerCare and Oklahomans:

The large majority of comments were from Oklahomans who asked OHCA to protect its most vulnerable citizens by not enacting this amendment. Many pointed out how important SoonerCare is to the health and well-being of low income families. Several stated they did not agree with the purpose of the amendment. These comments often fit into other categories of comments as well, and they will be discussed below.

Response: OHCA designed its entire public notice process to be as receptive and open to the concerns of the public as possible while staying true to its mission statement that states, in part, to "...cultivate relationships to improve the health outcomes of Oklahomans" while complying with the provisions of HB 2932. It is the intent of the OHCA to work with members and community partners to assist members in meeting the CE requirements while preserving health coverage. The responses below will provide more detail about the actions OHCA has taken to be receptive to the public and concerns expressed about this amendment.

2. Barriers to Meeting Community Engagement Requirements:

Commenters believed significant barriers exist within the state of Oklahoma that will prevent members from meeting the requirements of this amendment. There were

concerns about the lack of job opportunities in certain regions of Oklahoma as well as the seasonal nature of certain jobs and the lack of predictability of being able to work 20 hours a week. In addition to the lack of available jobs, commenters were also concerned about the lack of volunteer opportunities as well as the availability of affordable education and job training. Commenters believed transportation issues would be a major barrier to meeting these requirements as lack of reliable public transportation is a concern in many areas of the state. In addition, commenters believed the availability of affordable childcare could prove to be a major barrier to members being able to work. Commenters also thought the burden of record keeping required will keep members from complying with CE.

Response: By engaging the public through its 90-day comment period and by going to locations throughout the state, OHCA was able to obtain feedback on the types of barriers that may prevent members from meeting CE requirements. Over the course of three months, OHCA held 15 public forums, including two required public meetings, 16 targeted meetings with sister agencies, advocacy groups and other stakeholders, and held seven status update calls with state leadership.

During the latter two months of the public comment period, OHCA identified childcare, transportation, internet access, job availability, literacy, and fluency in English as possible barriers for members meeting the requirements of the amendment. At the public forums, OHCA actively engaged with the audience on possible solutions to these barriers. Through these interactions, OHCA has been able to begin work on a list of resources, options, and community partners that will help members meet the requirements.

OHCA obtained a sample of 400 members identified as likely to be affected by these requirements and conducted a phone survey to ask them about the barriers they face. These members were located in the seven counties with the highest population of members affected by CE. Some 74 members responded to questions about the availability of transportation, child care, jobs, and internet access in their region. Sixty two percent of members that responded indicated they had their own car, while another 22 percent said they could get a ride with a friend or family member. Sixty-five percent of respondents stated they would know where to find a job and 51 percent said they would have someone to watch their children if they were out of the home during the day. Eighty-four percent of members said they had access to the internet. The results of the survey indicated that while there will be barriers for some members, many members do have access to transportation, child care, and the internet.

Category	Total Number of Survey Participation
No longer eligible	44
Exempt case (DHS/ABD/Other)	55
No phone or disconnected	78
Declined to participate	31
Unsuccessful (no answer/voicemail)	118
Completed Survey	74
Total	400

Early in the public comment period, OHCA formed several internal workgroups to support CE. One workgroup focused on the reporting processes that may be involved in documenting compliance with CE requirements. The workgroup identified existing as well as new ways that information could be gathered electronically to verify that members are exempt or meeting work requirements. The work group also identified ways members would be able to report they are meeting requirements and is in the process of creating forms to be used in this process. OHCA will continue to refine the reporting process to assist members during implementation of CE.

OHCA hopes to overcome barriers to members meeting requirements through the use of real-time data sharing with the Oklahoma Office of Workforce Development (Oklahoma Works). OHCA and Oklahoma Works will have real-time communication about members that need resources to meet amendment requirements. Members will be referred to Oklahoma Works, where they will be able to find assistance in locating work or training activities in their area.

3. Catch-22:

Many commenters were concerned that if members work the required hours needed to stay on SoonerCare, they will earn too much income to qualify for SoonerCare and thus become ineligible. Commenters also mentioned a lack of affordable coverage for members who lose eligibility as a result of complying with the amendment. Further, commenters stated that in general, members will be hurt for doing something that is helpful to them (lose health coverage by working) and believe the idea of working to maintain coverage is a fallacy because working will actually cause them to be ineligible.

Response: OHCA is aware of the possibility that an individual's increased income, due to compliance with CE, could exceed the maximum guideline for eligibility for SoonerCare. OHCA's "Bridge to Coverage" will offer members who are at risk of losing SoonerCare eligibility due to increased income as a result of employment the Insure Oklahoma (IO) premium assistance program. When a member exceeds the income threshold for SoonerCare, the member will receive a closure notice for SoonerCare, and an invitation to become a member of the IO Individual Plan. The member will be required to pay a small premium based on income.

4. Higher Uninsured Rate:

Commenters believe that the result of implementing CE will increase the number of uninsured people in the state of Oklahoma. Commenters discussed the possibility of members either earning too much to remain on SoonerCare or failing to meet the requirements to maintain eligibility, and no longer having health coverage. They conveyed worry over higher emergency room usage, which will increase costs and affect the health of members who no longer have insurance coverage. Commenters felt that Oklahomans without coverage will seek care, but the costs will be transferred to hospitals and those who can afford health insurance.

Response: The agency is actively pursuing several different avenues to support members in meeting eligibility requirements. OHCA will utilize data matching whenever possible to verify members who are exempt from the requirements or whose employment meets the requirements. OHCA is exploring additional avenues for data matching with the Oklahoma Works and other state agencies. For members who cannot be verified via data matching, OHCA has an active workgroup that is designing the reporting process that will simplify steps for members to comply with the reporting requirements.

OHCA created an outreach workgroup tasked with identifying ways to communicate with members about CE. This workgroup plans on creating a webpage that will provide resources to members, including information on CE and links to resources about jobs, volunteering, childcare, and transportation. These links will be tailored to specific regions in Oklahoma, allowing members to identify resources in their area. OHCA has included in its SFY2020 budget request funding for staff that will be dedicated to assisting members in complying with CE. OHCA will also request funds for eligibility and enrollment system changes that will ease the reporting requirements for members.

5. Personal Story:

Many commenters talked about their personal story when stating their opinion on how the amendment will affect them or their community. They talked about their experience working with members, their family members on SoonerCare, or their own struggle to find work while living in poverty.

Response: During the planning states of this amendment, OHCA ran multiple sets of data to identify the members that would be affected by CE requirements. This data, however, didn't tell the full story of the members affected by this amendment. OHCA wanted to truly find out who these members were and how the program could be structured in a way that would benefit them the best. Through the required tribal consultation, two public meetings, 13 public forums, 16 stakeholder meetings, and almost 1,200 comments, OHCA was able to learn much about these members. Agency staff read all of the comments from the public that shared personal stories about how they will be affected by the amendment. It listened to members and stakeholders share their stories at public forums and asked for ideas and suggestions on how to structure the CE requirements that would be most helpful to the member. Through its extensive public notice process that involved 38 meetings across the state, multiple internal workgroups, a 90-day comment period, and interaction with stakeholders, OHCA did everything it could to take the impact to members into account in designing the proposed CE requirements.

6. Legislature / Governor:

Commenters voiced their displeasure with the political process and stated their belief that this proposal is misguided from a political standpoint. They believe the Legislature and Governor are incorrect in their assumption that this amendment will be helpful to Oklahomans on SoonerCare.

Response: The March 15, 2018 Executive Order signed by Governor Mary Fallin and HB 2932 passed by the Legislature, directed OHCA to submit an amendment to CMS that would require certain members to meet CE requirements in order to maintain SoonerCare coverage. Throughout the process of crafting the initial draft of the amendment, OHCA communicated with the Governor's office and the legislature about what would be in the final amendment draft. Once the draft was publicly posted, OHCA continued to involve the Governor and legislature in the process. The agency held weekly status meetings with state leadership to update them on the progress of the amendment and the information obtained during the public notice process. OHCA also gave regular updates to the authors of the bill. OHCA invited local legislators to the public forums held in their districts and several attended. A representative from the Governor's office was included as a member on all the workgroups created to address CE.

7. Spend More than Save:

Commenters believe that the costs to implement this program will cost more to the state of Oklahoma than it will end up saving by members losing off SoonerCare coverage. Commenters stated the administrative costs and bureaucracy created to implement the

program will far exceed the value received. Others also mentioned the increased costs that will be added to the medical infrastructure in Oklahoma.

Response: One of OHCA's objectives with the CE amendment request is to "Test the results of implementing CE requirements as a condition of SoonerCare eligibility and the relationship to health outcomes." After implementing the program, OHCA will analyze data to see if CE improves the health outcomes of the members affected by the requirements. OHCA has submitted as part of its SFY2020 budget a request for funds to make system changes necessary to implement this program which provides a 90/10 federal to state dollar match rate. The workgroups formed by OHCA will continue to look at the most optimal way to operationalize CE while waiting for approval.

8. Oklahoma Values:

Commenters cited morality, religion, and compassion as reasons why the amendment should be opposed. In various ways, they stated this amendment goes against what the majority of Oklahomans believe in and stand for.

Response: During the public notice process, OHCA found many members that were strong in their feelings against this amendment. OHCA tried to emphasize the goal of finding ways to implement the amendment that will place the least amount of burden on members.

9. Mental Health Concern:

Commenters believe mental health concerns of members could prevent them from meeting the CE requirements described in the amendment. It was stated that many members do not qualify for a disability that would exempt them from the requirements, but struggle daily with a mental illness that could prevent them from working. Commenters are concerned about those who have not yet been approved for disability as well.

Response: In the amendment, Section 6.3 states "Individuals who are medically certified as physically or mentally unfit for employment" will be exempt. Section 6.5 states that "A parent or caretaker personally responsible for the care of an incapacitated person; (as attested to by a Medical or Mental health provider)" will be exempt. OHCA believes these exemptions as written will ensure that any member unable to meet the requirements due to mental health concerns will be exempted. Additionally, Section 9 of the amendment allows for Good Cause exemptions that will be determined on a case by case basis.

Throughout the process of drafting the amendment, gathering input from the public, and creating workgroups to address areas of concern, OHCA has included representatives from the Oklahoma State Department of Mental Health and Substance Abuse Services (ODMHSAS). ODMHSAS has advised OHCA on the ways to identify members involved in substance abuse programs and how the exemption for those in substance abuse treatment will be operationalized.

10. Amendment Suggestion:

Commenters replied with suggestions to improve the amendment. OHCA received several requests to exempt additional populations or circumstances of members, such as mental illness, or parents with children older than six. Others suggested implementing the requirements in steps or increasing the FPL for parent-caretaker eligibility. Commenters also asked that OHCA evaluate each member on a case by case basis and possibly include exemptions for members that do not have the option to work outside of the home. Other suggestions included having OHCA help pay for transportation and childcare.

Response: OHCA received recommendations for changes to the amendment through the public meetings and public comment process and took all suggestions into consideration. OHCA decided to maintain the exemptions initially listed in the amendment, but added a section detailing a “good cause” exemption. Good cause exemptions will be reviewed on a case by case basis and will allow members not otherwise exempt to state why they should be exempt from the CE requirements.

11. Support of Goal for individuals to work for coverage:

Several commenters understand the goal of the Amendment and are supportive of the idea of requiring work from members to receive benefits, however they generally did not support the specific details of the amendment. They understood the theory behind the proposal, but didn't think it would work in practice.

Response: OHCA reviewed these comments and recognizes the complexity of the issues surrounding CE. The agency appreciates the comments given as it carries out the legislative directive.

12. Support of Amendment:

A handful of commenters were supportive of the amendment and encouraged OHCA to proceed with the amendment.

Response: OHCA appreciates the time that Oklahomans took to write in favor of the amendment.

13. Question:

Several commenters submitted questions with their comments. Questions included requests for clarifications regarding exemptions and if both parents in a household would be required to work. Others asked if OHCA had assessed the number of members affected by this amendment and the potential costs. One person asked if tribal members would be exempt. Another asked if OHCA would provide childcare or transportation while a mother worked.

Response: OHCA recognizes CE requirements have generated a lot of interest in the public. OHCA scheduled public forums across all regions of the state to both educate members and stakeholders and to take questions and input. OHCA realizes there will continue to be questions throughout this process and is dedicated to being responsive. OHCA's outreach efforts will include digital and traditional technology as well as personal outreach and education efforts. A dedicated landing page for CE updates has been created describing in everyday language the SoonerCare members who may be impacted. The page also contains a link to the original page advertising the public comment period, with real-time updates on the progress of the waiver application, and in the future the page will contain resources of job and volunteering opportunities. Additionally, the agency will utilize our provider services unit and other communications tools to place posters in providers' offices, for direct contact with impacted members. Our outreach plan will also include other low-technology approaches, including radio ads and community meeting presentations, in order to reach family members and use word-of-mouth communications.

Based on questions received from the public, OHCA revised its one page information sheet multiple times to provide the data most helpful to the public. OHCA also created a map that showed the location of members most likely affected by the amendment and listed the income levels that would result in ending eligibility in SoonerCare.

14. Other States:

Comments that referenced other states talked about how other states had tried CE with mixed results. One commenter mentioned that fact that Kentucky had been sued to stop their CE program.

Response: While developing the draft amendment, OHCA studied other states that had both been approved or had already submitted a CE request. Other states provided guidance on ways to craft our own amendment as well as possible additional exemptions. OHCA leadership also attended a CMS sponsored CE symposium where they were able to communicate with other states and get ideas for Oklahoma's amendment. Throughout the process, OHCA has been in contact with other states in order to learn from them the best way to craft the amendment and navigate the public notice process.

15. Not a problem:

A few commenters said that this amendment was tackling an issue that was not a problem in the state of Oklahoma.

Response: OHCA respects the comments of these individuals. The submission of the CE amendment is being done as requested by the governor and legislature.

Attachment D: Reporting Forms

Exemption Request Form



Name:

Member ID Number:

Date of Birth: MM/DD/YYYY

Phone Number:

Address:

City

State

Zip Code

Brief explanation for exemption:

The information I give in this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud and/or perjury. I may also have to repay the State of Oklahoma for any payments or claims incurred which were paid based on representation that I made herein.

Member Signature _____

Date: _____

Version 1
10/13/2018

Volunteer Service Form



Name:

Member ID Number:

Date of Birth: MM/DD/YYYY

Phone Number:

Address:

City

State

Zip Code

Organization/Business Name:

Phone Number:

Address:

City

State

Zip Code

Date(s) Worked:	Hour(s) Worked:	Supervisor Name:	Supervisor Signature:
		Total Week Hours:	

The information I give on this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud and/or perjury. I may also have to repay the State of Oklahoma for any payments or claims incurred which were paid based on representations that I made herein.

Member Signature

Date:

Version 1
10/10/2018

Attachment E: Governor's Executive Order



Mary Fallin
Governor

FILED

MAR 05 2018

**EXECUTIVE DEPARTMENT
EXECUTIVE ORDER 2018-05**

**OKLAHOMA SECRETARY,
OF STATE**

To the Secretary of State, the Oklahoma Health Care Authority Board, and the Secretary of Health and Human Services:

WHEREAS, a core objective of the Medicaid program is to help low-income families and individuals attain capability for independence;

WHEREAS, work is a critical tool in attaining capability for independence;

WHEREAS, work requirements in other welfare programs have helped move individuals from welfare to work;

WHEREAS, the Centers for Medicare and Medicaid Services issued guidance in January 2018 for states seeking to further the objectives of the Medicaid program by promoting work; and

WHEREAS, the Centers for Medicare and Medicaid Services have approved two states' proposals to promote work.

THEREFORE, pursuant to the power and authority vested in me by Sections 1 and 2 of Article VI of the Oklahoma Constitution, I hereby direct the Oklahoma Health Care Authority to file any and all federal waivers and state plan amendments necessary to incorporate a work requirement in the Medicaid program.

All existing exemptions shall be applied, including but not limited to individuals under the age of 19; over the age of 64; medically certified as physically or mentally unfit for employment; pregnant; a parent or caretaker responsible for the care of a dependent child under the age of 6; a parent or caretaker personally providing the care for a dependent child with serious medical conditions or with a disability; receiving unemployment compensation and complying with work requirements that are part of the Federal-State unemployment compensation system; or participating in a drug addiction or alcoholic treatment and rehabilitation program.

The Oklahoma Health Care Authority shall submit recommendations for any state plan amendments or waivers required under this Executive Order within six months to the Governor and the Legislature.

049123

Copies of this Executive Order shall be distributed to every member of the Oklahoma House of Representatives, every member of the Oklahoma State Senate, the Clerk of the House of Representatives, the Secretary of the Senate, the Director of the Office of Management and Enterprise Services, the Secretary of State, the Oklahoma Health Care Authority Board, and the Secretary of Health and Human Services.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this ~~5th~~ day of March, 2018.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

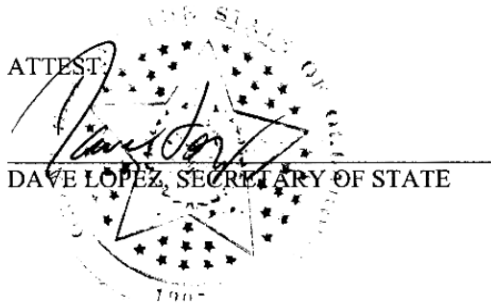


MARY FALLIN

0

ATTEST:

DAVE LOPEZ, SECRETARY OF STATE





Mary Fallin
Governor

December 6, 2018

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

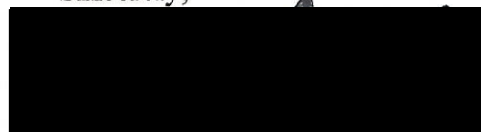
Administrator Verma:

As Governor of the state of Oklahoma, I write to you today to respectfully request the approval of the Centers for Medicare and Medicaid Services (CMS) for the SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request submitted by Oklahoma's single Medicaid agency, the Oklahoma Health Care Authority (OHCA).

Since the inception of the SoonerCare demonstration, the OHCA has implemented several programs and strategies that reflect the goals and objectives of the State to improve health outcomes. The State has seen positive results from these efforts, but there still remains opportunity for improvement. The well-established correlation between employment and physical and mental health motivated the State to seek to better leverage consumer education and job training services available in order to help promote the physical and mental health of our citizens. Per guidance issued by CMS, the Oklahoma legislature passed, and I signed, legislation (HB 2932, 2018) directing the OHCA to implement community engagement requirements for receipt of Medicaid benefits.

The OHCA allowed extensive public comment on the waiver draft in order to ensure all voices from all sides were heard and their ideas taken into account. They have crafted a thorough and detailed demonstration waiver to ensure a smooth implementation process. Thank you for your consideration of approval for Oklahoma's SoonerCare 1115(a) Research and Demonstration Waiver. If you have any questions, please contact Becky Pasternik-Ikard at 405-522-7417.

Sincerely,



Mary Fallin
Governor

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Provider Training

2018 Fall Provider Training

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Comment Banner

PROVIDE FEEDBACK

Community Engagement Requirements

July 3 - Sept. 30 | [Click here for more information!](#)

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver and a pending renewal request for the 2019-2021 period.

With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2019-2021 extension period:

Beginning on or after February 1, 2019, the state will implement work/community engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma SoonerCare benefits, applicants or existing members, not otherwise exempted, age 19-50 must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 80 hours per month. Individuals will have a 90 day grace period to provide proof of meeting conditions of work/community engagement requirements.

SoonerCare work/community engagement activities are modeled in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Work/community engagement requirements for new or continued SoonerCare eligibility are set out below:

1. Work an average of twenty (20) hours or more per week, each month. The employment may be paid, in-kind, unpaid, or volunteer work; or
2. Participate in and comply with the requirements of a work program twenty (20) hours or more per week. The individual may participate in at least twenty (20) hours or more per week with the:
 - (a) Workforce Innovation and Opportunity Act (WIOA) Program; or
 - (b) The Trade Adjustment Assistance Program; or
 - (c) The SNAP Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the total required time spent in the components; or
3. Participate in community service programs at least twenty (20) hours or more per week, or twenty (20) hours averaged monthly with religious or community organizations; or
4. Meet any combination of work, participating in work training or volunteering for work, twenty (20) hours or more per week, averaged monthly.

Exemptions

Certain individuals may be exempted from the above requirements. For a complete list of individuals who are exempt from the SoonerCare work/community engagement requirements please refer to the www.okhca.org website and click on the Medicaid Work Requirements banner.

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 1, 2018 with an effective date of February 1, 2019. The initial budget impact for system modifications is estimated at \$700,000 total dollars with \$70,000 of the total being state share. However, additional dollars are anticipated to be expended for the administration of the program but an exact amount is unknown at this time.

The OHCA expects to conduct several public meetings around the state during the months of July-September. The agency held the required Tribal Consultation meeting on July 11, 2018. As of this date, the OHCA has scheduled two public meetings, please see below for dates, times and locations. Information on additional meetings will be provided on the agency's public website as future dates and times are determined.

July 11, 2018 11:00 a.m.
Tribal Consultation
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

July 19, 2018 at 1:00 p.m.
Medical Advisory Committee
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

August 10, 2018 11:30 a.m.
OU Sooner Health Access Network
OU – Tulsa Schusterman Center – Learning Center
4502 E. 41st Street, Tulsa, Oklahoma

The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver will be posted online at www.okhca.org from July 3, 2018 through September 3, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Blog at www.okhca.org by clicking the Medicaid Work Requirements banner or by contacting Bill Garrison, OHCA Federal & State Reporting Coordinator by telephone at 405-522-7914 or via email at bill.garrison@okhca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.

Comments may also be made at www.medicaid.gov after the amendment has been submitted to CMS on or after October 1, 2018.

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2018-2023 extension period:

Beginning on or after March 1, 2019, contingent upon CMS approval, the state will implement community engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma SoonerCare benefits, applicants or existing members, not otherwise exempted, age 19-50 must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 80 hours averaged monthly.

SoonerCare community engagement activities are modeled in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Community engagement requirements for new or continued SoonerCare eligibility are set out below:

1. Work an average of twenty (20) hours or more per week, each month. The employment may be paid, in-kind, unpaid, or volunteer work; or
2. Participate in and comply with the requirements of a work program twenty (20) hours or more per week. The individual may participate in at least twenty (20) hours or more per week with the:
 - (a) Workforce Innovation and Opportunity Act (WIOA) Program; or
 - (b) The Trade Adjustment Assistance Program; or
 - (c) The SNAP Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the total required time spent in the components; or
3. Participate in community service programs at least twenty (20) hours or more per week, or 80 hours averaged monthly with religious or community organizations; or
4. Meet any combination of work, participating in work training or volunteering for work, twenty (20) hours or more per week or 80 hours averaged monthly.

Exemptions

Certain individuals may be exempted from the above requirements. For a complete listing of proposed exemptions from the SoonerCare community engagement requirements please refer to the www.okhca.org website and click on the Community Engagement Requirements banner.

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 30, 2018 with an effective date of March 1, 2019 pending CMS approval. The initial budget impact for system modifications is estimated at \$700,000 total dollars with \$70,000 of the total being state share. However, additional dollars are anticipated to be expended for the administration of the program but an exact amount is unknown at this time.

The OHCA has conducted several public meetings around the state during the months of July-September. The proposed amendment will be presented at the next scheduled Medical Advisory Committee pursuant to the below:

September 20, 2018

1:00 p.m.

Medical Advisory Committee

Charles Ed McFall Boardroom

Oklahoma Health Care Authority

4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver has been posted online at www.okhca.org from July 3, 2018 and ending September 30, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Blog at www.okhca.org by clicking the Community Engagement Requirements banner or by contacting the OHCA Federal & State Reporting Unit by telephone at 405-522-7914 or via email at OHCACommunityEngagement@okhca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.

Comments may also be made at www.medicaid.gov after the amendment has been submitted to CMS.

The Black Chronicle CLASSIFIED

Advertising - 1

ADVERTISE STATEWIDE! For more information or to place an ad contact Brenda Pate at (405) 489-0020 or toll-free in OK at 1-888-815-2672.

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BLACK, 1999 Ford Escort, ZXC Coupe, 2 door, power windows & doors, single of player, new tires & transmission, 146,188 miles. Best offer 405-431-6735.

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**Classified Deadline
Is Fridays At
1 p.m.!**

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver and a pending renewal request for the 2019-2021 period.

With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2019-2021 extension period.

Beginning on or after February 1, 2019, the state will implement work/community engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma SaverCare benefits, applicants or existing members, not otherwise exempted, age 19-50 must provide verification of employment or community engagement in a specified educational, job training or job search activities for at least 90 hours per month. Individuals will have a 90-day grace period to provide proof of meeting conditions of work/community engagement requirements.

SaverCare work/community engagement activities are modeled in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Work/community engagement requirements for new or continued SaverCare eligibility are set out below.

1. Work an average of twenty (20) hours or more per week, each month. The employment may be paid, unpaid, or volunteer work, or
2. Participate in and comply with the requirements of a work program twenty (20) hours or more per week. The individual may participate in at least twenty (20) hours or more per week with the: (a) Workforce Innovation and Opportunity Act (WIOA) Program, or (b) The Trade Adjustment Assistance Program, or (c) The SNAP Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the total required time spent in the components, or
3. Participate in community service programs of at least twenty (20) hours or more per week, or twenty (20) hours averaged monthly with religious or community organizations; or
4. Must any combination of work, participating in work training or volunteering for work, twenty (20) hours or more per week, averaged monthly.

Exemptions: Certain individuals may be exempted from the above requirements. For a complete list of individuals who are exempt from the SaverCare work/community engagement requirements please refer to the www.ohca.org website and click on the Medicaid Work Requirements banner.

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 1, 2018 with an effective date of February 1, 2019. The total budget impact for system modifications is estimated at \$700,000 total dollars with \$70,000 of the total being state share. However, additional dollars are anticipated to be expended for the administration of the program but an exact amount is unknown at this time.

The OHCA expects to conduct several public meetings around the state during the months of July-September. The agency held the required Tribal Consultation meeting on July 11, 2018. As of this date, the OHCA has scheduled two public meetings, please see below for dates, times and locations. Information on additional meetings will be provided on the agency's public website as future dates and times are determined.

July 11, 2018 11:00 a.m.
Tribal Consultation
Ed McEl all Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

July 19, 2018 at 1:00 p.m.
Medical Advisory Committee
Ed McEl all Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

August 16, 2018 11:30 a.m.
OU Sooner Health Access Network
OU - Tulsa Schusterman Center - Learning Center
4502 E. 41st Street, Tulsa, Oklahoma

The OHCA welcomes comments from the public regarding the amendment to the SaverCare Choice and Incentive Oklahoma 1115(a) Demonstration Waiver program. The application waiver will be posted online at www.ohca.org from July 3, 2018 through September 3, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Blog at www.ohca.org by clicking the Medicaid Work Requirements banner or by contacting Bill Garrison, OHCA Federal & State Reporting Coordinator by telephone at 405-522-7914 or via email at bill.garrison@ohca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.

Comments may also be made at www.regulations.gov after the amendment has been referred to CMS on or after October 1, 2018.

**OKLAHOMA ALCOHOLIC BEVERAGE
LAWS ENFORCEMENT COMMISSION
NOTICE OF INTENTION TO APPLY FOR
AN ALCOHOLIC BEVERAGE
LICENSE**

In accordance with Title 37, Section 522 and Title 37A, Section 2-141 **Abad LLC DBA Reddax** who **Abad LLC**. Hereby publishes notice of its intention to apply within Sixty days from this date to the Oklahoma Alcoholic Beverage Laws Enforcement Commission for a **Retail Beer License** under authority of and in compliance with the said Act. That it intend(s) if granted such license to operate as a **Retail Beer** establishment with business premises located at 10601 N. Western Ave., in Oklahoma City, Oklahoma under the business name of **Abad LLC DBA Reddax**.

Dated this 19th day of July, 2018.

Signature of applicant (s). If partnership, all partners must sign. If corporation an officer of the corporation must sign. If limited liability company a manager must sign.
Alindsay Masood
County of Oklahoma, State of Oklahoma

Before me, the undersigned notary public, personally appeared **Alindsay Masood**.

To me known to be the person (s) described in and who executed the foregoing application and acknowledged that it executed the same as his free act and deed.

Lindsay Hamilton 05/16/2021
(Notary Public) (My commission expires)

**OKLAHOMA ALCOHOLIC BEVERAGE
LAWS ENFORCEMENT COMMISSION
NOTICE OF INTENTION TO APPLY FOR AN
ALCOHOLIC BEVERAGE LICENSE**

In accordance with Title 37, Section 522 and Title 37A, Section 2-141 **Progressive Retailers LLC DBA Express Discount Grocery** who **Progressive Retailers LLC**. Hereby publishes notice of its intention to apply within Sixty days from this date to the Oklahoma Alcoholic Beverage Laws Enforcement Commission for a **Retail Beer License** under authority of and in compliance with the said Act. That it intend(s) if granted such license to operate as a **Retail Beer** establishment with business premises located at 200 N. Hollister Rd. in Oklahoma City, Oklahoma under the business name of **Progressive Retailers LLC DBA Express Discount Grocery**.

Dated this 19th day of July, 2018.

Signature of applicant (s). If partnership, all partners must sign. If corporation an officer of the corporation must sign. If limited liability company a manager must sign.
Shyla Arzoo
County of Oklahoma, State of Oklahoma

Before me, the undersigned notary public, personally appeared **Shyla Arzoo**.

To me known to be the person (s) described in and who executed the foregoing application and acknowledged that it executed the same as his free act and deed.

Lindsay Hamilton 05/10/2021
(Notary Public) (My commission expires)

**OKLAHOMA ALCOHOLIC BEVERAGE
LAWS ENFORCEMENT COMMISSION
NOTICE OF INTENTION TO APPLY FOR AN
ALCOHOLIC BEVERAGE LICENSE**

In accordance with Title 37, Section 522 and Title 37A, Section 2-141 **J&R LLC DBA RN QUICKSTOP** who **J&R LLC**. Hereby publishes notice of its intention to apply within Sixty days from this date to the Oklahoma Alcoholic Beverage Laws Enforcement Commission for a **Retail Beer License** under authority of and in compliance with the said Act. That it intend(s) if granted such license to operate as a **Retail Beer** establishment with business premises located at 3132 N. Portland Ave. in Oklahoma City, Oklahoma under the business name of **J&R LLC DBA RN QUICKSTOP**.

Dated this 19th day of July, 2018.

Signature of applicant (s). If partnership, all partners must sign. If corporation an officer of the corporation must sign. If limited liability company a manager must sign.
Hanna Nasson
County of Oklahoma, State of Oklahoma

Before me, the undersigned notary public, personally appeared **Hanna Nasson**.

To me known to be the person (s) described in and who executed the foregoing application and acknowledged that it executed the same as his free act and deed.

Lindsay Hamilton 05/10/2021
(Notary Public) (My commission expires)

The Black Chronicle
P.O. Box 15408 • TULSA, OK 74115
OKLAHOMA CITY, OKLAHOMA 73106
DAILY BY MAIL 624-4000
CLASSIFIED INFO 424-4029
FAX INFO 424-6720

3-17 Words	\$10.75
14-20 Words	\$11.75
21-27 Words	\$14.00
28-34 Words	\$16.00
35-41 Words	\$18.00

Advertising Deadline, Tuesdays at 1 p.m.!

An additional 40 cents per word is charged for ads over 41 words.

Wanted!
Circulation Representatives

The Black Chronicle
The paper that tells the truth

The Black Chronicle is accepting applications for circulation representatives. Successful applicants will, with their own reliable transportation, distribute (and make sales collections for) the weekly newspaper at client stores, service stations and other businesses located throughout the Oklahoma City metropolitan area.

Representatives work Thursday afternoons and nights, and Friday mornings, and receive generous compensation. Excellent work for parttime job-seekers and retired persons.

Apply at Black Chronicle, 1528 NE 23rd St., Oklahoma City, Okla., 9 a.m. until 5 p.m., Mondays through Fridays.

The Black Chronicle
The paper that tells the truth

Metro Technology Centers
Preparing for Life

July 2018

**Legal Notice
EQUAL OPPORTUNITY**

Metro Technology Centers believes in the worth of all individuals and is committed to equal opportunity for each employee, student or any person visiting a District campus. Metro Tech does not discriminate on the basis of race, color, national origin, sex/gender, age, marital or veteran status, religion, pregnancy, or genetic information or disability in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility, and pay. Inquiries concerning application of this policy may be referred to:

Jade Carter, Compliance Officer for ADA, IDEA, Section 504, Title VI, Title VII, Title IX, and Age Discrimination (High School & Adult Student)
1900 Springlake Drive,
Oklahoma City, OK 73111
405/595-4418

Mary Craft, Civil Rights Compliance Officer for Title VI, Title IX and Section 504 (Employees)
1900 Springlake Drive
Oklahoma City, OK 73111
405/595-4483

RELEASE OF STUDENT INFORMATION
The Family Educational Rights and Privacy Act (FERPA) is a federal law established in 1974 that gives parents and students who are 18 years of age or older (eligible students) specific rights to access educational records and to protect the privacy of those records.

These rights include: the right to inspect and review education records, the right to request the amendment of education records that the student believes is inaccurate, misleading, or otherwise in violation of student's privacy rights under FERPA, the right to provide written consent before the school discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent, and the right to file a complaint with the U.S. Department of Education concerning alleged failures by Metro Technology Centers to comply with FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office, U.S. Department of Education, and 400 Maryland Avenue SW, Washington, DC 20202. Prior consent is not required when the information is shared with school officials who have a legitimate education interest in the student.

Disclosure of Directory Information: MTC may disclose information on a student without violating FERPA through what is known as "directory information." This information is generally not considered harmful or an invasion of privacy if released and can also be disclosed to outside organizations without a student's prior written consent. Outside organizations include, but not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 to provide military recruiters, upon request, with the following information: names, addresses and telephone numbers. The school has designated the following information as directory information: Name/Color major/courses of study Dates of attendance Participation in officially recognized District activities/Certificates/awards/honors if known by MTC/Certificates/awards received The most recent school attended If you do not want Metro Technology Centers to disclose directory information from your education records without your written consent, you must notify the registrar's office by the last day of September each school year. If you do not wish this information to be released to the designated person(s) unless requested by the student, or parent/guardian if the student is under the age of 18 years in writing.

THE BLACK CHRONICLE

PROOF OF PUBLICATION

In the _____ Court of _____ Oklahoma
STATE OF OKLAHOMA

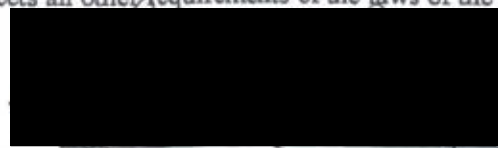
STATE OF OKLAHOMA, _____)

COUNTY OF OKLAHOMA _____)

RUSSELL M. PERRY _____, of lawful age, being duly sworn upon oath,
deposes and says: That he is the PUBLISHER _____ of the The Black Chronicle,
weekly newspaper printed and published in the city of Oklahoma City, County of Oklahoma, State of Okla-
homa, and has personal knowledge of the facts hereinafter stated.

That a printed notice, copy of which is here to attached, was published in the regular and entire is-
sue of said newspaper, and not in any supplement thereof, for one consecutive
week _____, the first publication thereof being made on Thursday the
19th day of July, 2018 and the last publication on the
19th day of July, 2018.

That said newspaper had been continuously and uninterruptedly published in said county during a
period of more than one hundred and four (104) weeks consecutively and immediately prior to the first pub-
lication of the attached notice or advertisement; that it has entrance into the United States mails in the city
and county where published; that said newspaper comes within all of the prescriptions and requirements of
Title 25 Oklahoma Statutes of 1941, Section 102, and meets all other requirements of the laws of the State
of Oklahoma with reference to legal publications.



Subscribed and sworn to before me this _____ day of _____,

My Commission Expires \$ _____

NOTARY SEAL PUBLIC
LAUREL A. TALLEY
Notary Public
State of Oklahoma
Commission # 03006267 Expires 04/27/19

Laurel A Talley
Notary Public

Publication fee \$ _____



EMPLEOS **EL LATINO** Clasificados

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ESTÁ BUSCANDO UN LUGAR PARA VIVIR?
También apartamentos disponibles.
Para más información (405)517-0189
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OPORTUNIDAD DE TRABAJO
TAPIERIA
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Pregunte por Geli

IHOP
Oportunidad de Empleo para **MESERAS COCINEROS GERENTES**
Inmediate Operings
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OKC, OK 73104

Campos Construction Inc.
Se solicitan trabajadores con experiencia de cementeros/finishers.
También se solicitan labores/riñales para el cemento.
Por favor llamar al
664.3305 | 410.6152

BUSCANDO PERSONAL
PARA TRABAJAR EN CONSTRUCCION **SIN EXPERIENCIA**
Oklahoma Waterproofing Co.
LLAME A OMAHATA 214-736-7403

PUBLIC NOTICE

Pursuant to 42 O.S. § 411.40B, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1175(c) demonstration waiver. The OHCA currently has an approved 1175(c) waiver and a pending renewal request for the 2015-2021 period.

With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2015-2021 extension period:

Beginning on or after February 1, 2015, the state will implement work/community engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma Medicaid benefits, applicants or existing members, not otherwise exempted, age 19-59 must provide verifications of employment or community engagement in specified educational, job training or job search activities for at least 30 hours per month. Individuals will have a 90-day grace period to provide proof of meeting conditions of work/community engagement requirements.

SomeCare work/community engagement activities are modeled in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Work/community engagement requirements for new or continued SomeCare eligibility are set out below:

1. Work an average of twenty (20) hours or more per week, each month. The employment may be paid, in-kind, unpaid, or volunteer work; or
2. Participate in and comply with the requirements of a work program twenty (20) hours or more per week. The individual may participate in at least twenty (20) hours or more per week with the:
 - (a) Workforce Innovation and Opportunity Act (WIOA) Programs; or
 - (b) Trade Adjustment Assistance Program; or
 - (c) The SNAP (Employment and Training) (EAT) Program. Job search or job search training activities, when offered as part of other EAT program components, are acceptable as long as those activities comprise less than half the total required time spent in the component; or
3. Participate in community service programs at least twenty (20) hours or more per week, or twenty (20) hours averaged monthly with religious or community organizations; or
4. Meet any combination of work, participating in work training or volunteering for work, twenty (20) hours or more per week, averaged monthly.

Exemptions
Certain individuals may be exempted from the above requirements. For a complete list of individuals who are exempt from the SomeCare work/community engagement requirements, please refer to the www.ohca.org website and click on the Medicaid Work Requirements banner.

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 1, 2013 with an effective date of February 1, 2015. The initial budget impact for program modifications is estimated at \$700,000 total dollars, with 170,000 of the total being state share. However, additional dollars are anticipated to be expended for the administration of the program but an exact amount is unknown at this time.

The OHCA expects to conduct several public meetings around the state during the months of July-September. The agency held the required Tribal Consultation meeting on July 11, 2013. As of this date, the OHCA has scheduled two public meetings, please see below for dates, times and locations. Information on additional meetings will be provided on the agency's public website as future dates and times are determined.

July 11, 2013	July 19, 2013	August 13, 2013
10:00 a.m.	1:00 p.m.	11:30 a.m.
State Capitol 1000 East Capitol Oklahoma Health Care Authority 4345 N. Lincoln Blvd. Oklahoma City, OK	Medical Ministry Center 1000 East Capitol Oklahoma Health Care Authority 4345 N. Lincoln Blvd. Oklahoma City, OK	OU Swann Health Access Network OU - Tulsa Business Center - Learning Center 4302 E. 41st Street, Tulsa, OK

The OHCA welcomes comments from the public regarding the amendment to the SomeCare Choice and Incentive Oklahoma 1175(c) Demonstration Waiver program. The application waiver will be posted online at www.ohca.org from July 1, 2013 through September 1, 2013.

Comments and questions may be submitted online through the Policy Change Blog at the Native News an Innovation Blog at www.ohca.org by clicking the Medicaid Work Requirements banner or by contacting Bill Gertson, OHCA Federal & State Reporting Coordinator by telephone at 405-523-7974 or via email at bill.gertson@ohca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.

Comments may also be made at www.ohcaid.gov after the amendment has been submitted to CMS on or after October 1, 2013.

LIMPIEZA
Stratford House Inn
Hotel
Necesita empleados para limpieza/
Tiempo completo
Aplique en persona
3020 S. Broadway, Edmond, OK 73013
405-340-5693

Opportunidades de Trabajo en Limpieza
Se necesita personal limpio para limpiar en varios centros de salud.
Llame a Shannon al 336-981-6689



ENCUENTRANOS EN FACEBOOK
El Latino American Newspaper

Se necesita ALBAÑIL
Compañía de mampostería comercial está buscando albañiles con experiencia en bloques y ladrillos para trabajar en proyectos comerciales.
SE REQUIERE VIAJAR
Debe tener una identificación válida, Tarjeta de Residente Permanente y Tarjeta de seguro social o Licencia de Conducir. Referencias requeridas.
\$26.00 por hora.
Llame a Shannon 336-981-6689

VARIETY CARE CENTROS DE SALUD

Grande evento de Contracción en Variety Care

martes, 24 de Julio
en la clínica de Lafayette de las
5pm a 8pm
500 SW 44th St, OKC 73109

Posiciones Vacantes incluye:
Dental Assistant + Facilities Tech/Apprentice
Lab Tech + Medical Assistant + Receptionist
Medical Assistant Team Lead
Operator/Scheduler + Pharmacy Tech

No se requiere cita - por favor no llegue más tarde que las 7:40pm. El código de vestimenta es casual de negocios y por favor de traer su curriculum. Nuestro amable equipo de entrevistadores estará disponibles para hablar con usted sobre las posiciones vacantes.

Estamos contratando por posiciones en varias localizaciones en Oklahoma City y Norman, incluyendo nuestro nuevo center de salud en el Noro Este de Oklahoma City, cerca de la Britton y Western Aves.

Para más información, visite varietycare.org o mándenos un correo electrónico a hr@varietycare.org. VARIETY CARE ES UN EMPLEADOR DE IGUALDAD DE OPORTUNIDADES.

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(7am-4PM) M-F | Bi-Lingual
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8875 Western Ave., OKC, OK 73139
P 405-632-1834 F 405-635-3440
ellatinonews@hotmail.com

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OKC, AA

ACQUENTING
Philly P Condey
Aunt P Condey

The opinions expressed in articles published are not necessarily those of El Latino American. The articles and advertising published in El Latino American are copy right reserved.

Los artículos que se publican en El Latino American son responsabilidad de quien los escribe y no necesariamente la opinión de El Latino American.

PROOF OF PUBLICATION

In the District Court of Cleveland County,
State of Oklahoma

Public Notice

Affidavit of Publication

State of Oklahoma, County of Cleveland, ss:
I, the undersigned publisher, editor or Authorized Agent of the Norman Transcript, do solemnly swear that the attached advertisement was published in said paper as follows:

- 1st Publication July 18, 2018
- 2nd Publication _____
- 3rd Publication _____
- 4th Publication _____

That said newspaper is Daily, in the city of Norman, Cleveland County, Oklahoma, a Daily newspaper qualified to publish legal notices, advertisements and publications as provided in Section 106 of Title 25, Oklahoma Statutes 1971, as amended, and complies with all other requirements of the laws of Oklahoma with reference to legal publications.

That said Notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publications and not in a supplement, on the above noted dates.

Signature
Subscribed and sworn before me on this 19th day of July, 2018.

My commission expires 06/26/20

Notary Public
Commission # 12005942

PAY TO:
The Norman Transcript
P.O. Drawer 1058
Norman, OK 73070

A copy of this affidavit of publication was delivered to the Office of the Cleveland County Court Clerk on July 17, 2018.

Please include the case number on your check.



(Published in The Norman Transcript July 18, 2018, 1f)

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver and a pending renewal request for the 2019-2021 period.

With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2019-2021 extension period:

Beginning on or after February 1, 2019, the state will implement work/community engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma SoonerCare benefits, applicants or existing members, not otherwise exempted, age 19-50 must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 80 hours per month. Individuals will have a 90 day grace period to provide proof of meeting conditions of work/community engagement requirements.

SoonerCare work/community engagement activities are modeled in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Work/community engagement requirements for new or continued SoonerCare eligibility are set out below:

- Work an average of twenty (20) hours or more per week, each month. The employment may be paid, in-kind, unpaid, or volunteer work; or
- Participate in and comply with the requirements of a work program twenty (20) hours or more per week. The individual must participate in at least twenty (20) hours or more per week with the:
 - (a) Workforce Innovation and Opportunity Act (WIOA) Program; or
 - (b) The Trade Adjustment Assistance Program; or
 - (c) The SNAP Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the total required time spent in the components; or
- Participate in community service programs at least twenty (20) hours or more per week, or twenty (20) hours averaged monthly with religious or community organizations; or
- Meet any combination of work, participating in work training or volunteering for work, twenty (20) hours or more per week, averaged monthly.

Exemptions
Certain individuals may be exempted from the above requirements. For a complete list of individuals who are exempt from the SoonerCare work/community engagement requirements please refer to the www.okhca.org website and click on the Medicaid Work Requirements banner. It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 1, 2018 with an effective date of February 1, 2019. The initial budget impact for system modifications is estimated at \$700,000 total dollars with \$70,000 of the total being state share. However, additional dollars are anticipated to be expended for the administration of the program but an exact amount is unknown at this time.

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July 11, 2018 11:00 a.m.
Tribal Consultation
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma
July 19, 2018 at 1:00 p.m.
Medical Advisory Committee
Ed McFall Boardroom
Oklahoma Health Care Authority

4345 N. Lincoln Blvd, Oklahoma City, Oklahoma
August 10, 2018 11:30 a.m.
OU Sooner Health Access Network
OU - Tulsa Schusterman Center - Learning Center
4502 E. 41st Street, Tulsa, Oklahoma
The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver will be posted online at www.okhca.org from July 3, 2018 through September 3, 2018. Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Blog at www.okhca.org by clicking the Medicaid Work Requirements banner or by contacting Bill Garrison, OHCA Federal & State Reporting Coordinator by telephone at 405-522-7914 or via email at bill.garrison@okhca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.
Comments may also be made at www.medicaid.gov after the amendment has been submitted to CMS on or after October 1, 2018.

**PROOF OF PUBLICATION
THE LAWTON CONSTITUTION
P.O. BOX 2069-L, Lawton, OK 73502 :(580) 353-0620**

IN THE _____ COURT OF COMANCHE COUNTY, OKLAHOMA

STATE OF OKLAHOMA, COUNTY OF COMANCHE

Case No. 1115(a)

I, Debbie Jung, of lawful age, being duly sworn upon oath, deposes and says: That I am in upper Management at The Lawton Constitution, a daily newspaper printed and published in the city of Lawton, County of Comanche, and state of Oklahoma, and that the advertisement above referred to, a true and printed copy of which is here unto attached, was published in said newspaper for the publication dates listed below.

Publication Dates 07/18/2018.

That said newspaper has been published continuously and uninterruptedly in said county during a period of one hundred and four consecutive weeks prior to the publication of the attached notice or advertisement: that it has been admitted to the United States mail as second-class mail matter, that it has a general paid circulation, and publishes news of general interest, and otherwise conforms with all of the statutes of the State of Oklahoma governing legal publications.

hours or more per week. The individual may participate in at least twenty (20) hours or more per week with the:
(a) Workforce Innovation and Opportunity Act (WIOA) Program; or
(b) The Trade Adjustment Assistance Program; or
(c) The SNAP Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the

July 19, 2018 at 1:00 p.m.
Medical Advisory Committee
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Care Authority
4345 N. Lincoln Blvd,
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OU Sooner Health
Access Network
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4502 E. 41st Street,
Tulsa, Oklahoma
The OHCA welcomes
comments from the public
regarding the amendment to
the SoonerCare Choice and

Published in
The Lawton Constitution
July 18, 2018
PUBLIC NOTICE
Pursuant to 42 CFR § 431.408, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver and a pending renewal request for the 2019-2021 period. With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2019-2021 extension period:

Beginning on or after February 1, 2019, the state will implement work/community engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma SoonerCare benefits, applicants or existing members, not otherwise exempted, age 19-50 must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 80 hours per month. Individuals will have a 90 day grace period to provide proof of meeting conditions of work/community engagement requirements. SoonerCare work/community engagement activities are modeled in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Work/community engagement requirements for new or continued SoonerCare eligibility are set out below:
1. Work an average of twenty (20) hours or more per week, each month. The employment may be paid, in-kind, unpaid, or volunteer work; or
2. Participate in and comply with the requirements of a work program twenty (20)

components; or
3. Participate in community service programs at least twenty (20) hours or more per week, or twenty (20) hours averaged monthly with religious or community organizations; or
4. Meet any combination of work, participating in work training or volunteering for work, twenty (20) hours or more per week, averaged monthly.

Exemptions
Certain individuals may be exempted from the above requirements. For a complete list of individuals who are exempt from the SoonerCare work/community engagement requirements please refer to the www.okhca.org website and click on the Medicaid Work Requirements banner. It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 1, 2018 with an effective date of February 1, 2019. The initial budget impact for system modifications is estimated at \$700,000 total dollars with \$70,000 of the total being state share. However, additional dollars are anticipated to be expended for the administration of the program but an exact amount is unknown at this time.

The OHCA expects to conduct several public meetings around the state during the months of July-September. The agency held the required Tribal Consultation meeting on July 11, 2018. As of this date, the OHCA has scheduled two public meetings, please see below for dates, times and locations. Information on additional meetings will be provided on the agency's public website as future dates and times are determined.
July 11, 2018 11:00 a.m.
Tribal Consultation
Ed McFall Boardroom
Oklahoma Health
Care Authority
4345 N. Lincoln Blvd,
Oklahoma City, Oklahoma

Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver will be posted online at www.okhca.org from July 3, 2018 through September 3, 2018. Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Blog at www.okhca.org by clicking the Medicaid Work Requirements banner or by contacting Bill Garrison, OHCA Federal & State Reporting Coordinator by telephone at 405-522-7914 or via email at bill.garrison@okhca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105. Comments may also be made at www.medicoid.gov after the amendment has been submitted to CMS on or after October 1, 2018.

Signature

SUBSCRIBED and sworn to before me this day of

Notary Public

NOTARY PUBLIC State of OK
CECIL WILSON
Comm. # 0501169
Expires 12-12-2021

TULSA WORLD

P.O. Box 1770 Tulsa, Oklahoma 74102-1770 | tulsaworld.com

Account Number

1013049

AEI ADVERTISING
SARAH WOODS
772 E. MOUNTAIN SAGE DRIVE
PHOENIX, AZ 85048

Date

July 19, 2018

Date	Category	Description	Ad Size
07/19/2018	Legal Notices	PUBLIC NOTICE	2 x 119.00 CL

Affidavit of Publication


I, Melissa Marshall, of lawful age, am a legal representative of the Tulsa World of Tulsa, Oklahoma, a daily newspaper of general circulation in Tulsa County, Oklahoma, a legal newspaper qualified to publish legal notices, as defined in 25 O.S. § 106 as amended, and thereafter, and complies with all other requirements of the laws of Oklahoma with reference to legal publication. That said notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publication and not in a supplement, on the DATE(S) LISTED BELOW

07/19/2018

Newspaper reference: 0000494762


Legal Representative

Sworn to and subscribed before me this date: 7-19-2018


Notary Public

My Commission expires 12-08-2018



494762

Published in the Tulsa World, Tulsa County, Oklahoma, July 19, 2018

PUBLIC NOTICE

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 - (a) Workforce Innovation and Opportunity Act (WIOA) Program; or
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Tribal Consultation
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

July 19, 2018 at 1:00 p.m.
Medical Advisory Committee
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

[Redacted Signature]

Legal Representative

Sworn to and subscribed before me this date:

7-19-2018

[Redacted Signature]

Notary Public

My Commission expires

12-08-2018



August 10, 2018 11:30 a.m.
OU Sooner Health Access Network
OU - Tulsa Schusterman Center - Learning Center
4502 E. 41st Street, Tulsa, Oklahoma

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(Published in The Norman Transcript September 18, 2018, 11)

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Pursuant to 42 CFR § 431.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

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The OHCA has conducted several public meetings around the state during the months of July-September. The proposed amendment will be presented at the next scheduled Medical Advisory Committee pursuant to the below:

September 20, 2018

1:00 p.m.

Medical Advisory Committee

Charles Ed McFall Boardroom

Oklahoma Health Care Authority

4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver has been posted online at www.okhca.org from July 3, 2018 and ending September 30, 2018.

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PROOF OF PUBLICATION

In the District Court of Cleveland County, State of Oklahoma

PN OHCA

Affidavit of Publication

State of Oklahoma, County of Cleveland, ss: I, the undersigned publisher, editor or Authorized Agent of the Norman Transcript, do solemnly swear that the attached advertisement was published in said paper as follows:

- 1st Publication September 18, 2018
2nd Publication
3rd Publication
4th Publication

That said newspaper is Daily, in the city of Norman, Cleveland County, Oklahoma, a Daily newspaper qualified to publish legal notices, advertisements and publications as provided in Section 106 of Title 25, Oklahoma Statutes 1971, as amended, and complies with all other requirements of the laws of Oklahoma with reference to legal publications.

That said Notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publications and not in a supplement, on the above noted dates.

Subscribed and sworn before me on this 18th day of September 2018

My commission expires 06/26/20

Notary Public Commission # 12005942



TULSA WORLD

P.O. Box 1770 Tulsa, Oklahoma 74102-1770 | tulsaworld.com

Account Number

1013049

Date

September 20, 2018

AEI ADVERTISING
SARAH WOODS
772 E. MOUNTAIN SAGE DRIVE
PHOENIX, AZ 85048

Date	Category	Description
09/20/2018	Legal Notices	COMMUNITY ENGAGEMENT NOTICE

510377

Published in the Tulsa World, Tulsa County, Oklahoma, September 20, 2018

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

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Affidavit of Publication

I, Melissa Marshall , of lawful age, am a legal representative of the Tulsa World of Tulsa, Oklahoma, a daily newspaper of general circulation in Tulsa County, Oklahoma, a legal newspaper qualified to publish legal notices, as defined in 25 O.S. § 106 as amended, and thereafter, and complies with all other requirements of the laws of Oklahoma with reference to legal publication. That said notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publication and not in a supplement, on the DATE(S) LISTED BELOW

09/20/2018

Newspaper reference: 0000510377

[Redacted Signature]

Legal Representative

Sworn to and subscribed before me this date:

9-20-2018

[Redacted Signature]

Notary Public

My Commission expires

12-08-2018

September 20, 2018
1:00 p.m.
Medical Advisory Committee
Charles Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

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**PROOF OF PUBLICATION
THE LAWTON CONSTITUTION
P.O. BOX 2069-L, Lawton, OK 73502 :(580) 353-0620**

IN THE _____ COURT OF COMANCHE COUNTY, OKLAHOMA
STATE OF OKLAHOMA, COUNTY OF COMANCHE

Case No. **OK Health Care**

I, DENNIS WADE, of lawful age, being duly sworn upon oath, deposes and says: That I am the Business Manager of The Lawton Constitution, a daily newspaper printed and published in the city of Lawton, County of Comanche, and State of Oklahoma, and that the advertisement above referred to, a true and printed copy of which is here unto attached, was published in said newspaper for the publication dates listed below.

Publication Dates 09/19/2018.

That said newspaper has been published continuously and uninterruptedly in said county during a period of one hundred and four consecutive weeks prior to the publication of the attached notice or advertisement: that it has been admitted to the United States mail as second-class mail matter, that it has a general paid circulation, and publishes news of general interest, and otherwise conforms with all of the statutes of the State of Oklahoma governing legal publications.

Published in
The Lawton Constitution
September 19, 2018
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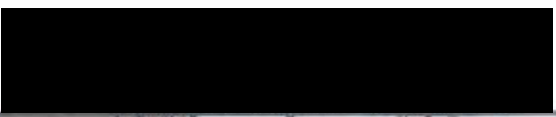
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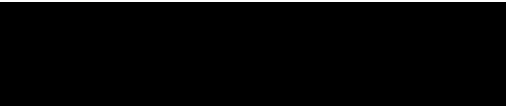
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(c) The SNAP Employment and Training (SEPT) Program. Job



Signature

SUBSCRIBED and sworn to before me this day of



Notary Public

NOTARY PUBLIC STATE OF OK
TONI WILSON
Comm. # 05011169
Expires 12-12-2021

000

383

Oklahoman 9/19/18

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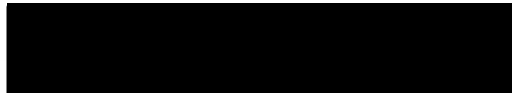
STATE OF OKLAHOMA, }
COUNTY OF OKLAHOMA } SS.

Affidavit of Publication

Royce Parkhurst _____, of lawful age, being first duly sworn, upon

oath deposes and says that she/he is the Classified Legal Notice Admin of The Oklahoma Publishing Company, a corporation, which is the publisher of *The Oklahoman* which is a daily newspaper of general circulation in the State of Oklahoma, and which is a daily newspaper published in Oklahoma County and having paid general circulation therein; that said newspaper has been continuously and uninterruptedly published in said county and state for a period of more than one hundred and four consecutive weeks next prior to the first publication of the notice attached hereto, and that said notice was published in the following issues of said newspaper, namely:

AEI Advertising
11481088 - The Oklahoman
Published on 09/19/2018



Subscribed and sworn to before me this Wed. Sept 19 2018



Notary Public

My commission expires 11-5-21

During the months of July-September. The proposed amendment will be presented at the next scheduled Medical Advisory Committee pursuant to the below:

September 20, 2018
9:00 p.m.
Medical Advisory Committee
Charles Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma
The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver has been posted online at www.okhca.org from July 3, 2018 and ending September 30, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Blog at www.okhca.org by clicking the Community Engagement Requirements banner or by contacting the OHCA Federal & State Reporting Unit by telephone at 405-522-7914 or via email at OHCA-communityengagementment@okhca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.

Comments may also be made at www.medicaid.gov after the amendment has been submitted to CMS.
ohcacommunityengagementment@okhca.org



The Black Chronicle

CLASSIFIED

Advertising - 1

ADVERTISE STATEWIDE! For more information or to place an ad contact (405) 499-0020 or on toll-free in OK at 1-888-815-2072

Livestock - 1

MCALISTER sold via SPECIAL COW & BULL SALE Sat. Sept. 22nd at NOON. Selling 800 Head Cows, Heifers, Pigs & Bulls 918-423-2834 See website: www.McAlisterStockyards.com

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PUBLIC NOTICE

All persons having an indebtedness or claim against the Town of Forest Park, Oklahoma are hereby notified that all taxpayers and disbursements pertaining to said purchase order or contract must be recorded in the Town Clerk/Treasurer office no later than September 30, 2018 covering all debts now unpaid during the period beginning on July 1, 2017 and ending on June 30, 2018 or said account shall be void and forever barred.

Carol M. Pendarvis, Town Clerk/Treasurer 4203 N. Colburn Rd. Forest Park, OK 73121

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period. With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2018-2023 demonstration period, beginning on or after March 1, 2019, contingent upon CMS approval. The state will implement certain engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma Medicaid benefits, applicants or enrollees, not otherwise completed, age 18-50 must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 90 hours averaged monthly. Supplemental community engagement activities are modeled in accordance with the Supplemental Narrative Assistance Program (SNAP) currently operational in Oklahoma. Community engagement requirements for new or continued Special Care eligibility are also included.

1. Work an average of twenty (20) hours or more per week, each month. Employment may be paid, unpaid, seasonal or volunteer work;
2. Participate in and comply with the requirements of a work program (at least 20) hours or more per week. The individual may participate in at least twenty (20) hours or more per week with:
 - (a) Workforce Investment and Opportunity Act (WIOA) Program or;
 - (b) The Trade Adjustment Assistance Program; or
 - (c) The SNAP Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the total required time spent in the components; or
 3. Participate in community service projects at least twenty (20) hours or more per week, or 80 hours averaged monthly, with religious or community organizations; or
 4. Meet any combination of work, participating in work training or volunteering for work, twenty (20) hours or more per week or 80 hours averaged monthly.

Certain individuals may be exempt from the above requirements. For a complete listing of proposed exemptions from the Special Care community engagement requirements please refer to the www.ohca.org website and click on the Community Engagement Requirements banner.

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 30, 2018 with an effective date of March 1, 2019 pending CMS approval. The initial budget impact for system modifications is estimated at \$700,000 total dollars with \$70,000 of the total being state share. However, additional details are anticipated to be expended for the administration of the program but an exact amount is unknown at this time.

The OHCA has conducted several public meetings around the state during the months of July-September. The proposed amendment will be presented at the next scheduled Medical Advisory Committee pursuant to the below September 20, 2018 1:00 p.m. Medical Advisory Committee Charles Ed McFall Boardroom Oklahoma Health Care Authority 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma

The OHCA welcomes comments from the public regarding the amendment to the Special Care Choice and Incentive Oklahoma 1115(a) Demonstration Waiver program. The application waiver has been posted online at www.ohca.org from July 1, 2018 and ending September 30, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Blog at www.ohca.org by clicking the Community Engagement Requirements banner or by contacting the OHCA Federal & State Reporting Unit by telephone at 405-522-7934 or via email at OHCAAccess@ohca.org (link by telephone or via email comment at 4345 N Lincoln Blvd., Oklahoma City, OK 73102)

FRANCIS TECHNOLOGY

Accepting Applications for the Following Part-time Positions

- Cahler (for our Reno Campus Cafe)
- Child Care Assistant for Three Star Child Development Center -*these positions are open until filled-*
- Community Relations Assistant - Closing Date: 10/2/18

For extended job description and to complete online application visit: www.francis-tech.com
Only candidates of interest will be contacted. EOE

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

NOTICE OF INTENTION TO APPLY FOR AN ALCOHOLIC BEVERAGE LICENSE

In accordance with Title 37, Section 527 and Title 37A, Section 2-141 Models LLC, 1244 N.W. 2nd Street, Oklahoma City, OK 73116 is an limited liability company, hereby publishes notice of their intention to apply within sixty days from this date to the Oklahoma Alcoholic Beverage Laws Enforcement Commission for a Retail Beer and Retail Wine License under authority of and in compliance with the said Act. That they intend to be granted such license to operate as a Retail Beer and Retail Wine establishment with business premises located at 1244 N.W. 2nd Street, Oklahoma City, Oklahoma, Oklahoma under the business name of Models LLC.

Dated this 18th day of September, 2018.

Signature of applicant(s): If partnership, all partners must sign. If corporation as an officer of the corporation must sign. If limited liability company a manager must sign.
Should the holder be a minor, the undersigned father, personally appeared, before me, he is known to be the person(s) described in and who executed the foregoing application and acknowledges that he executed the same as his free act and deed.

Deborah Rusk (Notary Public) 09/13/2018 (My commission expires 06/30/2019)

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period. With this amendment request, the OHCA seeks approval of the following modifications to the demonstration for the 2018-2023 demonstration period, beginning on or after March 1, 2019, contingent upon CMS approval. The state will implement certain engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma Medicaid benefits, applicants or enrollees, not otherwise completed, age 18-50 must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 90 hours averaged monthly. Supplemental community engagement activities are modeled in accordance with the Supplemental Narrative Assistance Program (SNAP) currently operational in Oklahoma. Community engagement requirements for new or continued Special Care eligibility are also included.

PUBLIC NOTICE

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The OHCA also proposes to add a sentence to the description regarding the length of time a member may be served in HMP, as follows: "Members' benefits are determined individually for each member served, and considers diagnosis, goals and progress achieved."

The revised approach to the "Services" section will ask CMS to list HMP interventions along with brief descriptions and note that interventions include but are not limited to health coaching, practice facilitation, health navigation, performance improvement projects and assistance with transitions of care.

It is the intention of the OHCA to include the funding for HMP in its State Fiscal Year 2020 budget request. An HMP vendor is selected through a and is implemented in accordance with state and federal purchasing requirements. The current budget request is not to exceed \$15 million total dollars with an estimated state share of \$5,220,100 for State Fiscal Year 2020. The proposed amendment will be presented at the next scheduled Medical Advisory Committee and the Oklahoma Child Health Group pursuant to the below:

Medical Advisory Committee September 20, 2018 1:00 p.m. Ed McFall Boardroom Oklahoma Health Care Authority 4345 N. Lincoln Boulevard Oklahoma City, Oklahoma

Oklahoma Child Health Group October 9, 2018 5:00 p.m. Oklahoma State Department of Health 1000 NE 10th Street Oklahoma City, Oklahoma

The OHCA welcomes comments from the public regarding the amendment to the Special Care Choice and Incentive Oklahoma 1115(a) Demonstration Waiver program. The amendment to the waiver will be posted online at www.ohca.org from October 1, 2018, through October 30, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Page and by contacting the OHCA Federal & State Reporting Unit by telephone at 405-522-7934 or by written comments at 4345 N. Lincoln Blvd., Oklahoma City, OK 73102.

The Black Chronicle

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AA/EOE

TFCU
Fisher Federal Credit Union

Employment Administrator (2018-1847)

Tinker Federal Credit Union has an immediate opening for an Employment Administrator. This incumbent is responsible for the development, implementation, communication and administration of the credit union's recruiting and employment programs for full-time positions to ensure successful placement and understanding of employment practices internally and externally. The incumbent is responsible for annual affirmative action reporting and participates in establishing career, objection, personnel to employment by monitoring trends, evaluating competitiveness and analyzing costs.

A Bachelor's degree in HR or Business Administration or related field is required plus minimum of 5 years experience in a Personnel Generalist or Recruiter. Professional designation of PHR or SHFR is preferred.

Apply online: www.tinkercfu.org

Candidate verification will be evaluated prior to interview. Educational, employment, and professional information will be verified for final candidates. Selected candidate is subject to substance/abuse testing. We promote a substance-free workplace. Equal Opportunity Employer, M/F/Disability/Veterans.

OKLAHOMA TURPKINE AUTHORITY

ADVERTISEMENT FOR PROPOSAL

(1) PROVIDE AND INSTALLATION OF NEW FABRIC TOP AND GABLE ENDS FOR AN EXISTING SALT BARN LOCATED AT THE AFTON EXIT ON THE W.L. ROGERS TURPKINE CONTRACT NO. ITS 2018-018

On TUESDAY, OCTOBER 2, 2018 until 3:00 p.m., the Oklahoma Turpkine Authority will receive sealed bids (hand-delivered or received by Certified Mail on the day of the bid opening) to the Oklahoma Turpkine Authority office at 3600 N. Martin Luther King Ave., Oklahoma City, Oklahoma 73111. Proposals will be publicly opened and read on the same day at 2:30 PM at the office of the Oklahoma Turpkine Authority in accordance with the following:

- I. No bids which are late to, or contingent upon, other work with the Oklahoma Turpkine Authority will be accepted.
- II. Bidders shall familiarize themselves with the conditions and shall understand that full cooperation in executing the requirements of the Scope of Work is expected.
- III. A set of bidding documents may be obtained at the procurement office of the Oklahoma Turpkine Authority located at 3600 N. Martin Luther King Ave., Oklahoma City, Oklahoma 73111. If you desire a mailed copy of the bid you may contact Florida Ward at 405-425-7441, prior to bid opening date of October 2, 2018 at 2:00 p.m. If the bid is over \$50,000 the bidder shall submit with the proposal a certified or cashier's check or a bid bond for an amount not less than five percent (5%) of the amount of the proposed to guarantee the bidder. If successful, will enter into contract and obtain required bonds must be payable to the order of the Oklahoma Turpkine Authority. The bonds are a state requirement on all construction bids over \$50,000. If the submitted bid is not over \$50,000, the bonds are not required. All contractors that desire to provide the OTA with manual service work are required by state statute to complete an employee E-Verify form.
- VI. The work to be performed under Contract Number TB 2018-018 consists of:
 - The contractor will be required to provide the fabric top, fabric gable ends, pressure treated lumber, and other related items. The contractor will also be required to provide all labor and equipment needed to install the described items. The best building location is as follows: W.L. Rogers Turpkine, Afton Exit, near State Marker 302, Ottawa County, Oklahoma
 - VI. In awarding the contract the Oklahoma Turpkine Authority reserves the right to reject any and all bids, to waive informality, and to alter the best interest of the OTA without liabilities as to procedure.
 - VII. Provisions of ordinance will not be cancelled without first giving the OTA 30 calendar days advance notice. This statement must be on the Decision of Operations section of the Certificate of Insurance.
 - IX. Upon award of contract to a successful bidder the contractor will...

THE BLACK CHRONICLE

In the _____ Court of _____ Oklahoma
STATE OF OKLAHOMA

STATE OF OKLAHOMA, _____)

COUNTY OF OKLAHOMA _____)


RUSSELL M. PERRY _____, of lawful age, being duly sworn upon oath,
deposes and says: That he is the PUBLISHER _____ of the The Black Chronicle,
weekly newspaper printed and published in the city of Oklahoma City, County of Oklahoma, State of Okla-
homa, and has personal knowledge of the facts hereinafter stated.

That a printed notice, copy of which is here to attached, was published in the regular and entire is-
sue of said newspaper, and not in any supplement thereof, for one consecutive
week _____, the first publication thereof being made on Thursday the
20th day of September, 2018 and the last publication on the
20th day of September, 2018.

That said newspaper had been continuously and uninterruptedly published in said county during a
period of more than one hundred and four (104) weeks consecutively and immediately prior to the first pub-
lication of the attached notice or advertisement; that it has entrance into the United States mails in the city
and county where published; that said newspaper comes within all of the prescriptions and requirements of
Title 25 Oklahoma Statutes of 1941, Section 102, and meets all other requirements of the laws of the State
of Oklahoma with reference to legal publications.

Subscribed and sworn to before me this 21st day of September, 2018

My Commission Expires \$ _____

 **LAUREL A. TALLEY**
Notary Public
State of Oklahoma
Commission # 03006287 Expires 04/27/19

Notary Public

Publication fee \$ _____



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TFCU
Tinker Federal Credit Union
Employment Administrator (2018-1847)

Tinker Federal Credit Union has an immediate opening for an Employment Administrator. This incumbent is responsible for the development, implementation, communication and administration of the credit union's recruiting and employment programs for full-time positions to ensure successful placement and understanding of employment practice internally and externally. The incumbent is responsible for annual affirmative action reporting and participates in establishing company objectives pertinent to employment by monitoring trends, evaluating competitiveness and analyzing costs.

A Bachelor's degree in HR or Business Administration or related field is required plus minimum of 5 years' experience as a Personnel Generalist or Recruiter. Professional designation of PHR or SPHR is preferred.

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PUBLIC NOTICE

Pursuant to 42 CFR § 411.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2021 demonstration period.

With this amendment request, the OHCA seeks approval of the following modifications to the demonstration for the 2018-2021 extension period:

- Beginning on or after March 1, 2019, contingent upon CMS approval, the state will implement community engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma Medicaid benefits, applicable to existing members, not otherwise exempted, age 19-50 must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 80 hours averaged monthly.
- SNAP (community engagement) activities are modified in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Community engagement requirements for new or continued SNAP are eligibility are set out below:
 1. Work an average of twenty (20) hours or more per week, each month. The employment may be paid, or unpaid, or volunteer work; or
 2. Participate in and comply with the requirements of a work program twenty (20) hours or more per week. The individual may participate in at least twenty (20) hours or more per week with the (a) Workforce Innovation and Opportunity Act (WIOA) Programs or (b) The Trade Adjustment Assistance Programs; or
 3. The SNAP (employment and training) (S&T) Programs. Job search or job search training activities, when offered as part of other (S&T) program components, are acceptable as long as those activities comprise less than half the total required time spent on the components; or
 4. Participate in community service programs at least twenty (20) hours or more per week, or 80 hours averaged monthly with religious or community organizations; or
 5. Meet any combination of work, participating in work training or volunteering for work, twenty (20) hours or more per week or 80 hours averaged monthly.

Exemptions
Certain individuals may be exempted from the above requirements. For a complete listing of proposed exemptions from the SNAP/are community engagement requirements please refer to the www.ohca.org website and click on the Community Engagement Requirements banner.

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 10, 2018 with an effective date of March 1, 2019 pending CMS approval. The total budget impact for system modifications is estimated at \$70,000,000 total dollars with 270,000 of the total being state share. However, additional dollars are anticipated to be expended for the administration of the program but an exact amount is unknown at this time.

The OHCA has conducted several public meetings about the state during the months of July-September. The proposed amendment will be presented at the next scheduled Medical Advisory Committee pursuant to the below:

September 20, 2018 at 1:00 p.m.
Medical Advisory Committee
Charles Ed McCall Boardroom Oklahoma Health Care Authority
4345 N. Lincoln Blvd., Oklahoma City, Oklahoma

The OHCA seeks comments from the public regarding the amendment to the SNAP/are Care Order and Issues Oklahoma 1115(a) Demonstration Waiver program. The application waiver has been posted online at www.ohca.org from July 1, 2018 and ending September 30, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultative Blog at www.ohca.org by clicking the Community Engagement Requirements banner or by contacting the OHCA Federal & State Reporting Unit by telephone at 405-512-7914 or via email at OHCAcommunityengagementpublica@ohca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.

Comments may also be made at www.ohca.org after the amendment has been submitted to CMS on or after January 1, 2019.

PUBLIC NOTICE

Pursuant to 42 CFR § 411.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2021 demonstration period.

With this amendment request, the OHCA seeks approval of the following modifications to the demonstration for the 2018-2021 extension period:

Effective July 1, 2019, the waiver special terms and conditions will be updated for the Health Management Program (HMP), contingent upon CMS approval. The HMP was developed in response to a state mandate issued at Oklahoma Statute Title 63, and seeks to improve the quality of care and reduce cost of care for Medicaid members with chronic conditions.

The "Health Management Program Defined" section will provide for more options for data analytics than the current reference to HMP specific business software. These are data sources that include but are not limited to claims, Health Information Exchange information, provider referral and other data.

In addition, the HMP "Services" section will be revised to focus more broadly on interventions used in HMP and ensure interventions that refer to settings, activities allow for new approaches to improve utilization to address emerging health trends.

The OHCA also proposes to add a sentence to the description regarding the length of time a member may be served in HMP, as follows: Maximum benefit is determined individually for each member served, and considers diagnosis, youth and prognosis achieved.

The revised approach to the "Services" section will add CMS to list HMP interventions along with brief descriptions and over that interventions include but are not limited to health coaching, patient education, health navigation, performance improvement projects and assistance with transitions of care.

It is the intention of the OHCA to include the funding for HMP in its State Fiscal Year 2020 budget request. An HMP vendor is selected through a professional services contract procurement process that is open to the public and is implemented in accordance with state and federal purchasing requirements. The current budget request is not to exceed \$15 million total dollars with an estimated state share of \$1,200,000 for State Fiscal Year 2020.

The proposed amendment will be presented at the next scheduled Medical Advisory Committee and the Oklahoma Health Group pursuant to the below:

Medical Advisory Committee September 20, 2018 9:00 a.m. Ed McCall Boardroom Oklahoma Health Care Authority 4345 N. Lincoln Boulevard Oklahoma City, Oklahoma	Oklahoma Child Health Group October 9, 2018 9:00 a.m. Oklahoma State Department of Health 1800 NE 18th Street Oklahoma City, Oklahoma
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The OHCA solicits comments from the public regarding the amendment to the SNAP/are Care Order and Issues Oklahoma 1115(a) Demonstration Waiver program. The amendment to the waiver will be posted online at www.ohca.org from October 1, 2018, through October 30, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultative Blog at www.ohca.org by clicking the Community Engagement Requirements banner or by contacting the OHCA Federal & State Reporting Unit by telephone at 405-512-7914 or via written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.

Comments may also be made at www.ohca.org after the amendment has been submitted to CMS on or after January 1, 2019.

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NOTICE OF INTENTION TO APPLY FOR AN ALCOHOLIC BEVERAGE LICENSE

In accordance with Title 17, Section 522 and Title 17A, Sections 2-414-19 Food Mart LLC, 714 899 5965, Oklahoma City, OK, 73109, a 99 Food Mart LLC, hereby publishes notice of its intention to apply within sixty days from this date to the Oklahoma Alcoholic Beverage Laws Enforcement Commission for a Retail Beer License under authority of and in compliance with the said act. That also, articles, if granted, such license to operate as a Retail Beer establishment with various premises located at 714 899 5965, 7109 Oklahoma City, Oklahoma under the business name of 99 Food Mart.

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Los artículos que se publican en El Latino American son responsabilidad de quien los escribió y no necesariamente la opinión de El Latino American.

Waiver Projects Currently Undergoing Application, Renewal, or Amendment

[2018 SoonerCare Choice and Insure Oklahoma 1115\(a\) Demonstration Waiver Public Notice and Amended Application](#)

Purpose of this Webpage

In accordance with federal and state law, the Oklahoma Health Care Authority as the single state Medicaid agency, must notify the public of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) any new 1115a demonstration waiver project or extension renewal or amendment to any previously approved demonstration waiver project. This is a comment period of a minimum of thirty (30) days. Additional comments may be made at the CMS website for an additional thirty (30) days (see the link below).

Public notices, including the description of the new 1115a Demonstration Waiver project or, extension renewal or amendment to an existing demonstration waiver project to be submitted to CMS, will be posted here along with links to the full public notice and the amendment document to be submitted to CMS.

The full public notice will include:

- The address, telephone number and internet address where copies of the new demonstration waiver project or extension or amendment document is available for public review and comment,
- The postal address where written comments can be sent,
- The minimum 30 day time period in which comments will be accepted,
- The locations, dates and times of at least two public hearings convened by the State to seek input, (at least one of the two required public hearings will use telephonic and/or Web conference capabilities to ensure statewide accessibility to the public hearing).
- and [Medicaid.gov 1115 Demonstrations](#) received by CMS during their 30-day public comment period after the amendment has been submitted to CMS.

Comments may be provided during scheduled public hearings or in writing during the public comment period. To submit comments, write to:

Oklahoma Health Care Authority
Federal and State Policy Division
4345 N. Lincoln Blvd,
Oklahoma City, OK 73105

The State will hold a Tribal Consultation and two public hearings during the public comment period.

SoonerCare Choice and Insure Oklahoma Waiver Amendment Public Hearing (see chart on page 4 for a complete list of public forums and targeted meetings)

If you need this material in an alternative format, such as large print, please contact the Communications Division at 405-522-7300

[SoonerCare Choice and Insure Oklahoma 1115 Demonstration Waiver Public Notice and Amended Application](#)

View or print the amended application to be submitted to CMS for SoonerCare Choice and Insure Oklahoma 1115 Demonstration Waiver (PDF, new window)

[1115\(a\) Demonstration Work/Community Requirement Waiver Amendment](#)

The Demonstration application may also be viewed from 8:00 AM – 4:00 PM Monday through Friday at:

Oklahoma Health Care Authority
Federal and State Policy Division
4345 N. Lincoln Blvd,
Oklahoma City, Oklahoma 73105
Contact: Bill Garrison

Public Notice

View or print public comments regarding SoonerCare Choice and Insure Oklahoma 1115 Demonstration Waiver amended application (PDF, new window)

1115(a) Demonstration Work/Community Engagement Requirement Amendment

- View comments that others have submitted (see link below).
[Policy Change Blog](#)
- Public comments may be submitted until midnight on Friday, September 3, 2018. Comments may be submitted by agency blog or by regular mail to:

Oklahoma Health Care Authority
Federal and State Policy Division
4345 N. Lincoln Blvd,
Oklahoma City, Oklahoma 73105

The Oklahoma Health Care Authority (OHCA) as the single state Medicaid agency is providing public notice of its intent to submit to the Centers of Medicare and Medicaid Services (CMS) a written request to amend the SoonerCare Choice and Insure Oklahoma 1115 Demonstration waiver and to hold public hearings to receive comments on the amendments to the Demonstration.

With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2019-2021 extension period:

Beginning on or after February 1, 2019, the state will implement work/community engagement requirements for certain individuals related to Oklahoma Medicaid eligibility. As a condition of eligibility for Oklahoma SoonerCare benefits, applicants or existing members, not otherwise exempted, age 19-50 must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 80 hours per month. SoonerCare members who fail to meet the work/community engagement requirements for three months during a plan year will be dis-enrolled from SoonerCare until requirements are met.

SoonerCare work/community engagement activities are modeled in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Work/community engagement requirements for new or continued SoonerCare eligibility are set out below:

1. Working an average of twenty (20) hours or more per week, each month. The employment may be paid, in-kind, unpaid, or volunteer work; or
2. Participating in and complying with the requirements of a work program twenty (20) hours or more per week. The member may participate in 20 hours or more per week with the:
 - (a) Workforce Innovation and Opportunity Act (WIOA) Program;
 - (b) The Trade Adjustment Assistance Program; or

- (c) The Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the total required time spent in the components ;or
3. Volunteering an average of twenty (20) hours or more per week, each month with religious or community organizations; or
 4. Meeting any combination of work, participating in work training or volunteering for an average of twenty (20) hours or more per week, each month,

Exemptions

Certain individuals may be exempted from the above requirements. For a complete list of individuals who are exempt from the SoonerCare work/community engagement requirements please refer to the [1115\(a\) Work/Community Engagement Waiver Amendment](#).

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than October 1, 2018 with an effective date of February 1, 2019. The initial budget impact for system modifications is estimated at \$700,000 total dollars with \$70,000 of the total being state share. However, additional dollars are anticipated for the administration of the program but an exact amount is unknown at this time.

The OHCA expects to conduct several public forums around the state during the months of July-September. As of this date, the agency has scheduled the below required public meetings. Information on additional public forums will be provided on the agency’s public website as future dates and times are determined.

Date	Meeting	Sponsoring Organization	Location	Time	Speaking
7/11/2018	Tribal Consultation	OHCA	Charles Ed McFall Boardroom Oklahoma Health Care Authority 4345 N. Lincoln Blvd, Oklahoma City, OK	11:00 AM	Sandra
7/19/2018	Medical Advisory Committee (Public Forum)	OHCA	Charles Ed McFall Boardroom Oklahoma Health Care Authority 4345 N.	1:00 PM	Ty

Date	Meeting	Sponsoring Organization	Location	Time	Speaking
			Lincoln Blvd, Oklahoma City, OK		
8/2/2018	Leadership Meeting (Adult and Family Services) (Targeted Meeting)	OKDHS	2400 N. Lincoln Blvd. Sequoyah Building, 4 North Conference Room Oklahoma City, OK	1:00 PM	Ty
8/7/2018	Oklahoma Primary Care Association (Targeted Meeting)	Primary Care Association	6501 N. Broadway Extension Building 3, Suite 200 Oklahoma City, OK	2:00 PM	MaryAnn
8/10/2018	OU Sooner Health Access Network (Public Forum)	University of Oklahoma Tulsa	Tulsa Schusterman Center, 4502 E. 41st Street, Tulsa, OK	11:30 AM	Ty
8/13/2018	Oklahoma Family Network (Public Forum)	Oklahoma Family Network	Webcast	12:00 PM	Ty
8/16/2018	Comanche County Health Department (Targeted Meeting)	OHCA	1010 SW Sheridan Rd. Lawton, OK	3:00 PM	MaryAnn
8/17/2018	Norman – Porter Campus Regional (Public Forum)	OHCA	901 N. Porter Norman, OK Education Center, Rooms ABC	3:00 PM	MaryAnn
08/20/2018	Pawnee City Hall (Public Forum)	OHCA	Pawnee City Hall 510 Illinois St., Pawnee, OK	1:30 PM	MaryAnn
8/21/2018	Variety Care – Lafayette Clinic (Public Forum)	Variety Care – Lafayette Clinic	500 SW 44 th St., Oklahoma City, OK	1:30 PM	Ty

Date	Meeting	Sponsoring Organization	Location	Time	Speaking
8/23/2018	Northwestern Oklahoma State University (Public Forum)	OHCA	2929 E. Randolph Ave Room 131 Enid, OK	3:00 PM	MaryAnn
08/24/2018	Poteau Seminar Center (Public Forum)	OHCA	Kiamichi Technology - Poteau Campus 1509 S. McKenna Poteau, OK	2:00 PM	MaryAnn
8/24/2018	Conference Center Eastern Oklahoma State College (Public Forum)	OHCA	McAlester Campus 1802 College Ave. McAlester, OK	10:00 AM	MaryAnn
08/27/2018	James O. Goodwin Health Center (Public Forum)	OHCA	5051 S. 129 th E. Ave. Tulsa, OK	3:00 PM	MaryAnn
8/28/2018	Rural Roundtable (Targeted Meeting)	Rural Health Projects, Inc.	Northwest Technology Center, 1801 11th St., Alva, OK	11:30 AM	Becky
8/29/2018	Oklahoma State Department of Health (OSDH) (Targeted Meeting)	OSDH	TBD	TBD	Ty
8/30/2018	The Oklahoma Turning Point Conference & Policy Day (Public Forum)	Oklahoma Turning Point Council	Moore Norman Technology Center South Penn Campus Oklahoma City, OK	11:00 AM To 12:00 PM	Bill

Date	Meeting	Sponsoring Organization	Location	Time	Speaking
TBD	Rep. Meloyde Blancett Oklahoma House of Rep. (Targeted Meeting)	OHCA	TBD	TBD	Becky and Ty
9/5/2018	Oklahoma Department of Mental Health and Substance Abuse Services (OSDMHASS) (Targeted Meeting)	DMH	2000 N. Classen Blvd, suite E600, OKC, OK 73106	11:00 AM	Ty
9/5/2018	United Way (Targeted Meeting)	United Way	1444 NW 28th St, Oklahoma City, OK 73106	1:00 PM	Ty
9/11/2018	United Way Norman (Targeted Meeting)	United Way	2424 Springer Drive, Norman, OK	10:00 AM	MaryAnn
9/17/2018	Oklahoma Chapter American Academy of Pediatrics (OKAAP) Board (Targeted Meeting)	OKAAP	Charles Ed McFall Boardroom Oklahoma Health Care Authority	3:00 PM	Dr. Herndon
9/20/2018	Medical Advisory Committee (Public Forum)	OHCA	Charles Ed McFall Boardroom Oklahoma Health Care Authority 4345 N. Lincoln Blvd, Oklahoma City, OK	1:00 PM	Ty

Date	Meeting	Sponsoring Organization	Location	Time	Speaking
9/22/18	Member Advisory Task Force (Public Forum)	MATF	Charles Ed McFall Boardroom Oklahoma Health Care Authority 4345 N. Lincoln Blvd, Oklahoma City, OK	10:00 AM	Ivorina
9/27/2018	Oklahoma Department of Mental Health and Substance Abuse Services (OSDMHASS) (Targeted Meeting)	DMH	DMH	10:00 AM	Bill

The State is seeking the following changes to the waiver list.

Waiver List

1. *Freedom of Choice Section 1902(a) (23)(A)*

To enable the state to restrict beneficiaries’ freedom of choice of care management providers and to use selective contracting that limits freedom of choice of certain provider groups to the extent that the selective contracting is consistent with beneficiary access to quality services. No waiver of freedom of choice is authorized for family planning providers.

2. *Retroactive Eligibility Section 1902(a)(34)*

To enable the state to waive retroactive eligibility for demonstration participants with the exception of Tax Equity and Fiscal Responsibility Act (TEFRA) and Aged, Blind and Disabled populations.

3. *Work Requirement. Work, Work Training and Volunteerism as a condition of eligibility. Section 1902(a)(10)(A)*

To enable the State to require all individuals age 19 through 50 (except for excluded populations) to participate in established work or community engagement activities for Medicaid eligibility and to permit disenrollment and prohibit re-enrollment of individuals who do not meet the requirements.

Expenditure Authorities-The state is not seeking to change the expenditure authority.

Budget Neutrality-The state does not anticipate any significant changes to its budget neutrality for this amendment.

Standard CMS Financial Management Questions

- i. Section 1903(a)(1) provides that federal matching funds are only available for expenditures made by states for services under the approved State Plan.
 - a. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local government entity or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or Percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e. general fund, medical services account, etc.)

Yes, providers receive and retain 100 percent of the payments.

- ii. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services available under the plan.
 - a. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded.

The non-federal share (NFS) of the Medical Education Program payments to Oklahoma public universities is funded through Intergovernmental Transfers (IGTs) from appropriations from the legislature.

- b. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs) provider taxes or any other mechanism used by the State to provide state share.

The non-federal share (NFS) is funded through Intergovernmental Transfers (IGTs).

- c. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated.

Funds are appropriated to University of Oklahoma (OU) and Oklahoma State University (OSU) Medical Schools for Medical Education Program payments.

- d. Please provide an estimate of total expenditure and state share amounts for each type of Medicaid payment.

Type	Total	NFS
GME Payments	\$57,758,868.50	\$21,728,886.33

- e. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds.

The State receives the transferred amounts prior to making the payments.

- f. If CPEs are used, please describe the methodology used by the State to verify that the total expenditures being certified are eligible for federal matching funds in accordance with 42 CFR 433.51(b).

Not applicable

- g. For any payment funded by CPEs or IGTs, please provide the following:

- i. A complete list of the names of entities transferring or certifying funds:
University of Oklahoma College of Medicine
Oklahoma State University College of Osteopathic Medicine
- ii. The operational nature of the entity (state, county, city, other):
Oklahoma Public Universities
- iii. The total amounts transferred or certified by each entity:
Both the University of Oklahoma College of Medicine and Oklahoma State University College of Osteopathic Medicine will transfer \$10,859,443.
- iv. Clarify whether the certifying or transferring entity has general taxing authority:
The transferring entities do not have general taxing authority.
- v. Whether the certifying or transferring entity receives appropriations (identify level of appropriations):
The transferring entities do receive appropriations.

- vi. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy and quality of care. Section 1903(a)(1) provides for federal financial participation to states for expenditures for services under an approved State Plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

Not applicable, these payments will not be State Plan supplemental payments.

- vii. Please provide a detailed description of the methodology used by the State to estimate the upper payment limit (UPL) for each class of providers (state owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration.

Not Applicable

Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the federal share of the excess to CMS on the quarterly expenditures report?

No governmental provider receives payments that exceed their reasonable costs of providing services.

Interim Section 1115 Demonstration Application Budget Neutrality Table Shell

	A	B	C	D	E	F	G
1	5 YEARS OF HISTORIC DATA						
2							
3	SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:						
4		CY13	CY14	CY15	CY16	CY17	
5	Medicaid Pop 1-TANF Urban	HY 1	HY 2	HY 3	HY 4	HY 5	5-YEARS
6	TOTAL EXPENDITURES	\$ 954,184,381	\$ 951,550,408	\$ 986,750,815	\$ 948,370,039	\$ 959,029,502	\$ 4,799,885,145
7	ELIGIBLE MEMBER MONTHS	3,741,817	4,001,208	4,101,736	4,023,592	4,172,775	
8	PMPM COST	\$ 255.01	\$ 237.82	\$ 240.57	\$ 235.70	\$ 229.83	
9	TREND RATES						5-YEAR
10				ANNUAL CHANGE			AVERAGE
11	TOTAL EXPENDITURE		-0.28%	3.70%	-3.89%	1.12%	0.13%
12	ELIGIBLE MEMBER MONTHS		6.93%	2.51%	-1.91%	3.71%	2.76%
13	PMPM COST		-6.74%	1.16%	-2.02%	-2.49%	-2.57%
14							
15	Medicaid Pop 2-TANF Rural	HY 1	HY 2	HY 3	HY 4	HY 5	5-YEARS
16	TOTAL EXPENDITURES	\$ 602,610,415	\$ 631,345,481	\$ 592,057,993	\$ 566,807,338	\$ 625,688,644	\$ 3,018,509,871
17	ELIGIBLE MEMBER MONTHS	2,618,683	2,745,120	2,807,836	2,721,130	2,804,870	
18	PMPM COST	\$ 230.12	\$ 229.99	\$ 210.86	\$ 208.30	\$ 223.07	
19	TREND RATES						5-YEAR
20				ANNUAL CHANGE			AVERAGE
21	TOTAL EXPENDITURE		4.77%	-6.22%	-4.26%	10.39%	0.94%
22	ELIGIBLE MEMBER MONTHS		4.83%	2.28%	-3.09%	3.08%	1.73%
23	PMPM COST		-0.06%	-8.32%	-1.21%	7.09%	-0.77%
24							
25	Medicaid Pop 3-ABD Urban	HY 1	HY 2	HY 3	HY 4	HY 5	5-YEARS
26	TOTAL EXPENDITURES	\$ 351,048,325	\$ 386,068,589	\$ 395,192,728	\$ 385,443,404	\$ 417,964,076	\$ 1,935,717,121
27	ELIGIBLE MEMBER MONTHS	360,205	365,630	362,810	373,088	350,790	
28	PMPM COST	\$ 974.58	\$ 1,055.90	\$ 1,089.26	\$ 1,033.12	\$ 1,191.49	
29	TREND RATES						5-YEAR
30				ANNUAL CHANGE			AVERAGE
31	TOTAL EXPENDITURE		9.98%	2.36%	-2.47%	8.44%	4.46%
32	ELIGIBLE MEMBER MONTHS		1.51%	-0.77%	2.83%	-5.98%	-0.66%
33	PMPM COST		8.34%	3.16%	-5.15%	15.33%	5.15%
34							
35	Medicaid Pop 4-ABD Rural	HY 1	HY 2	HY 3	HY 4	HY 5	5-YEARS
36	TOTAL EXPENDITURES	\$ 282,298,187	\$ 295,085,786	\$ 296,210,206	\$ 279,910,973	\$ 302,136,435	\$ 1,455,641,587
37	ELIGIBLE MEMBER MONTHS	290,965	291,806	287,250	278,503	283,807	
38	PMPM COST	\$ 970.21	\$ 1,011.24	\$ 1,031.19	\$ 1,005.06	\$ 1,064.58	
39	TREND RATES						5-YEAR
40				ANNUAL CHANGE			AVERAGE
41	TOTAL EXPENDITURE		4.53%	0.38%	-5.50%	7.94%	1.71%
42	ELIGIBLE MEMBER MONTHS		0.29%	-1.56%	-3.05%	1.90%	-0.62%
43	PMPM COST		4.23%	1.97%	-2.53%	5.92%	2.35%

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS								
2									
3				CY18		CY19	CY20	CY21	
4	ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION YEARS (DY)			TOTAL
5	GROUP	RATE 1	OF AGING	DY 00	RATE 2	DY 01	DY 02	DY 03	WOW
6									
7	Medicaid Pop 1-TANF Urban								
8	Pop Type:	Medicaid							
9	Eligible Member Months	2.8%	12	4,287,944	2.8%	4,406,291	4,527,904	4,652,875	
10	PMPM Cost	4.0%	12	\$ 396.34	4.0%	\$ 412.20	\$ 428.69	\$ 445.84	
11	Total Expenditure					\$ 1,816,273,081	\$ 1,941,067,363	\$ 2,074,437,622	\$ 5,831,778,066
12									
13	Medicaid Pop 2-TANF Rural								
14	Pop Type:	Medicaid							
15	Eligible Member Months	1.7%	12	2,853,394	1.7%	2,902,758	2,952,976	3,004,062	
16	PMPM Cost	4.0%	12	\$ 402.00	4.0%	\$ 418.08	\$ 434.80	\$ 452.19	
17	Total Expenditure					\$ 1,213,585,052	\$ 1,283,953,827	\$ 1,358,406,869	\$ 3,855,945,749
18									
19	Medicaid Pop 3-ABD Urban								
20	Pop Type:	Medicaid							
21	Eligible Member Months	-0.7%	12	348,475	-0.7%	346,175	343,890	341,620	
22	PMPM Cost	3.6%	12	\$ 1,369.89	3.6%	\$ 1,419.21	\$ 1,470.30	\$ 1,523.23	
23	Total Expenditure					\$ 491,294,818	\$ 505,621,617	\$ 520,366,484	\$ 1,517,282,919
24									
25	Medicaid Pop 4-ABD Rural								
26	Pop Type:	Medicaid							
27	Eligible Member Months	-0.6%	12	282,047	-0.6%	280,299	278,561	276,834	
28	PMPM Cost	3.6%	12	\$ 1,093.79	3.6%	\$ 1,133.16	\$ 1,173.95	\$ 1,216.21	
29	Total Expenditure					\$ 317,623,282	\$ 327,016,515	\$ 336,688,008	\$ 981,327,804
30									
31	Hypo 1								
32	Pop Type:	Hypothetical							
33	Eligible Member Months								
34	PMPM Cost								
35	Total Expenditure					\$ -	\$ -	\$ -	\$ -
36									
37	Hypo 2								
38	Pop Type:	Hypothetical							
39	Eligible Member Months								
40	PMPM Cost								
41	Total Expenditure					\$ -	\$ -	\$ -	\$ -

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	CY18	DEMO TREND RATE	DEMONSTRATION YEARS (DY)			TOTAL WW
	DY 00		DY 01	DY 02	DY 03	
Medicaid Pop 1-TANF Urban						
Pop Type:	Medicaid					
Eligible Member Months	4,287,944	2.8%	4,406,291	4,527,904	4,652,875	
PMPM Cost	\$ 220.25	4.0%	\$ 229.06	\$ 238.22	\$ 247.75	
Total Expenditure			\$ 1,009,297,157	\$ 1,078,639,909	\$ 1,152,746,785	\$ 3,240,683,850
Medicaid Pop 2-TANF Rural						
Pop Type:	Medicaid					
Eligible Member Months	2,853,394	1.7%	2,902,758	2,952,976	3,004,062	
PMPM Cost	\$ 230.48	4.0%	\$ 239.70	\$ 249.28	\$ 259.26	
Total Expenditure			\$ 695,782,004	\$ 736,131,794	\$ 778,821,549	\$ 2,210,735,347
Medicaid Pop 3-ABD Urban						
Pop Type:	Medicaid					
Eligible Member Months	348,475	-0.6%	346,175	343,890	341,620	
PMPM Cost	\$ 1,232.88	3.6%	\$ 1,277.26	\$ 1,323.24	\$ 1,370.88	
Total Expenditure			\$ 442,155,115	\$ 455,049,419	\$ 468,319,752	\$ 1,365,524,286
Medicaid Pop 4-ABD Rural						
Pop Type:	Medicaid					
Eligible Member Months	282,047	-0.6%	280,299	278,561	276,834	
PMPM Cost	\$ 1,101.40	3.6%	\$ 1,141.05	\$ 1,182.13	\$ 1,224.68	
Total Expenditure			\$ 319,834,268	\$ 329,293,942	\$ 339,033,403	\$ 988,161,612
Exp Pop 1-NDWA-ESI						
Pop Type:	Expansion					
Eligible Member Months	178,025	2.5%	182,435	186,954	191,586	
PMPM Cost	\$ 341.79	4.00%	\$ 355.46	\$ 369.68	\$ 384.47	
Total Expenditure			\$ 64,848,777	\$ 69,113,486	\$ 73,658,659	\$ 207,620,922
Exp Pop 2-TEFRA						
Pop Type:	Expansion					
Eligible Member Months	7,874	7.6%	8,475	9,122	9,819	
PMPM Cost	\$ 802.87	3.60%	\$ 831.77	\$ 861.71	\$ 892.74	
Total Expenditure			\$ 7,049,194	\$ 7,860,683	\$ 8,765,588	\$ 23,675,465
Exp Pop 3-College-ESI						
Pop Type:	Expansion					
Eligible Member Months	1,380	2.2%	1,410	1,441	1,472	
PMPM Cost	\$ 259.27	4.00%	\$ 269.64	\$ 280.43	\$ 291.64	
Total Expenditure			\$ 380,300	\$ 404,113	\$ 429,417	\$ 1,213,830
Exp Pop 4-NDWA-IP						
Pop Type:	Expansion					
Eligible Member Months	61,938	5.5%	65,317	68,880	72,637	
PMPM Cost	\$ 581.23	4.00%	\$ 604.48	\$ 628.66	\$ 653.81	
Total Expenditure			\$ 39,482,875	\$ 43,302,192	\$ 47,490,965	\$ 130,276,032
Exp Pop 5-College-IP						
Pop Type:	Expansion					
Eligible Member Months	2,263	-0.4%	2,255	2,246	2,238	
PMPM Cost	\$ 180.94	4.00%	\$ 188.18	\$ 195.71	\$ 203.54	
Total Expenditure			\$ 424,322	\$ 439,626	\$ 455,483	\$ 1,319,431
Exp Pop 6-HAN						
Pop Type:	Expansion					
Eligible Member Months	1,799,754	2.8%	1,849,427	1,900,471	1,952,924	
PMPM Cost	\$ 5.00	0.00%	\$ 5.00	\$ 5.00	\$ 5.00	
Total Expenditure	\$ 8,998,770		\$ 9,247,136	\$ 9,502,357	\$ 9,764,622	\$ 28,514,116
Exp Pop 7-HMP						
Pop Type:	Expansion					
		<i>Sum of Traditional MEGs</i>				
Eligible Member Months	7,771,860		7,935,522	8,103,331	8,275,391	
PMPM Cost	\$ 1.47		\$ 1.48	\$ 1.50	\$ 1.51	
Total Expenditure	\$ 11,439,543	3.00%	\$ 11,782,730	\$ 12,136,212	\$ 12,500,298	\$ 36,419,239

NOTES

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.

Budget Neutrality Summary

Without-Waiver Total Expenditures

	CY19		CY20		CY21		TOTAL
	DEMONSTRATION YEARS (DY)						
	DY 01		DY 02		DY 03		
<u>Medicaid Populations</u>							
Medicaid Pop 1-TANF Urban	\$	1,816,273,081	\$	1,941,067,363	\$	2,074,437,622	\$ 5,831,778,066
Medicaid Pop 2-TANF Rural	\$	1,213,585,052	\$	1,283,953,827	\$	1,358,406,869	\$ 3,855,945,749
Medicaid Pop 3-ABD Urban	\$	491,294,818	\$	505,621,617	\$	520,366,484	\$ 1,517,282,919
Medicaid Pop 4-ABD Rural	\$	317,623,282	\$	327,016,515	\$	336,688,008	\$ 981,327,804
<u>DSH Allotment Diverted</u>	\$	-	\$	-	\$	-	\$ -
<u>Other WOW Categories</u>							
Category 1							\$ -
Category 2							\$ -
TOTAL	\$	3,838,776,233	\$	4,057,659,322	\$	4,289,898,983	\$ 12,186,334,539

With-Waiver Total Expenditures

	CY19		CY20		CY21		TOTAL
	DEMONSTRATION YEARS (DY)						
	DY 01		DY 02		DY 03		
<u>Medicaid Populations</u>							
Medicaid Pop 1-TANF Urban	\$	1,009,297,157	\$	1,078,639,909	\$	1,152,746,785	\$ 3,240,683,850
Medicaid Pop 2-TANF Rural	\$	695,782,004	\$	736,131,794	\$	778,821,549	\$ 2,210,735,347
Medicaid Pop 3-ABD Urban	\$	442,155,115	\$	455,049,419	\$	468,319,752	\$ 1,365,524,286
Medicaid Pop 4-ABD Rural	\$	319,834,268	\$	329,293,942	\$	339,033,403	\$ 988,161,612
<u>Expansion Populations</u>							
Exp Pop 1-NDWA-ESI	\$	64,848,777	\$	69,113,486	\$	73,658,659	\$ 207,620,922
Exp Pop 2-TEFRA	\$	7,049,194	\$	7,860,683	\$	8,765,588	\$ 23,675,465
Exp Pop 3-College-ESI	\$	380,300	\$	404,113	\$	429,417	\$ 1,213,830
Exp Pop 4-NDWA-IP	\$	39,482,875	\$	43,302,192	\$	47,490,965	\$ 130,276,032
Exp Pop 5-College-IP	\$	424,322	\$	439,626	\$	455,483	\$ 1,319,431
Exp Pop 6-HAN	\$	9,247,136	\$	9,502,357	\$	9,764,622	\$ 28,514,116
Exp Pop 7-HMP	\$	11,782,730	\$	12,136,212	\$	12,500,298	\$ 36,419,239
TOTAL	\$	2,600,283,878	\$	2,741,873,733	\$	2,891,986,522	\$ 8,234,144,132

VARIANCE	\$	1,238,492,356	\$	1,315,785,590	\$	1,397,912,462	\$ 3,952,190,407
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HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

	CY19		CY20		CY21		TOTAL
	DEMONSTRATION YEARS (DY)						
	DY 01		DY 02		DY 03		
Hypo 1	\$	-	\$	-	\$	-	\$ -
Hypo 2	\$	-	\$	-	\$	-	\$ -
TOTAL	\$	-	\$	-	\$	-	\$ -

With-Waiver Total Expenditures

	CY19		CY20		CY21		TOTAL
	DEMONSTRATION YEARS (DY)						
	DY 01		DY 02		DY 03		
Hypo 1	\$	-	\$	-	\$	-	\$ -
Hypo 2	\$	-	\$	-	\$	-	\$ -
TOTAL	\$	-	\$	-	\$	-	\$ -

HYPOTHETICALS VARIANCE	\$	-	\$	-	\$	-	\$ -
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Population Status Drop-Down
Medicaid
Hypothetical
Expansion

Sooner HAN Lunch & Learn Agenda
AUGUST 10, 2018

- 11:30am Tywanda Cox, Chief of Federal and State Policy
1115(a) Demonstration Waiver, Community Engagement Amendment
Presentation and Q&A Session*
- 12:00pm Hollie Hawkins presentation on Pediatric Obesity & Bullying
- 12:45pm Jan Dawson with Community Nutrition Education Program on local resources
available to Care Managers and their clients.
- 1:00pm Closing

***PUBLIC NOTICE**

The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver will be posted online at www.okhca.org from July 3, 2018 through September 3, 2018.

Comments and questions may be submitted online through the Policy Change Blog or the Native American Consultation Blog at www.okhca.org by clicking the Medicaid Community Engagement Requirements banner or by contacting the OHCA Federal & State Reporting Coordinator by telephone at 405-522-7914 or via email at OHCAcommunityengagement@okhca.org or by written comment at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105.

Comments may also be made at www.medicaid.gov after the amendment has been submitted to CMS on or after October 1, 2018.

AGENDA

July 19th, 2018
1:00 PM – 3:30 PM

Charles Ed McFall Board Room

- I. Welcome, Roll Call, and Public Comment Instructions: **Chairman, Steven Crawford, M.D.**
- II. Action Item: Approval of Minutes of the May 17th, 2018: **Medical Advisory Committee Meeting**
- III. Public Comments (2 minute limit)
- IV. MAC Member Comments/Discussion
- V. Financial Report: **Aaron Morris, Chief Financial Officer**
 - A. 2019 Budget Work Program: **Tasha Black, Director of Budget and Fiscal Planning**
- VI. SoonerCare Operations Update: **Melinda Thomason, Director of Health Care Systems Innovation**
 - A. Value Based Care SoonerCare Pharmacy: **Burl Beasley, Assistant Director of Pharmacy**
- VII. Proposed Rule Changes: Presentation, Discussion, and Vote: **Tywanda Cox, Chief of Federal & State Policy**
 - A. **18-02 Work and Community Engagement Requirements as a Condition of SoonerCare Eligibility for Adults**
- VIII. Action Item: Vote on Proposed Rule Changes: **Chairman, Steven Crawford, M.D.**
- IX. New Business: **Chairman, Steven Crawford, M.D.**
- X. Future Meeting:
September 20th, 2018
November 15th, 2018
- XI. Adjourn

AGENDA

September 20th, 2018
1:00 PM – 3:30 PM

Charles Ed McFall Board Room

- I. Welcome, Roll Call, and Public Comment Instructions: **Chairman, Steven Crawford, M.D.**
- II. Action Item: Approval of Minutes of the July 19th, 2018: **Medical Advisory Committee Meeting**
- III. Public Comments (2 minute limit)
- IV. MAC Member Comments/Discussion
- V. Financial Report: **Tasha Black, Director, Senior Director of Financial Services**
- VI. SoonerCare Operations Update: **Marlene Asmussen, Director of Population Care Management**
- VII. Section 1115(a) Waiver Amendment Proposals: Community Engagement and Health Management Program: **Tywanda Cox, Chief of Federal & State Policy**
- VIII. Proposed Rule Changes: Presentation, Discussion, and vote: **Sandra Puebla, Director of Federal & State Authorities**
 - A. **18-01 Laboratory Services Policy Update**
- IX. Action Item: Vote on Proposed Rule Changes: **Chairman, Steven Crawford, M.D.**
- X. New Business: **Chairman, Steven Crawford, M.D.**
- XI. Future Meeting:
November 15th, 2018
- XII. Adjourn

Catina Baker

Subject: FW: RE: Bi Monthly Tribal Consultation
Location: Conf Rm-Board Room - Room# 1013

Start: Wed 7/11/2018 11:00 AM
End: Wed 7/11/2018 12:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Johnney Johnson

[We send it out as a calendar invite.](#)

-----Original Appointment-----

From: Johnney Johnson

Sent: Tuesday, June 26, 2018 4:27 PM

To: Johnney Johnson; Executive Leadership Team; Tribal Government Relations; Ashley Johnson; Tasha Black; Vanessa Andrade; Josh 'Amy.Eden@creekhealth.org'; Angela Daugherty; 'Annette James'; April Wazhaxi; Barbara Clyma; 'betty-gurule@cherokee.org'; 'bren Wren'; 'bstacy@peoriatribe.com'; 'Carol-Masters@cherokee.org'; 'carolyn.romberg@chickasaw.net'; 'cbottaro@astribe.com'; 'charles 'claims@okcic.com'; 'connie-davis@cherokee.org'; 'cskeeter@ihcrc.org'; 'Dawna Hare'; 'deborah-shepherd@cherokee.org'; 'eloise.ric hall@cherokee.org'; 'gertrude.lee@ihs.gov'; 'gordon-watkins@cherokee.org'; 'heather.summers@chickasaw.net'; 'Jackie Warledo'; 'J 'Jacqueline Bae'; 'Jan.Robb@ihs.gov'; Janetta Mahtapene; 'jennifer.wofford@ihs.gov'; 'jeri.coats@ihs.gov'; 'jgibson@ihcrc.org'; 'jharm 'johankutasov@hotmail.com'; 'JohnBallard@cableone.net'; 'johnita.williams@ihs.gov'; 'Joni Duffield, BS, MPA'; 'Judy.Parker@Chickas 'kamconnell@cnhsa.com'; 'Kamisha Busby, MBA, LPN'; Karen Simmons; 'kathy-despain@cherokee.org'; 'kdmings@cnhsa.com'; 'kdu 'Kelly Walker'; 'Kelly.Battese@ihs.gov'; 'Kelly.Garrett@Chickasaw.net'; 'kevin.meeks@ihs.gov'; 'kharjo@potawatomi.org'; 'kim.chucul 'KSMassey@cnhsa.com'; Kymberly Cravatt; 'lea.lake@ihs.gov'; Lindsay King; 'lisa.mcgowen@ihs.gov'; 'lisa-gassaway@cherokee.org'; 'Marjorie.rogers@ihs.gov'; Mark E. Rogers; 'Marla Throckmorton'; 'Marty.Wafford@chickasaw.net'; 'Mary Culley'; Melanie Fourkiller; 'melissa.odi@chickasaw.net'; 'Michele.deathrage@ihs.gov'; Mitchell Thornbrugh; 'mnorman@tonkawatribe.com'; 'mpeercy@chocta 'Pat.Gonzales@ihs.gov'; 'Paul Emrich'; 'quapawtriberep@gmail.com'; 'rbutcher@potawatomi.org'; 'regena.overbey@ihs.gov'; Regina 'renee.hogue@chickasaw.net'; 'renee-holloway@cherokee.org'; 'rhonda.beaver@creekhealth.org'; 'rick-kelly@cherokee.org'; 'rkaise 'rm.sleeper@yahoo.com'; Robert Weaver; 'robin.p@okcic.com'; 'robyn.s@okcic.com'; 'Ronald.Grinnell@ihs.gov'; Ryan Smykil; Sandra 'sdiggs@choctawnation.com'; 'secretary@sacandfoxnation-nsn.gov'; Seneca Smith; Shawn Terry; 'slvarner@cnhsa.com'; Steven Land 'Summer Duke'; 'Taveah.George@ihs.gov'; 'tconway@c-a-tribes.org'; Teri Parton; 'thumble@kawnation.com'; 'tkjackson@cnhsa.com 'tmmoore@osagetribe.org'; Todd Hallmark; 'tpeery@astribe.com'; Travis Watts; 'twithrow@potawatomi.org'; 'Wendy.Dunson@ihs.g

Cc: 'Terry M. Moore'; Amy Bradt; Andrea Carr; 'David James'; 'Teresa K. Jackson'; 'Suzan Medlock'; 'Robert Coffey'; 'kelly.roberts@chi

Subject: RE: Bi Monthly Tribal Consultation

When: Wednesday, July 11, 2018 11:00 AM-12:00 PM (UTC-06:00) Central Time (US & Canada).

Where: Conf Rm-Board Room - Room# 1013

Good afternoon everyone. I would like to take this opportunity to invite you to OHCA's July Bi Monthly Tribal Consultation Meeting. The meeting will be held in the McFall Board Room on the first floor, at the Oklahoma Health Care Authority (4345 N. Lincoln Blvd. Oklahoma City, OK 73105) on July 11, 2018. Please click on the link to the agenda to July's meeting. Please take a moment to look over the proposed waiver and rule updates. If you have any questions, please contact me with you or submit them online at our [Tribal Consultation Page](#). We value all of your feedback and look forward to your attendance. A recording of the webinar is below. Thank you.

<http://www.okhca.org/about.aspx?id=18368>

You are invited to an OHCA webinar.

When: Jul 11, 2018 11:00 AM Central Time (US and Canada)

Topic: Bi-Monthly Tribal Consultation

Please register for the meeting:

https://okhca.zoom.us/webinar/register/WN_SJMMq-P2QeqzA8XV3HYqzw

After registering, you will receive a confirmation email containing information about joining the webinar.

Johnney Johnson, MBA

Tribal Government Relations Associate Director

Oklahoma Health Care Authority

4345 N. Lincoln Blvd. | Oklahoma City, OK 73105

P: (405) 522-7058 | F: (405) 530-7235 | E: Johnney.Johnson@okhca.org



TRIBAL CONSULTATION MEETING

SIGN IN SHEET

JULY 11, 2018

11:00AM

BOARD ROOM

4345 N. LINCOLN BLVD.

OKLAHOMA CITY, OK 73105

NAME	ORGANIZATION	EMAIL
Jackie Fortier	NPR	[REDACTED]
Tid Tally	CGP	[REDACTED]
Adam McCreary	Cherokee Nation	[REDACTED]
Melanie Fowlkner	Choctaw Nation	[REDACTED]
Stephanie Mavredes	GHCFA	[REDACTED]
Sandra Sealey	IHS	[REDACTED]
Cove Jeffries	OKIA	[REDACTED]
Charmen Johnson	OHEA	[REDACTED]
Sandra Pugh	GHCFA	[REDACTED]
Gloria LaFille	OHCFA	[REDACTED]
JOSH BAWE	OHCFA	[REDACTED]

TRIBAL CONSULTATION MEETING

SIGN IN SHEET

JULY 11, 2018

11:00AM

BOARD ROOM

4345 N. LINCOLN BLVD.

OKLAHOMA CITY, OK 73105

NAME	ORGANIZATION	EMAIL
OK Patrice Cary Palmer	OK Policia	[REDACTED]
Johnathon Worth	Cherokee Nation	[REDACTED]
Melissa Gower	Chickasaw Nation	[REDACTED]
Barrian Wren	Cherokee Nation	[REDACTED]
Barbara Clyme	Muscogee Creek Nation	[REDACTED]
Sasha Teel	OHCA	[REDACTED]
Jobyn Sunday-Allen	OHCA	[REDACTED]
LeKenya Antwine	OHCA	[REDACTED]
Mary Triplett	OHCA	[REDACTED]
Sherry DeAngelis	OHCA	[REDACTED]
Dawn Kirkpatrick	OHCA	[REDACTED]

TRIBAL CONSULTATION MEETING

SIGN IN SHEET

JULY 11, 2018

11:00AM

BOARD ROOM

4345 N. LINCOLN BLVD.

OKLAHOMA CITY, OK 73105

NAME	ORGANIZATION	EMAIL
Katie Wren	OTCA	
Andrea Carr	OTCA	
Darvey Reynolds	OTCA	
Tasha Black	OTCA	
Becky Hancock	OTCA	
MaryAnn Martin	OTCA	
Ivoria Holt	OTCA	
Tywanita Cox		
DAVID WARD	OTCA	
CP	OTCA	

TRIBAL CONSULTATION MEETING

SIGN IN SHEET

JULY 11, 2018

11:00AM

BOARD ROOM

4345 N. LINCOLN BLVD.

OKLAHOMA CITY, OK 73105

NAME	ORGANIZATION	EMAIL
Mel Thompson	BPCA	



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2018-06

June 26, 2018

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 July 11th, 2018 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 regarding the proposed changes. 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 informed of proposed policy changes, you may sign up for web alerts 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,

S\

Dana Miller
Director, Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

Consideration for rate reduction exemption for Indian Health Services, Tribal Program and Urban Indian Clinic (I/T/U) Fee-for-Service providers — The proposed I/T/U changes will allow the Oklahoma Health Care Authority to consider exempting I/T/U services reimbursed outside of the Office of Management and Budget (OMB) rate, and which receive 100 percent in Federal Medical Assistance Percentage funding, from proposed provider rate cuts.

Electronic Visit Verification (EVV) — The proposed revisions are necessary to comply with the 21st Century CURES Act which requires providers of personal care and home health care services to utilize a system under which visits conducted are electronically verified. The revisions will require that the type of service performed; the individual receiving the service; the date of the service; the location of service delivery; the individual providing the service; and the time the service begins and ends be included in the verification process.

Work Requirements as a Condition of SoonerCare Eligibility — The proposed policy will establish work requirements as a condition of eligibility for applicable adults age 19 through age 50. The agency has been instructed to use the SNAP criteria and exemptions to structure this provision as a condition of eligibility for certain individuals. The state is also able to propose exemptions for additional populations, as it deems necessary to mitigate unintended negative eligibility consequences to appropriate populations. Revisions will outline work requirements, including but not limited to, activities that satisfy as work requirements, individuals who are exempt, steps to take if a member's exemption status or employment status changes, reenrollment conditions after a member loses eligibility for non-compliance, and fair hearing rights.



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, July 11th
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

1. Welcome— Dana Miller, Director of Tribal Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments—Sandra Puebla, Federal & State Authorities Director

Proposed Rule, State Plan, and Waiver Amendments

- Electronic Visit Verification (EVV)
 - Work Requirements as a Condition of SoonerCare Eligibility
 - Supplemental Reimbursement for Ground Emergency Services
 - Public Health Nurses Contract
3. Other Business and Project Updates:
 - Public Health Nurses Contract- Amy Bradt, Director of Provider Enrollment
 - OHCA Quality Improvement Plan- Melinda Thomason, Director of Health Care Systems Innovation
 - Sponsors Choice update- Dana Miller, Director of Tribal Government Relations
 - Four Walls Addendum- Dana Miller, Director of Tribal Government Relations
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, September 4th , 2018

Proposed Rule, State Plan, and Waiver Amendments

Electronic Visit Verification (EVV) — The proposed revisions are necessary to comply with the 21st Century CURES Act which requires providers of personal care and home health care services to utilize a system under which visits conducted are electronically verified. The revisions will require that the type of service performed; the individual receiving the service; the date of the service; the location of service delivery; the individual providing the service; and the time the service begins and ends be included in the verification process.

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Supplemental Reimbursement for Ground Emergency Services – Proposed policy changes will establish supplemental reimbursement, in addition to the rate of payment that eligible Medicaid ground emergency transportation providers already receive, for ground emergency medical transportation (GEMT) services. The proposed supplemental payments will be reimbursed through a Certified Public Expenditure (CPE) methodology. The proposed policy changes will also establish GEMT provider eligibility, program participation guidelines, and annual cost-reporting requirements.

Public Health Nurses Contract-Currently, Tribal Public Health Nurses (TPHN) are completing paraprofessional contracts which contain incorrect terms and conditions. We have developed a more appropriate contract for this provider type. Once the system is ready, TPHN's will be able to enroll online and maintain their provider files labeled as TPHNs. (Contract attached)



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, July 11th
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

1. Welcome— Dana Miller, Director of Tribal Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments—Sandra Puebla, Federal & State Authorities Director

Proposed Rule, State Plan, and Waiver Amendments

- Electronic Visit Verification (EVV)
 - Work Requirements as a Condition of SoonerCare Eligibility
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 - Sponsors Choice update- Dana Miller, Director of Tribal Government Relations
 - Four Walls Addendum- Dana Miller, Director of Tribal Government Relations
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, September 4th , 2018

Onsite: Tribal Partners	Onsite: OHCA Staff_
<ul style="list-style-type: none"> ○ Johnathon Worth – Cherokee Nation ○ Melissa Gower – Chickasaw Nation ○ Brian Wren – Choctaw Nation ○ Barbara Clyma – Muscogee Creek Nation ○ Robyn Sunday-Allen – OKC Indian Clinic ○ Adam McCreary – Cherokee Nation ○ Melanie Fourkiller – Choctaw Nation ○ Sandra Sealey – Indian Health Services 	<ul style="list-style-type: none"> ○ Sasha Teel ○ LeKenya Antwine ○ Mary Triplet ○ Sherry DeAngelis ○ Daryn Kirkpatrick ○ Stephanie Mavredes ○ Cate Jeffries ○ Carmen Johnson ○ Sandra Puebla ○ Gloria LaFitte ○ Josh Bouye
Onsite: Other Attendees	
<ul style="list-style-type: none"> ○ Jackie Fortier – StateImpact Oklahoma 	

<ul style="list-style-type: none"> ○ Tyler Talley - ECapitol ○ Cory Putnam – Oklahoma Policy 	<ul style="list-style-type: none"> ○ Melinda Thomason ○ Kasie Wren ○ Andrea Carr ○ Harvey Reynolds ○ Tasha Black ○ Becky Pasternik-Ikard ○ MaryAnn Martin ○ Ivoria Holt ○ Tywanda Cox ○ David Ward ○ Jo Stainsby ○ Johnney Johnson ○ Janet Byas ○ Dana Miller ○ Bryan Younger
Online: Tribal Attendees	
<ul style="list-style-type: none"> ○ Eloise Rice – Sac & Fox ○ Kelly Roberts – Chickasaw Nation ○ Tenesha Washington – Oklahoma City Indian Clinic ○ Yvonne Myers – Citizen Potawatomi Nation ○ Carolyn Romberg – Chickasaw Nation ○ Robin Parker – Oklahoma City Indian Clinic ○ Brenda Teel - Chickasaw Nation ○ Sheri Brown – Sac & Fox 	
Online: Other Attendees	
<ul style="list-style-type: none"> ○ Lindsey Bateman – Oklahoma Health Care Authority 	

1. **Welcome— Dana Miller, Director of Tribal Government Relations**
2. **Proposed Rule, State Plan, Waiver, and Rate Amendments—Sandra Puebla, Federal & State Authorities Director**

Proposed Rule, State Plan, and Waiver Amendments

Electronic Visit Verification (EVV) — The proposed revisions are necessary to comply with the 21st Century CURES Act which requires providers of personal care and home health care services to utilize a system under which visits conducted are electronically verified. The revisions will require that the type of service performed; the individual receiving the service; the date of the service; the location of service delivery; the individual providing the service; and the time the service begins and ends be included in the verification process.

- **Melisa Gower:** How does this affect I/T/U?
- **Tywanda Cox:** All providers offering this service must be in the system to sign in; the State Health Department of Health has a current system up and running for their CP Pass Program. It was a mandate
- **Melissa Gower:** Do we have to buy the system?
- **Tywanda Cox:** No; One system developed & implemented will be used
- **Dana Miller:** These are services you have to be contracted separately for; there currently is only one tribal provider that has this contract
- **Johnathan Worth:** Is this an app?
- **LeKenya Antwine:** The system is an electronic data base. This is not something that the providers have to get, members use a landline or web based app to get an electronic time band putting available information on the internet where the visit is at
- **Brenda Teel:** Is this for PHN services?
- **Dana Miller:** No, this requires a separate contract
- **Sandra Puebla:** This does impact State Plan Home Health and Personal Care services.

Work Requirements as a Condition of SoonerCare Eligibility — The proposed policy will establish work requirements as a condition of eligibility for applicable adults age 19 through age 50. The agency has been instructed to use the SNAP criteria and exemptions to structure this provision as a condition of

eligibility for certain individuals. The state is also able to propose exemptions for additional populations, as it deems necessary to mitigate unintended negative eligibility consequences to appropriate populations. Revisions will outline work requirements, including but not limited to, activities that satisfy as work requirements, individuals who are exempt, steps to take if a member's exemption status or employment status changes, reenrollment conditions after a member loses eligibility for non-compliance, and fair hearing rights.

- **Tywanda Cox :**
 - Overview of OHCA public posting
 - banner on the website
 - webpage will be updated as necessary
 - the draft amendment is open for 60 days public notice (30 days in required)
 - we really want your feedback
 - required to have 2 meeting we have 4 (Tribal, MAC, Board and OU HAN)
 - Planning regional meetings with members in the community
 - Foams to generate some feedback and target outreach
 - OHCA is in a collaboration call with CMS and other states with proposed work requirements (1st call was yesterday)
- **Becky Pasternik-Ikard:** 4 States with CMS approval were are all Medicaid expansion states (No guidance or approval for a non-expansion state)
- **Tywanda Cox:** Kentucky's approval is being challenged and is litigation, CMS is aware of this, this is a law in Oklahoma and we are moving forward under the direction of the law in Oklahoma
- **Melissa Gower:** Did you discuss AI/AN in the call? Indiana has 1 tribe
- **Tywanda Cox:** Not on the call, but we asking for a blanket exemption
- **Dana Miller:** What is the discussion at TTAG? Knowing we have added this to our draft
- **Melissa Gower:** This is discussed frequently; on the wavier submitted the four states that have been approve are Kentucky, Indiana, Arkansas and New Hampshire
 - Arkansas – No tribes in this states but affects Oklahoma tribal members who live in Arkansas that come to Oklahoma for services.
- **Becky Pasternik-Ikard:** They implemented June 1, 2018
- **Melissa Gower:** When the wavier was submitted to CMS it was that the requirement would only apply to expansion population (this would exempt I/T/U's) CMS implemented this statewide and it would apply to all. Arkansas submitted a wavier to exempt those not in managed care (excludes AI/ANs). CMS changed the waiver from the way Arkansas submitted in April/May of this year to include AI/ANs. There are three states whom have an outright exemption Arizona, Mississippi and Utah. We need to look at language used if a blanket exemption is not given. Example, "beneficiaries eligible for services at an ITU" vs. exclude all AI/AN beneficiaries.
- **Tywanda Cox:** The timeline for submission to CMS is by 10/1/2018. We are asking for a 2/1/2018 effective date. An implementation date would be much further out because we have to be aware of what is approved for system changes.
- **Robin Sunday-Allen:** What is the deadline to implement?
- **Tywanda Cox:** There is no hard deadline. This impacts about 6,000 Oklahoma's who are enrolled in SoonerCare.

- **Robin Parker:** ITU's are payer of last resort. This will make enrollment into the program difficult. Who determines if someone is incapacitated (such as an elder).
- **Tywanda Cox:** SNAP rules say a doctor can provide this information. We are still go through this determination process right now.

Supplemental Reimbursement for Ground Emergency Services – Proposed policy changes will establish supplemental reimbursement, in addition to the rate of payment that eligible Medicaid ground emergency transportation providers already receive, for ground emergency medical transportation (GEMT) services. The proposed supplemental payments will be reimbursed through a Certified Public Expenditure (CPE) methodology. The proposed policy changes will also establish GEMT provider eligibility, program participation guidelines, and annual cost-reporting requirements.

- **Dana Miller:** Reminder that this proposed change does directly impact I/T/U providers who have entered into an ambulance contract.
- **Sandra Puebla:** Any participating emergency transportation provider can be eligible for this supplement
- **Melissa Gower:** Please explain where this proposal came from.
- **Sandra Puebla:** The idea for a supplemental reimbursement program for ground emergency medical transportation (GEMT) providers came directly from the provider community after similar programs were successfully approved and implemented in other states. The GEMT provider community, in collaboration with the Oklahoma Ambulance Association (OKAMA), hired the Public Consulting Group (PCG) to represent them. PCG worked with the state legislature during the 2018 session to have a bill drafted, SB 1591 that was approved and signed into law by the Governor's office on May 8, 2018. SB 1591 directed the OHCA to develop and implement a voluntary supplemental reimbursement program for Oklahoma Medicaid contracted GEMT providers. SB 1591 further directed OHCA to submit any necessary paperwork to the CMS for approval and implementation of the program. PCG and OKAMA specifically cited interest in the supplemental reimbursement program from tribal GEMT providers.
- **Becky Pasternik-Ikard:** There are recent approvals for other similar programs in other states. Our CFO Aaron Morris is heading this project and is available to discuss further details with staff if needed.
- **Melissa Gower:** "Cool." mentioned that this is an unusual request to hear about reimbursement increases. Discussion is typically centered around reimbursement rate decreases.

Public Health Nurses Contract-Currently, Tribal Public Health Nurses (TPHN) are completing paraprofessional contracts which contain incorrect terms and conditions. We have developed a more appropriate contract for this provider type. Once the system is ready, TPHN's will be able to enroll online and maintain their provider files labeled as TPHNs. (Contract draft was handed out)

- **Andrea Carr:** a new contract for Public Health Nurses has been created to support the services that are being provided. We did not have a PHN contract so the Para Professional contract is currently being filled out because it was the only contract that best fit the under the criteria. But that contract speaks to BH services more so than Medical services. So the new PHN contract will have the correct language and guidelines specific to PHN. Enrollment date October 2018 with an expiration date of October 31, 2022. There are still some details being worked on at this time
- **Sandra Sealey:** Is the Paraprofessional contract expiration date September 30th
- **Andrea Carr:** No, it is not the expiration date for that contract is June 30, 2021.

- **Melissa Gower:** Is this part of EVV
- **Dana Miller:** No, Public Health Nursing is already in your rules. I/T/Us are not currently contracted separately for home health or skilled nursing, therefore this policy does not apply to current I/T/Us
- **Yvonne Myers:** Will each Nurse have to complete a separate contract?
- **Andrea Carr:** Yes
- **Sandra Sealey:** Can I make a suggestion to have the word "Public" changed to "Tribal"
- **Dana Miller:** You may want to ask if I/T/U's need to have a separate contract from IHS
- **Teneisha Washington:** Can the word "mothers" be changed to "mother" and will there a list of what is consider to be public health education?
- **Dana Miller:** We will note your comment, research and get back with you

3. Other Business and Project Updates:

- **OHCA Quality Improvement Plan- Melinda Thomason, Director of Health Care Systems Innovation**

The proposed agency Quality Improvement Plan will remain open for comments until Monday, July 23, 2018. All comments will be taken into consideration and incorporated where possible prior to finalizing the plan. The plan encompasses establishing an organizational structure, adopting methods for approving and cataloguing performance improvement projects and reporting performance measures. Please use [this link](#) to review the document and provide your feedback.

- **Sponsors Choice update- Tywanda Cox, Director of Health Policy**

Tywanda Cox: We have been in negotiations with CMS now for about 4years in regarding to Sponsors choice. We requested something in writing that would support what their decision is; CMS agreed to give us something in writing and that it would be much like another state "Wyoming". Requested copy of the letter from the other state they did provide the letter, Wyoming situation is not exactly like ours but it is similar. We still haven't received anything in writing yet, but it is fourth coming.

Becky Pasternik-Ikard: Carrie Evans and I were in attendance at the spring NAMD meeting and we had a face to face opportunity with CMS. Even though most of it was based around the waiver amendment for supplemental payments for the medical schools, we did raise Sponsor's Choice. We once again renewed the request to provide guidance to the state on this.

Dana Miller: Is TTAG familiar with what is going on with Wyoming.

Attendee: I don't know if that is a positive response, but at least it is a response.

Attendee: It seems like the issue is not qualifying for 100% FMAP.

Dana Miller: For anything that is not a direct service.

Attendee: We are working on some responses for that, so when you get it if you send it to me I will send you some points

- **Four Walls Addendum- Dana Miller, Director of Tribal Government Relations**

Dana Miller: This takes a lot of your contracts and attempts to clean up the process. You have separate contracts with different end dates. It is a lot to manage on your end. While we were in your contracts, we thought this would be a good time to clean them up. We sent that out and asked for you to send it back. During that time we realized we needed to take more time to look at the language. We actually withdrew it and went with the original intent and changed it to a supplemental form. The supplemental form is really easy, we ask 1 questions and you give three or four response. Through the four walls policy, in order to be able to bill for services outside of your facility you have to be one these things. You have to be a FQHC, hospital based outpatient clinic certified by Medicare, or just an outpatient clinic. So we narrowed that down and took away the addendum piece and just referred to the supplemental. The

reason we did that is because the direction from CMS is that the I/T/Us had to tell us what you are if you want to continue billing for services outside of your four walls. Once we get this information in, we can start providing direction on how to continue to bill for those services. We are adding a new revenue code so we can track these services outside of your four walls. But that is not ready for release yet.

Request: Add Medicaid to the name of the Supplemental Form

Kelly Roberts: The language posted for the ODMHSAS proposed rate increase of 3% is written for “licensed behavioral health professionals and licensure candidates in outpatient behavioral health clinics for psychotherapy services.” Could you please help us understand what is meant specifically by “outpatient behavioral health clinics?” Just need more information if possible; thanks for any clarification you can lend. Appreciate your support. That's what we were thinking -- were making sure CMHC's that language...I know the rate doesn't apply to us....but we have occasional referrals to certain folks...just an area thinking question - thanks!

Dana Miller: That would be the Community Health Centers and it is under revision; that rate increase doesn't apply to I/T/Us you get the OMB rate

Melissa Gower: I have a quick question and I know you have talked about this probably when I was on the phone, but this press release from CMS approving the state proposal to advance specific Medicaid value based arrangements with drug makers, can someone tell me about that quickly?

Becky Pasternik-Ikard: That is an initiative that has been born out of our pharmacy department with the National Association of State Health Policy. These contracts with pharmaceutical companies to focus on value based in the sense that it will drive payment based on effectiveness of the drug or health outcomes. There is nothing out there yet. We do have a contract now with a pharmaceutical company that is doing some data and research analysis for us. What we can do, as we learn more from this is have someone from our pharmacy come and discuss more about this. Also the model contract is available if you would like us to send that to you.

Melissa Gower: I am just wondering if this will have an effect on any of us.

Becky Pasternik-Ikard: I don't want to give you any misleading information on that, so let me get back to you on it.

Melissa Gower: Our folks were asking whether they might have some concerns with how our prior authorizations that we currently do and some of those detailed questions that might be good as you move forward.

Becky Pasternik-Ikard: Both Nancy Nesser and Burl Beasley have been really heavily involved in this initiative. So we can have them do a presentation.

Dana Miller: Our next meeting is scheduled for September 4 at 11:00 a.m. here at the Health Care Authority as well as the Zoom online meeting.

Melanie Fourkiller: Dana, you mentioned the GME waiver, have you received any information how you are going to move forward with it?

Becky Pasternik-Ikard: We are in the final stages of preparing a transition plan that has already been proposed to CMs during an onsite meeting on June 5 in DC. The attendees from that were from Oklahoma Congressional Delegation, OHCA, OU, OSU, the Governor's Office, and CMS Leadership. What we are doing at this point is submitting a narrative that was reviewed during that meeting and a spreadsheet outlining the transition funding for the four quarters from July 2018 to June of 2019 and seeking approval to have this transition characterized as a phase out to give us time to find sustainable state funding for the medical schools. So as we prepare this final document, we are receiving letters that indicate that funding for medical schools, for residency schools, are a high priority in this state and we will move toward a sustainable source for state funding. If we are to receive this funding from CMS for this transitional time frame, we expect some of that transitional funding would not be utilized because it would be

supplemented by federal dollars. Once that is submitted to CMS, I will route it to Dana and then she can circulate it more broadly.

Melanie Fourkiller: Can we just keep it on the agenda until we determine if there is or is not a solution. But with regard to IO and sponsorship of premiums, the issue of administratively having to pay the payment and then get reimbursed. If we can just cut out that additional paperwork that would be very helpful. I know I brought it up last time and I think Melissa said they are working on something like that and if we can just keep it on the agenda, it would be appreciated.

4. **New Business- Dana Miller, Director of Tribal Government Relations**

5. **Adjourn—Next Tribal Consultation Scheduled for 11 AM, September 4th, 2018**

August 27, 2018

Rebecca Pasternik-Ikard
Chief Executive Officer
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Ms. Pasternik-Ikard:

On behalf of the more than 30 million Americans living with diabetes and the 84 million more with prediabetes, the American Diabetes Association (ADA) provides the following comments on the State of Oklahoma's SoonerCare Choice and Insure Oklahoma Section 1115 Demonstration Waiver.

As the global authority on diabetes, the ADA funds research to better understand, prevent and manage diabetes and its complications; publishes the world's two most respected scientific journals in the field, *Diabetes* and *Diabetes Care*; sets the standards for diabetes care; holds the world's most respected diabetes scientific and educational conferences; advocates to increase research funding, improve health care, enact public policies to stop diabetes, and end discrimination against those denied their rights because of the disease; and supports individuals and communities by connecting them with the resources they need to prevent diabetes and better manage the disease and its devastating complications.

According to the Centers for Disease Control and Prevention, over 10.7% of adults in Oklahoma have diagnosed diabetes.ⁱ Access to affordable, adequate health coverage is critically important for all people with, and at risk for, diabetes. Adults with diabetes are disproportionately covered by Medicaid.ⁱⁱ For low-income individuals, access to Medicaid coverage is essential to managing their health. As a result of inconsistent access to Medicaid across the nation, these low-income populations experience great disparities in access to care and health status, which is reflected in geographic, race and ethnic differences in morbidity and mortality from preventable and treatable conditions.

The ADA has concerns regarding some of the provisions of the state's SoonerCare and Insure Oklahoma Waiver, and provides the following comments and recommendation to help ensure the needs of low-income individuals with diabetes and prediabetes are met by Oklahoma's Medicaid program.



1 in 11

Americans has diabetes today.



Every **23 seconds**, someone in the United States is diagnosed with diabetes.

More than **18,000** youth are diagnosed with type 1 diabetes every year.

Expanding Medicaid Eligibility

Medicaid expansion made available through the Affordable Care Act (ACA) offers promise of significantly reducing disparities in access to care and health status. Specifically, in Medicaid expansion states, more individuals are being screened for and diagnosed with diabetes than states that haven't expanded.ⁱⁱⁱ Additionally, a new study found expansion states have a higher rate of prescription fills for diabetes medications than non-expansion states.^{iv} Regular medication use with no gap in health insurance coverage leads to fewer hospitalizations and use of acute care facilities.^{v,vi} **Rather than implementing changes that impose significant barriers to obtaining and maintaining Medicaid coverage, the ADA recommends the state work to ensure all low-income individuals in Oklahoma have access to adequate, affordable health care coverage.**

Community Engagement and Work Requirements

Proposals to take health coverage away from people who do not meet new community engagement and work requirements are contrary to the goal of the Medicaid program: offering health coverage to those without access to care. Most people on Medicaid who can work, do so. Nearly eight in 10 non-disabled adults with Medicaid coverage live in working families, and nearly 60% are working themselves. Of those not working, more than one-third reported that illness or disability was the primary reason, 28% reported they were taking care of home or family, and 18% were in school.^{vii} For people who face major obstacles to employment, harsh Medicaid requirements will not help to overcome them.^{viii} In addition, research shows work requirements are not likely to have a positive impact on long-term employment.^{ix} Instead, instituting a work requirement would lead to higher uninsured rates and higher emergency room visits by uninsured individuals who would have been eligible for Medicaid coverage, and increase the administrative burden for the state and its Medicaid managed care plans.^{x,xi}

A study by the National Bureau of Economic Research concluded Medicaid coverage increases utilization of primary and preventative services, lowers out-of-pocket medical spending and medical debt, and results in better self-reported physical and mental health.^{xii} In addition, Medicaid enrollees are 15% more likely to be screened for diabetes than someone who is uninsured.^{xiii} CDC data show prevention programs and early detection can prevent the onset of type 2 diabetes and reduce state spending.^{xiv} As Oklahoma's cut off for Medicaid eligibility is at 43% of the federal poverty level, implementation of work requirements will not create an avenue out of poverty, but rather push individuals into the coverage gap, making healthcare coverage unaffordable and inaccessible. Oklahoma's proposal to limit access to Medicaid services through work requirements will decrease access to care for low-income Oklahoma residents and increase state health care costs.

Administrative Barriers and Burdens

Increasing the administrative requirements to maintain eligibility will likely decrease the number of individuals with Medicaid coverage, even for those who meet the requirements or qualify for an exemption. An analysis of expected Medicaid disenrollment rates after implementation of work



requirements shows most disenrollment would be due to administrative burdens or red tape.^{xv} Research shows 30% of Medicaid adults report they never use a computer, 28% do not use the internet, and 41% do not use email.^{xvi} These technological burdens will have unintended consequences, creating a barrier for gaining a job, as well as complying with the onerous reporting requirements. In addition, Medicaid enrollees who are working may experience difficulty obtaining the required documentation from their employer on a timely basis. Even though they meet the proposed requirements, their inability to provide timely documentation could result in them losing Medicaid coverage.

Diabetes is a complex, chronic illness that requires continuous medical care,^{xvii} so Medicaid enrollees with diabetes cannot afford a sudden gap in health insurance coverage. A recent study found that patients with type 1 diabetes who experience a gap or interruption in coverage, are five times more likely to use acute care services (i.e. urgent care facilities or emergency departments).^{xviii} Through adding administrative barriers and burdens, this waiver proposal will impede access to health services that Oklahoma residents with diabetes need.

Conclusion

Research shows work requirements are not likely to have a positive impact on long-term employment.^{xix} Instead, instituting a work requirement would lead to higher uninsured rates and higher emergency room visits by uninsured Americans who would have been eligible for Medicaid coverage, and increase the administrative burden for the state and its Medicaid managed care plans. **We strongly urge the state to retract the SoonerCare Choice and Insure Oklahoma Section 1115 Demonstration Waiver as it creates barriers to accessible, affordable, and adequate healthcare for low-income Oklahomans with diabetes who rely on the program. The ADA urges the state to instead work to extend eligibility to adults earning up to 138% of the federal poverty level, which is shown to improve access to care and improve health.**

Thank you for the opportunity to provide these comments on behalf of Oklahoma residents with diabetes and prediabetes. Our comments include numerous citations to supporting research, including direct links to the research for the benefit of the Agency in reviewing our comments. We direct the Agency to each of the studies cited – made available through active hyperlinks – and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act. If you have any questions, please contact me at cfallabel@diabetes.org or (800-676-4065x7016).

Sincerely,

Christine Fallabel, MPH
Director of State Government Affairs & Advocacy, Oklahoma

A handwritten signature in black ink, appearing to read 'Christine Fallabel'.

ⁱ Center for Disease Control and Prevention, Diagnosed Diabetes. Available at:

<https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>

ⁱⁱ Kaiser Commission on Medicaid and the Uninsured, The Role of Medicaid for People with Diabetes, November 2012. Available at http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_d.pdf.

ⁱⁱⁱ Kaufman H., Chen Z., Fonseca V. and McPhaul M., “Surge in Newly Identified Diabetes Among Medicaid Patients in 2014 Within Medicaid Expansion States Under the Affordable Care Act,” Diabetes Care, March 2015. Available at: <http://care.diabetesjournals.org/content/early/2015/03/19/dc14-2334>

^{iv} Myerson R., Tianyi L., Tonnu-Mihara I., and Huang E.S., Health Affairs, Medicaid Eligibility Expansions May Address Gaps in Access to Diabetes Medications, August 2018. Available at: <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2018.0154>

^v Id.

^{vi} Rogers M, Lee J, Tipirneni R, Banerjee T, and Kim C, Health Affairs, Interruptions in Private Health Insurance and Outcomes In Adults with Type 1 Diabetes: A Longitudinal Study. July 2018. Available at:

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0204>

^{vii} Garfield R, Rudowitz R and Damico A, Understanding the Intersection of Medicaid and Work, Kaiser Family Foundation, February 2017, available at: <http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^{viii} Goodnough A, The Adults a Medicaid Work Requirement Would Leave Behind, The New York Times, February 25, 2017, available at: <https://www.nytimes.com/2017/02/25/health/medicaid-work-requirement.html>.

^{ix} Kaiser Family Foundation, Are Uninsured Adults Who Could Gain Medicaid Coverage Working?, February 2015, available at <http://kff.org/medicaid/fact-sheet/are-uninsured-adults-who-could-gain-medicaid-coverage-working/>.

^x Rector R, Work Requirements in Medicaid Won’t Work. Here’s a Serious Alternative, Heritage Foundation, March 2017, available at: <http://www.heritage.org/health-care-reform/commentary/work-requirements-medicaid-wont-work-heres-serious-alternative>.

^{xi} Katch H, Medicaid Work Requirements Would Limit Health Care Access Without Significantly Boosting Employment, Center on Budget and Policy Priorities, July 2016, available at:

<http://www.cbpp.org/research/health/medicaid-work-requirement-would-limit-health-care-access-without-significantly>.

^{xii} National Bureau of Economic Research, The Medicaid Program, July 2015, available at:

<http://www.nber.org/papers/w21425.pdf>.

^{xiii} Kaiser Family Foundation, The Role of Medicaid for People with Diabetes, November 2012, available at:

https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_d.pdf

^{xiv} Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, At A Glance 2016, available at:

<https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/nccdphp-aag.pdf>

^{xv} Kaiser Family Foundation, Implications of Work Requirements in Medicaid: What Does the Data Say?, June 2018, available at: <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

^{xvi} Kaiser Family Foundation, Implications of Work Requirements in Medicaid: What Does the Data Say?, June 2018, available at: <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

^{xvii} American Diabetes Association, Standards of Medical Care in Diabetes – 2018, Diabetes Care, January 2018, available at: http://care.diabetesjournals.org/content/41/Supplement_1.

^{xviii} Rogers, Mary A.M., Joyce M. Lee, Renuka Tipirneni, Tanima Banerjee, and Catherine Kim, Interruptions in Private Health Insurance and outcomes in Adults with Type 1 Diabetes: A Longitudinal Study, July 2018. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.0204>

^{xix} Kaiser Family Foundation, Are Uninsured Adults Who Could Gain Medicaid Coverage Working?, February 2015, available at: <http://kff.org/medicaid/fact-sheet/are-uninsured-adults-who-could-gain-medicaid-coverage-working/>.



August 31, 2018

Becky Pasternik-Ikard
Medicaid Director
State of Oklahoma, Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Re: 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application

Dear Director Pasternik-Ikard:

NAMI Oklahoma, the state chapter of the National Alliance on Mental Illness, appreciates the opportunity to comment on 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Access to coverage and care is essential for people with mental illness to successfully manage their condition and get on a path of recovery. Medicaid is the lifeline for much of that care, as the nation's largest payer of behavioral health services,ⁱ which provides health coverage to 27 percent of adults with a serious mental illnessⁱⁱ. NAMI remains concerned that the demonstration proposal will jeopardize access to care and will have harmful implications for individuals living with mental health conditions in Oklahoma. Therefore, NAMI Oklahoma urges the Oklahoma Health Care Authority to withdraw this proposal.

Lose-Lose Situation

The work requirement included in the state's demonstration amendment presents a lose-lose situation for beneficiaries. In Oklahoma, eligibility for SoonerCare, is limited to parents and caretakers and individuals with disabilities with incomes at or below 45 percent of the federal poverty level (approximately \$779 per month for a family of 3). If these beneficiaries do not work enough to meet the proposed work requirements, they will lose their Medicaid coverage. But if they work enough to comply with the work requirements, they will also lose their Medicaid coverage because they will make enough money to raise their incomes above the state's very low Medicaid eligibility limits. Therefore, regardless of what beneficiaries do, they will lose their access to Medicaid coverage. This undercuts the basic argument that these changes will encourage beneficiaries to obtain and maintain employment. It's also unlikely that many of these individuals would be able to find jobs that offered employer-sponsored insurance, given that many low-wage jobs do not offer health insurance.

Work and Community Engagement Requirements – Unnecessary Risks for People with Mental Illness

NAMI Oklahoma appreciates the state's goal to "promote advancement of member education, training, employment and community activity engagement." NAMI Oklahoma recognizes that people with mental illness are disproportionately unemployed. Only 1 in 5 adults with mental health conditions who receive community mental health services are competitively employed—and the numbers drop to only 6.7% for

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adults with a diagnosis of schizophreniaⁱⁱⁱ. Employment offers many benefits to people with mental illness, and most people who live with mental health conditions want to work. However, work requirements present unnecessary risks for people with mental illness.

NAMI recognizes that Oklahoma's proposal includes an exemption for "individuals who are medically certified as physically or mentally unfit for employment." While that exemption may capture some individuals with mental health conditions, there are several reasons why NAMI is concerned that work requirements would still cause people with mental illness to lose access to health coverage and health care.

People with a mental health condition may find it particularly burdensome to prove their eligibility for an exemption because of the nature of their condition^{iv}. Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health. Serious mental illnesses are, by their very nature, chronic and recurring conditions that fluctuate in severity over time. This means that an individual could be in a state of recovery at the time they are assessed and face few obstacles to working at that time. However, the person's condition could change rapidly – without the knowledge of the Medicaid system. Work requirements would mean that an individual who is experiencing a crisis or decline in their condition could lose both their employment and health care coverage at the very time they need access to mental health care the most. The fundamental nature of the reporting process creates opportunities for administrative error that could jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the coverage and health of the people we represent.

Unnecessary Administrative Costs

NAMI Oklahoma is also concerned about the high cost of implementing this demonstration proposal. Kentucky and other states including Tennessee and Virginia have estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars^v. These costs would divert resources from Medicaid's core goal – providing health coverage to those without access to care. Additionally, people who are dropped from Medicaid coverage for failing to fulfill work requirements will likely not seek care until their conditions are acute and costly to treat, driving up state costs. Rather than spending scarce public resources on the administration of new requirements, NAMI urges the state to instead implement evidence-based supported employment programs. Such programs help participants find and maintain employment through an array of services such as skills assessment, assistance with job search and job applications, job placement and on-the-job coaching and support for effectively managing work while living with a mental illness. They have proven effective in helping vulnerable populations, such as people with mental illness, recover and return to work. This meets the intent of Oklahoma's waiver proposal without the adverse consequences presented by a mandatory work requirement.

Lack of Key Information

NAMI Oklahoma is troubled, as the waiver application lacks key information. There is little detail on how the new requirements will be implemented and enforced, but more troubling, the application claims the proposal will have no impact on enrollment as part of the budget neutrality assumption. The proposal does not predict the impact of the waiver on enrollment (with or without waiver baseline) or cost savings over 5 years. The federal rules at 431.408 pertaining to state public comment process require at (a)(1)(i)(C) that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this section of the regulations is to allow the public to

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comment on a Section 1115 proposal with adequate information to assess its impact. In order to meet these transparency requirements, Oklahoma must include these projections and their impact on budget neutrality. If Oklahoma intends to move ahead with this proposal, the state should at a minimum provide the required information to the public and reopen the comment period for an additional 30 days.

Conclusion

Ultimately, the requirements outlined by Oklahoma do not further the goals of the Medicaid program or help beneficiaries improve their circumstances without needlessly compromising their access to care. NAMI Oklahoma urges the state to withdraw this demonstration proposal as it will harm patients with mental health conditions by causing them to lose access to health coverage and health care. Thank you for the opportunity to provide comments.

Sincerely,

Brandon Pettit
Executive Director

ⁱ Medicaid and CHIP Payment and Access Commission, "Behavioral Health in the Medicaid Program—People, Use, and Expenditures," June 2015, <https://www.macpac.gov/publication/behavioral-health-in-the-medicaid-program%E2%80%95people-use-and-expenditures/>

ⁱⁱ Rebecca Ahrnsbrak, Jonaki Bose, Sarra Hedden, Rachel N. Lipari, and Eunice Park-Lee, "Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health," Substance Abuse and Mental Health Services Administration, September 2017, <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

ⁱⁱⁱ National Association of State Mental Health Program Directors Research Institute, "Latest Trends in State Mental Health Agencies," <https://www.nasmhpd.org/sites/default/files/latest-trends-in-state-mental-health-agencies.pdf>

^{iv} Richard Frank, "Medicaid work requirements will reduce care for mentally ill," *The Hill*, February 3, 2018, <http://thehill.com/opinion/healthcare/372181-medicaid-work-requirements-will-reduce-care-for-mentally-ill>

^v Misty Williams, "Medicaid Changes Require Tens of Millions in Upfront Costs," Roll Call, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.



**American
Heart
Association.**

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August 31, 2018

Becky Pasternik-Ikard
Medicaid Director
State of Oklahoma, Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Director Pasternik-Ikard:

On behalf of the American Heart Association and the American Stroke Association (AHA/ASA), we would like to thank you for the opportunity to provide written comments on the 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, we would like to express our significant concerns over the proposed changes.

The AHA represents over 100 million patients with cardiovascular disease (CVD) including many who rely on Medicaid as their primary source of care.¹ In fact, twenty-eight percent of adults with Medicaid coverage have a history of cardiovascular disease² and the Medicaid program provides critical access to prevention, treatment, disease management and care coordination services for these individuals. Because low-income populations are disproportionately affected by CVD – with these adults reporting higher rates of heart disease, hypertension, and stroke – Medicaid provides the coverage backbone for the healthcare services these individuals need.

The connection between health coverage and health outcomes is clear and well documented. Americans with CVD risk factors who lack health insurance or are underinsured, have higher mortality rates³ and poorer

¹ RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035, Technical Report. http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf Accessed June 19, 2017.

² Kaiser Family Foundation. The Role Of Medicaid For People With Cardiovascular Diseases. 2012. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_cd.pdf. Accessed August 15, 2016.

³ McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

blood pressure control⁴ than their insured counterparts. Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays,⁵ and a higher risk of death⁶ than similar patients covered by health insurance. Oklahoma is already ranked 43rd in the nation in health outcomes, and 48th in cardiovascular deaths.⁷ Restricting access to SoonerCare would harm Oklahomans who are already facing troubling health outcomes.

The inclusion of a work requirement to qualify for Medicaid coverage is deeply troubling to the Association. The intent of the 1115 Demonstration Waiver program is to increase access and test innovative approaches to delivering care.⁸ This provision does not appear to satisfy either requirement and could significantly harm patients, including those with CVD, by reducing their access to healthcare services both in the short and long term. To treat and prevent heart disease and stroke, it is critically important to ensure that everyone in Oklahoma – regardless of employment status – has access to affordable, quality healthcare. The Medicaid statute currently defines the factors states can consider in determining eligibility for Medicaid, such as income, citizenship and immigration status, and state residence. The statute does not include an individual's employment status or ability to work, whether they are seeking work, or their ability to engage in work-related activities as a permissible factor in determining Medicaid eligibility.⁹

Most people on Medicaid who can work, do so. Nearly 8 in 10 non-disabled adults with Medicaid coverage are members of working families, and nearly 60 percent are working themselves. Of those not working, more than one-third reported that illness or a disability was the primary reason; 28 percent reported that they were taking care of home or family; and 18 percent were in school.¹⁰

Additionally, individuals with CVD often experience lapses in employment due to their condition or may have been directed by a physician to take time away from work as part of their treatment and recovery. Therefore, participation in work or work searches as a condition of Medicaid eligibility could discriminate against these individuals and create inappropriate and unwarranted barriers to medical care.

The proposal would limit access to health care coverage for parents and caregivers making less than 45 percent of the federal poverty level (approximately \$779 per month for a family of three). The proposal lacks significant detail on how the requirement would be implemented and enforced – including clear definitions of who might be exempt from the requirement. Beneficiaries who fail to meet these requirements, however, would lose

⁴ Duru OK, Vargas RB, Kerman D, Pan D, Norris KC. Health Insurance status and hypertension monitoring and control in the United States. *Am J Hypertens* 2007;20:348-353.

⁵ Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249.

⁶ McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886 –2894.

⁷ America's Health Rankings 2017 Annual Report, United Health Foundation. <https://www.americashealthrankings.org/explore/2017-annual-report/state/OK>. Accessed August 29, 2018.

⁸ <https://www.medicaid.gov/medicaid/section-1115-demo/index.html>

⁹ Jane Perkins, "Medicaid Work Requirements: Legally Suspect," National Health Law Program, (March 2017).

¹⁰ Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-ofmedicaid-and-work/>.

their coverage which places a substantial and life-threatening barrier to care for patients with cardiovascular disease.

Of additional and significant concern is the proposed Medicaid coverage termination period for non-compliance after 90 days. It is unclear how this would be implemented, meaning that those who fail to navigate new administrative requirements to report hours worked risk serious health consequences. People who are in the middle of treatment, rely on regular visits with health care providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

While the AHA/ASA understands the need to address poverty and control costs, we are concerned that the proposed changes will require a substantial state investment in infrastructure that does not align with, and could detract from, the Medicaid program's goal of providing access to care. The 2017 Federal Budget cut Labor Department funding by 21%, shifting the responsibility to states for certain job placement programs.¹¹ In addition, CMS has made it clear that it will not provide states with the authority to use Medicaid funding to finance employment related services for individuals. We are concerned that Oklahoma's 1115 waiver application has not indicated how it will provide sufficient job training, child care, transportation, and other supportive programs to enable its affected Medicaid beneficiaries to meet the proposed requirement. Without such supports, we believe that the work requirements will not in fact result in more able-bodied adults working, nor produce positive health effects.

The process of documenting eligibility and compliance is likely to create barriers to accessing or maintaining coverage for patients. Battling administrative red tape to keep coverage should not detract from a patient's focus on maintaining their or their family's health. Implementing work requirements will also necessitate new administrative processes and programs, which will require considerable financial resources that would be far better used to provide care. Furthermore, programs similar to this proposal, when implemented, have not been proven to increase employment or access to care.¹² According to the Medicaid and CHIP Payment and Access Commission (MACPAC), any employment gains that followed TANF work requirements tended to be temporary and short-lived, with limited positive effect on income.¹³ We therefore oppose this measure and strongly recommend that the state refocus its Medicaid resources on improving the health of the patients it serves, rather than imposing additional and unjustified administrative burdens with little or no proven return on investment.

The imposition of new requirements demands tedious reporting, which means more red tape for beneficiaries. Language barriers, disabilities, mental illness, insecure work opportunities, frequent moves, and temporary or chronic homelessness are more prevalent among the Medicaid population and are significant barriers to fulfilling the kinds of requirements Oklahoma is proposing. Preventing these people from obtaining

¹¹ Office of Management and budget. America First A Budget Blueprint to Make America Great Again. https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/budget/fy2018/2018_blueprint.pdf

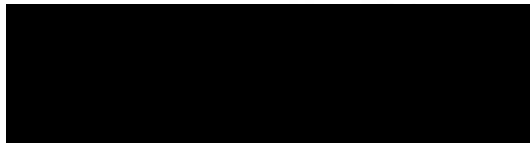
¹² Garfield, R, Rudowitz, R, Damico, A. Kaiser Family Foundation Issue Brief: Understanding the Intersection of Medicaid and Work. Revised December 2017. Accessed January 5, 2018 at: <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

¹³ Work as a Condition of Medicaid Eligibility: Key Take-Aways from TANF. MACPAC. October 2017. At: <https://www.macpac.gov/wp-content/uploads/2017/10/Work-as-a-Condition-of-Medicaid-Eligibility-Key-Take-Aways-from-TANF.pdf>

and maintaining coverage will exacerbate health disparities and barriers to care they already face which Medicaid is intended to help beneficiaries overcome. Hinging health care coverage on the ability to find and maintain work penalizes the Medicaid population for their poverty. Locking them out of coverage could perpetuate further the barriers that prevented them from holding work in the first place.

Again, the AHA encourages the state to withdraw this proposal and this policy approach to operating its Medicaid program and instead urges Oklahoma to invest funds in securing and expanding services offered to current enrollees. Thank you for reviewing our comments. We appreciate the opportunity to provide feedback on this application. If you have any questions, please contact me at jordan.edicott@heart.org or 405.415.8135.

Sincerely,



Jordan Endicott
Government Relations Director

September 3, 2018

Becky Pasternik-Ikard
Medicaid Director
State of Oklahoma, Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

RE: 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Application

Dear Director Pasternik-Ikard:

The Arthritis Foundation appreciates the opportunity to comment on the 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application.

The Arthritis Foundation is the Champion of Yes. Leading the fight for the arthritis community, the Foundation helps conquer everyday battles through life-changing information and resources, access to optimal care, advancements in science and community connections. We work on behalf of the over 800,000 people in Oklahoma who live with the chronic pain of arthritis every day.

The Arthritis Foundation believes healthcare should be affordable, accessible and adequate. The purpose of the Medicaid program is to provide affordable healthcare coverage for low-income individuals and families. Unfortunately, Oklahoma's application does not meet this objective and will instead create new administrative barriers that jeopardize access to healthcare for patients with arthritis.

SoonerCare, Oklahoma's Medicaid program, covers parents and caretakers and disabled individuals with incomes at or below 45 percent of the federal poverty level (approximately \$779 per month for a family of 3). The proposed waiver amendment seeks to add new barriers to accessing coverage. Individuals between the ages of 19 and 50 would be required to either demonstrate that they work at least 80 hours per month or meet exemptions. One major consequence of this proposal will be to increase the administrative burden on all patients. Individuals will need to attest that they meet certain exemptions [REDACTED] number of hours on a monthly basis.

Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. According to the state's own report on the second month of implementation, 5,426 individuals did not meet the reporting requirement for two consecutive months and are at risk of losing coverage on September 1, at which point they would be locked out of coverage until January 2019.ⁱ An additional 6,531 individuals did meet the reporting requirement for one month and also remain at risk for losing their coverage.ⁱⁱ Similarly, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

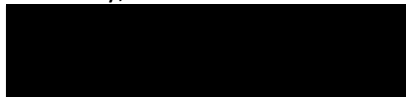
Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases, including arthritis. If the state finds that individuals have failed to comply with the new requirements for three months, they will be locked out of coverage until the individual is able to meet the requirement. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The Arthritis Foundation is concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements. While the Arthritis Foundation is pleased that patients will have the option to demonstrate that they qualify for an exemption through self-attestation, the reporting process still creates opportunities for administrative error that could jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the coverage and health of the people we represent.

Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.^{iv} A recent study, published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan’s Medicaid enrollees.^v The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work.

People with arthritis live with uncertainty every day and count on comprehensive health care to appropriately manage their disease. Significant administrative burdens on top of managing the complexities of their disease is an additional complicating factor. As proposed, inclusion of work requirements in Oklahoma’s Medicaid program would exacerbate these challenges and run counter to the important role of Medicaid in providing access to needed health care. For questions or for more information, please reach out to Ben Chandhok, State Policy Director at the Arthritis Foundation, at bchandhok@arthritis.org.

Sincerely,



Ben Chandhok
State Policy Director
Arthritis Foundation

ⁱ Joan Alker and Maggie Clark, “After Two Months Under New Work Requirements, Thousands of Arkansans May Lose Medicaid Without Even Realizing the Rules Changed,” Georgetown University Health Policy Institute Center for Children and Families. August 15, 2018. Accessed at: <https://ccf.georgetown.edu/2018/08/15/after-two-months-under-new-work-requirements-thousands-of-arkansans-may-lose-medicaid-without-even-realizing-the-rules-changed/>.

ⁱⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, July 2018 Report. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/08/081418_AWReport_July.pdf.

ⁱⁱⁱ Tricia Brooks, “Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP,” Georgetown University Health Policy Institute Center for Children and Families, January 2009.

^{iv} Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicare-and-work/>.

^v Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055





Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES



August 30, 2018

Becky Pasternik-Ikard, Chief Executive Officer
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Ms. Pasternik-Ikard:

Thank you for the opportunity to offer comments on your proposal “1115(a) Demonstration Waiver Community Engagement Amendment”. The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center based at the McCourt School for Public Policy with a mission to support access to high-quality, comprehensive and affordable health coverage for all of America’s children and families. We conduct research and examine policy options from the perspective of how they will impact children and families – especially those living in or near poverty.

On July 3, 2018, the state of Oklahoma posted for public comment a Section 1115 Medicaid demonstration waiver amendment that would impose a work requirement on SoonerCare parents and caregivers. Under the proposal, parents and caregivers would be required to document 20 hours/week of work or participation in job-training and volunteer activities in order to maintain their SoonerCare coverage unless they receive an exemption.

While we appreciate the opportunity to comment, we note that the proposal does not provide sufficient information for the public to understand the proposal and provide meaningful input. In particular, the proposal states, at p. 14, that “the State expects to realize a decline in SoonerCare adult enrollment over the course of the demonstration period.” However, the proposal does not provide an estimate of the size or rate of this decline, and the Budget Neutrality attachment does not enable the public to make its own calculations. The failure to provide this enrollment information violates the spirit if not the letter of the federal regulations at 42 CFR 431.408.

As you may be aware, we recently released a report that examined the proposal. According to our analysis, parents who comply with the work requirement and work 25 hours per week or more but remain below the poverty line would be caught in a “Catch 22” situation: They would earn too much to be eligible for SoonerCare and would subsequently lose their coverage. If they don’t comply with the work requirement, they would also lose coverage. Most of these parents would become uninsured.

This loss of coverage would negatively affect their children as well, as we detail in the report. Oklahoma already has the 5th highest rate of uninsured children in the nation, far higher than the national average, and the rate is even higher among American Indian children. This proposal has the potential to exacerbate this already undesirable situation.



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We are submitting the full report with the results of this analysis for your consideration. One key finding to note is that families living in rural areas and small towns would be disproportionately harmed by your proposal, as adults and children living in these areas are more likely to receive their health care through Medicaid, and unemployment rates are higher in many of these counties.

Thank you for your consideration of our comments and the report. If any additional information is required, please contact Joan Alker (jca25@georgetown.edu) or Olivia Pham (olivia.pham@georgetown.edu).

Sincerely,

Joan Alker

Research Professor, McCourt School of Public Policy, Georgetown University and Executive
Director of the Georgetown University Center for Children and Families



New Waiver Proposal for Oklahoma Medicaid Beneficiaries Would Harm Low-Income Families With Children

Key Findings

- Oklahoma's proposed Medicaid waiver is incomplete and internally inconsistent on the most important question: how many parents and children may lose coverage. Despite the fact that one of the stated goals is to reduce Medicaid enrollment, the proposal projects there will be no impact on enrollment.
- The new work rules would predominantly affect Oklahoma's poorest mothers. The impact could hit hardest in Oklahoma's small towns and rural communities, where parents are more likely to receive Medicaid and where jobs are harder to find.
- Even if these parents work more hours, they are unlikely to have an affordable offer of health coverage from their employers, so will likely become uninsured. Only 11 percent of Oklahoma adults living in poverty receive employer-sponsored insurance.
- The loss of coverage for parents would affect their children, creating more financial hardship for families and risking children's access to health care. Oklahoma already has the 5th highest rate of uninsured children in the nation, and the rate is even higher among American Indian children.

Introduction

Oklahoma is planning to ask federal permission to impose a work requirement on very low-income parents and caregivers receiving health coverage through Medicaid. Under the proposal, these beneficiaries would have to document that they are working at least 20 hours a week or participating in job-training or volunteer activities in order to maintain their SoonerCare coverage. Because Oklahoma has not expanded Medicaid under the Affordable Care Act, the only parents affected are those whose incomes are at or below 45 percent or the federal poverty level. The impact of the Oklahoma Health Care Authority's proposal could mean some of the state's poorest parents would lose health coverage altogether. And that loss of coverage would affect their children, who may lose coverage, as well.

Oklahoma's proposal asserts that there will be no impact on Medicaid spending or enrollment if the Centers for Medicare and Medicaid Services (CMS) approve the request to amend the state's Section 1115 demonstration waiver.¹ This contradicts assertions made elsewhere in the proposal that the goal is to reduce Medicaid enrollment.² Moreover, it is clear from research based on the experience of work requirements in other programs and other states that significant coverage losses are likely. Nationally, an analysis by the Kaiser Family Foundation found that work rules could cause an estimated 1.4 million to 4 million adults to lose Medicaid coverage. Many of these adults are already working and meet the requirements, but would lose access to health care because of "administrative burdens or red tape."³ In Arkansas, for instance, 72 percent of the people expected to log into the state's web portal and report their work did not take action in the first month.⁴



Participants in Arkansas must submit their information on line, which can be a challenge in a state where many of the poorest residents lack access to computers or the internet.⁵

The impact of Oklahoma’s proposal, which could take effect as early as February 2019, would fall disproportionately on the poorest families. The state’s own estimates show that three-fifths of the parents who received SoonerCare in recent months had incomes at 20 percent or below the federal poverty line, meaning they bring in no more than \$4,156 annually or \$346 a month. The state asserts that only about 6,200 people would be affected by the new work rules, after exempting parents who have children under 6, are pregnant or American Indians, among others.⁶ But the exemption language is vague, and it’s not clear that an exemption for American Indians would pass muster with CMS’s legal counsel, an issue that remains in flux.⁷ It is also not clear how the exemption process would work. The resulting bureaucratic maze could cause thousands to lose coverage.

If Oklahoma pursues this option, it would become the latest of 14 states seeking to attach new rules to Medicaid eligibility. Federal officials announced in January that they would allow work requirements for adult Medicaid beneficiaries and have given approval to such measures in four states: Arkansas, Kentucky, New Hampshire, and Indiana—although a federal judge has sent Kentucky’s plan back to CMS, calling it “arbitrary and capricious.”⁸ These states all expanded Medicaid after passage of the Affordable Care Act (ACA) and now offer benefits to adults making as much as 138 percent of the federal poverty level (FPL). By contrast, Oklahoma allows only those parents living at or below 45 percent of the poverty line to qualify for Medicaid. That’s the equivalent of \$9,351 a year for a family of three, or \$779 a month.

These parents could still qualify for Medicaid if they worked just 20 hours a week at minimum wage. But if they worked 25 hours a week, got a raise or just picked up a couple of extra shifts, they would become ineligible. The nature of part time work is often unpredictable, depending on the season or cyclical demands of employers. Likewise, these very-low income families already move on and off Medicaid as their circumstances shift. In Oklahoma, barely a third of the eligible parents are enrolled all year; the typical tenure on the program is seven months.⁹

Oklahoma’s proposal provides no mechanism for recording or confirming work hours for the parent population. Hence, documenting that each parent receiving Medicaid has worked just the right amount of hours every month would become an expensive, bureaucratic hassle for the parents and the state. In fact, Kentucky saw its Medicaid administrative costs climb more than 40 percent this year in part because of putting work requirements in place.¹⁰

Another concern is what’s known as the “Catch-22,” in which parents make too much to receive Medicaid but not enough to qualify for ACA marketplace subsidies or those the state provides to some workers living just above the poverty line. CMS Administrator Seema Verma has identified this issue as a problem as well.¹¹ Oklahoma allows adults who make 105 percent FPL, about \$21,000 annually, to receive premium assistance through Insure Oklahoma. There are limitations on that program: For instance, the state assistance would only go to workers at companies with fewer than 250 employers that do not have employer sponsored insurance.¹² Oklahoma’s proposal provides no attempt to address this issue.

“The proposal also does nothing to address the barriers these very poor families face in seeking employment.”

The proposal also does nothing to address the barriers these very poor families face in seeking employment. Even if these parents found jobs or volunteer opportunities, they would have to pay for childcare and transportation—costs that could not be covered under Medicaid. And if they made too much to qualify for Medicaid, they would likely be hard-pressed to afford private insurance if it is offered by employers. Only 11 percent of Oklahoma adults living in poverty currently receive employer-sponsored insurance.¹³

Oklahoma’s waiver proposal suggests that their work requirement will decrease the need for hospital stays and emergency room visits for very poor parents who receive Medicaid. However, there is no evidence or compelling rationale to support this. Moreover, if these parents lose health coverage altogether, they may be more likely to use the emergency room. Oklahoma officials also assert that the work requirement will help beneficiaries “achieve improved health, well-being and independence.” But this seems backwards: Research shows that good health coverage can lead to fuller employment.

Studies of American workers who gained health coverage through the Medicaid expansion found that coverage made it easier to work. About 52 percent of the Ohio residents who enrolled in Medicaid after the expansion said it was easier to secure and maintain employment.¹⁴

Who Would Be Affected?

An analysis of the population of parents and caretakers who now rely on Medicaid for health coverage in Oklahoma finds that¹⁶:

- 78 percent are mothers;
- 64 percent are white, 19 percent are African American, and 7 percent are American Indians;
- 39 percent are young parents under age 30;
- 85 percent have been in the workforce or have a family member working sometime in the past six months.¹⁷

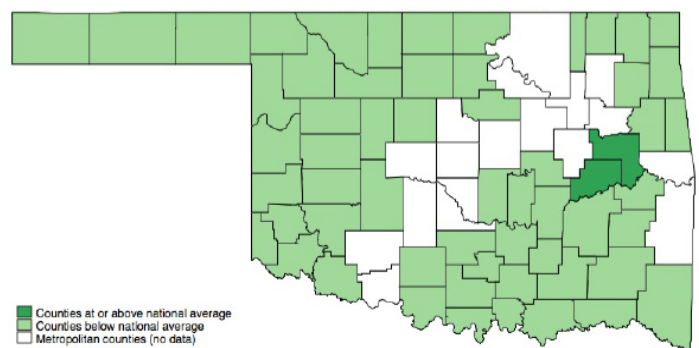
A separate analysis suggests that the proposal would hit harder in Oklahoma’s small towns and rural communities, where families are more likely to be covered by Medicaid and jobs are harder to find.¹⁸

- In Oklahoma, about 11 percent of adults in these communities are covered by Medicaid, compared to 8 percent in urban areas.
- Among children, 47 percent in Oklahoma’s small towns and rural communities have Medicaid coverage, compared to 38 percent in metropolitan areas—a disparity that’s greater than the national average.
- Jobs remain harder to find in these communities. Nine of the 10 Oklahoma counties with the highest unemployment rates in 2016 were rural counties.

A study in Michigan documented that many adults benefitting from the expansion were already working or in school. Nearly three-quarters of those who were out of work were living with a chronic health condition.¹⁵ Stripping these adults of their health coverage won’t make it any easier to find and retain a job.

Oklahoma’s work requirement could impose unnecessary red tape and barriers to health coverage that would leave these parents without the support they need to hold down a job. Rather than helping parents find jobs, this proposal seems aimed at reducing Medicaid enrollment by creating red-tape barriers to coverage.

Percent of Adults with Medicaid Coverage in Small Towns and Rural Areas, by County, 2014/15



Note: The national weighted average for percent of adults with Medicaid coverage in small towns and rural areas is 16%.

Source: For more information on sources and methodology, see The Georgetown Center for Children and Families and the University of North Carolina’s report, *Medicaid in Small Towns and Rural America: A Lifeline for Children, Families, and Communities*.



Children Will Suffer When Their Parents Lose Coverage

More than 510,000 Oklahoma children receive health coverage through Medicaid and CHIP, but if their parents lose access to health care, it could affect the children, as well.

- *Oklahoma's rate of uninsured children at 7.3 percent is already one of the highest in the nation, far above the 4.5 percent national average.* The proposal makes it more likely that the rate of uninsured children will worsen, especially if the state is not allowed to exempt the American Indian population. The rates of uninsured children remain highest among American Indian children living in the poorest families: 15.6 percent of these children are uninsured, more than double the rate for white or African American children in such families.¹⁹
- *As parents become uninsured, the entire family is at risk of falling further into poverty because of medical debt or bankruptcy.* Medicaid improves families' economic security and financial well-being and gives children a better chance for the future.²⁰
- *A healthier parent is more likely to be a better parent.* Parents with access to health care can do a better job supporting and nurturing their children's healthy development. Maternal depression, for instance, can be treated with Medicaid coverage. Without treatment, though, depression can inhibit parent-child bonding in the critical early years of development.
- *Children with uninsured parents are less likely to receive the health care they need and more likely to be uninsured.* In some cases, they remain insured but don't visit a doctor regularly. In other instances, they lose their coverage and access to healthcare. Research has shown that when a parent is uninsured, a child is much more likely to be uninsured.²¹

Conclusion

Oklahoma's amendment to its three-year Section 1115 demonstration application is currently open for public comment at the state level until September 3, 2018. After that, the state will revise its proposal and, if it decided to proceed, submit it to the federal government which also must hold a 30-day public comment period. Although CMS has issued guidance encouraging states to establish work requirements in Medicaid and has granted approval to four states, the federal agency has yet to decide on a waiver involving a state that did not accept the Medicaid expansion provided in the Affordable Care Act. One of the expansion states that received approval, Kentucky, is on hold following a legal challenge.

Oklahoma's waiver request lacks important details and is internally inconsistent, promising to reduce Medicaid enrollment while asserting that the proposed policy will have no impact on enrollment or on its budget. It provides few details on how this complicated policy change would be implemented.

If approved, the proposal could upset the financial balance for Oklahoma's most fragile families, many of them already struggling to provide adequate housing, food and clothing for their children. Stripping these mothers of their health coverage could make them less likely to work, not more. Rather it could deepen the lack of health care for adults and children and disproportionately affect American Indians and families living in small towns and rural areas.

Endnotes

- ¹ P. 15 of OHCA SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request, accessed on July 10, 2018 at <http://okhca.org/xPolicyChange.aspx?id=22257&blogid=68505>.
- ² See for example p. 14, *ibid*.
- ³ Garfield, Rachel, Robin Rudowitz and MaryBeth Musumeci. "Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses." (Washington: Kaiser Family Foundation, June 2018) accessed at <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>.
- ⁴ Alker, Joan and Maggie Clark, "One Month into Medicaid Work Requirement in Arkansas, Warning Lights are Already Flashing," (Washington: Center for Children and Families, July 20, 2018) accessed at <https://ccf.georgetown.edu/2018/07/20/one-month-into-arkansas-medicaid-work-requirement-the-warning-lights-are-already-flashing/>.
- ⁵ *Ibid*.
- ⁶ P. 15 of OHCA SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request, accessed on July 10, 2018 at <http://okhca.org/xPolicyChange.aspx?id=22257&blogid=68505>.
- ⁷ Diamond, Dan, "Trump challenges Native Americans Historical Standing," (Washington: Politico, April 22, 2018) accessed at <https://www.politico.com/story/2018/04/22/trump-native-americans-historical-standing-492794>.
- ⁸ "Kentucky Medicaid Waiver Scheme Halted by Federal Court," (Washington: National Health Law Program, June 29, 2018) accessed at <http://www.healthlaw.org/news/press-releases/735-kentucky-medicaid-waiver-scheme-halted-by-federal-court>.
- ⁹ Putnam, Carly, "Bill Watch: Legislation threatens to cut Oklahomans' access to health care," (Tulsa: Oklahoma Policy Center, Feb. 15, 2018) accessed at <https://okpolicy.org/bill-watch-legislation-threatens-cut-oklahomans-access-health-care/>.
- ¹⁰ "Fitch: Medicaid Waiver Actions Limit US States' Cost Controls," (New York: Fitch Ratings, July 17, 2018) accessed at <https://www.fitchratings.com/site/pr/10038515>.
- ¹¹ V. Dickson, "CMS Warns Non-Expansion States to Rethink Medicaid Work Rules," *Modern Healthcare* (May 1, 2018) available at <http://www.modernhealthcare.com/article/20180501/NEWS/180509987>.
- ¹² Criteria for the Insure Oklahoma program can be accessed at <http://www.insureoklahoma.org/OIndividuals.aspx?id=3900>.
- ¹³ "Health Insurance Coverage of the Nonelderly (0-64) with Incomes below 100% Federal Poverty Level (FPL), (Washington: Kaiser Family Foundation, 2016) Accessed at <https://www.kff.org/other/state-indicator/nonelderly-up-to-139-fpl/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22mississippi%22:%7B%7D%7D&sortModel=%7B%22collid%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- ¹⁴ Anthes, Loren. "The Return on Investment of Medicaid Expansion: Supporting Work and Health in Rural Ohio" (Washington: Georgetown University Center for Children and Families, January 2017), available at <https://ccf.georgetown.edu/2017/01/10/the-return-on-investment-of-medicaid-expansion-supporting-work-and-health-in-rural-ohio/>.
- ¹⁵ Alker, Joan. "Michigan Medicaid Evaluation Has Important Lessons for States Considering Work Requirements," (Washington: Georgetown University Center for Children and Families, January 2017), available at <https://ccf.georgetown.edu/2017/12/15/michigan-medicaid-evaluation-has-important-lessons-for-states-considering-work-requirements/>.
- ¹⁶ These estimates are based on an analysis of American Community Survey (ACS) data. We use an augmented version of the 2015 and 2016 ACS, the Integrated Public Use Microdata Series (IPUMS), prepared by the University of Minnesota Population Center (IPUMS-USA, University of Minnesota, www.ipums.org). We establish two-year state-level estimates of health coverage and demographic characteristics for parents. Parents are between 19 and 64 years old, have a child who is under 19 years old, are covered through Medicaid, and live in a household with income below 47% FPL. Individuals receiving supplementary security income and individuals for whom poverty status could not be determined are excluded.
- ¹⁷ Employment information was derived from data compiled by the Oklahoma Health Care Authority.
- ¹⁸ J. Hoadley et al., "Medicaid in Small Towns and Rural America: A Lifeline for Children, Families, and Communities" (Washington: Center for Children and Families and University of North Carolina, June 2017), available at <https://ccf.georgetown.edu/wp-content/uploads/2017/06/Rural-health-final.pdf>.
- ¹⁹ Oklahoma's rate of uninsured children was retrieved from J. Alker and O. Pham, "Nation's Uninsured Rate for Children Drops to Another Historic Low in 2016" (Washington: Georgetown University Center for Children and Families, September 2017), available at <https://ccf.georgetown.edu/2017/09/22/nationwide-rate-of-uninsured-children-reaches-historic-low/>.
- ²⁰ K. Wagnerman, "Medicaid: How Does It Provide Economic Security for Families?" (Washington: Georgetown University Center for Children and Families, March 2017), available at <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Medicaid-and-Economic-Security.pdf>.
- ²¹ M. Karpman and G. Kenney. "Quicktake: Health Insurance Coverage for Children and Parents: Changes Between 2013 and 2017" (Washington: The Urban Institute, September 7, 2017), available at <http://hrms.urban.org/quicktakes/health-insurance-coverage-children-parents-march-2017.html>.

This brief was prepared with support from Joan Alker, Phyllis Jordan, Olivia Pham, and Karina Wagnerman at the Center for Children and Families, and Carly Putnam at the Oklahoma Policy Institute. Design and layout provided by Kaitlyn Borysiewicz.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families. CCF is based at the McCourt School of Public Policy's Health Policy Institute. Visit <https://ccf.georgetown.edu>.

The Oklahoma Policy Institute is a non-partisan independent policy think tank that was launched in early 2008, growing out of work that had previously been conducted by the public policy department of Community Action Project of Tulsa County. Visit <https://okpolicy.org>.

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August 31, 2018

Becky Pasternik-Ikard
Medicaid Director
State of Oklahoma, Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Re: 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application

Dear Director Pasternik-Ikard:

The Epilepsy Foundation and Epilepsy Foundation of Oklahoma appreciate the opportunity to comment on the 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the at least 3.4 million Americans with epilepsy and seizures, including the more than 41,000 individuals in Oklahoma. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime, and more than one third of people living with epilepsy rely on Medicaid for their health coverage, including many children and those with the severest forms of epilepsy who cannot gain seizure control.

The Epilepsy Foundation and Epilepsy Foundation of Oklahoma believe healthcare should be affordable, accessible and adequate. The purpose of the Medicaid program is to provide affordable healthcare coverage for low-income individuals and families. Unfortunately, Oklahoma's application does not meet this objective and will instead create new administrative barriers that jeopardize access to healthcare for patients with epilepsy.

SoonerCare, Oklahoma's Medicaid program, covers parents and caretakers and disabled individuals with incomes at or below 45 percent of the federal poverty level (approximately \$779 per month for a family of 3). The proposed waiver amendment seeks to add new barriers to accessing coverage. Individuals between the ages of 19 and 50 would be required to either demonstrate that they work at least 80 hours per month or meet exemptions. One major consequence of this proposal will be to increase the administrative burden on all patients. Individuals will need to attest that they meet certain exemptions or have worked the required number of hours on a monthly basis.

Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. According to the state's own report on the second month of implementation, 5,426 individuals did not meet the reporting requirement for two consecutive months and are at risk of losing coverage on September 1, at which point they would be locked out of coverage until January 2019.¹ An



additional 6,531 individuals did meet the reporting requirement for one month and also remain at risk for losing their coverage.ⁱⁱ Similarly, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases, including epilepsy. If the state finds that individuals have failed to comply with the new requirements for three months, they will be locked out of coverage until the individual is able to meet the requirement. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The Epilepsy Foundation and Epilepsy Foundation of Oklahoma are concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements. While we are pleased that patients will have the option to demonstrate that they qualify for an exemption through self-attestation, the reporting process still creates opportunities for administrative error that could jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the coverage and health of the people we represent.

Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.^{iv} A recent study, published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.^v The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work.

Lack of Key Information

The Epilepsy Foundation and Epilepsy Foundation of Oklahoma are troubled, as the waiver application lacks key information. There is little detail on how the new requirements will be implemented and enforced, but more troubling, the application claims the proposal will have no impact on enrollment as part of the budget neutrality assumption. The proposal does not predict the impact of the waiver on enrollment (with or without waiver baseline) or cost savings over 5 years. The federal rules at 431.408 pertaining to state public comment process require at (a)(1)(i)(C) that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this section of the regulations is to allow the public to comment on a Section 1115 proposal with adequate information to assess its impact. In order to meet these transparency requirements, Oklahoma must include these projections and their impact on budget neutrality. If Oklahoma intends to move ahead with this proposal, the state should at a minimum provide the required information to the public and reopen the comment period for an additional 30 days.

The Epilepsy Foundation and Epilepsy Foundation of Oklahoma believe everyone should have access to quality and affordable healthcare coverage. Oklahoma's 2018 SoonerCare Choice and Insure Oklahoma

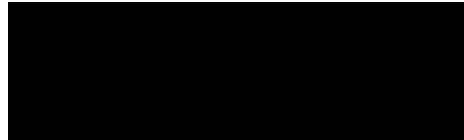


1115(a) Demonstration Waiver Public Notice and Amended Application does not advance that goal. Thank you for the opportunity to provide comments.

Sincerely,



Jenniafer Walters
Executive Director
Epilepsy Foundation of Oklahoma



Philip M. Gattone, M.Ed.
President & CEO
Epilepsy Foundation

ⁱ Joan Alker and Maggie Clark, "After Two Months Under New Work Requirements, Thousands of Arkansans May Lose Medicaid Without Even Realizing the Rules Changed," Georgetown University Health Policy Institute Center for Children and Families. August 15, 2018. Accessed at: <https://ccf.georgetown.edu/2018/08/15/after-two-months-under-new-work-requirements-thousands-of-arkansans-may-lose-medicaid-without-even-realizing-the-rules-changed/>.

ⁱⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, July 2018 Report. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/08/081418_AWReport_July.pdf.

ⁱⁱⁱ Tricia Brooks, "Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP," Georgetown University Health Policy Institute Center for Children and Families, January 2009.

^{iv} Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^v Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055



**National
Multiple Sclerosis
Society**

August 28, 2018

Becky Pasternik-Ikard
Chief Executive Officer
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Ms. Pasternik-Ikard,

I write today on behalf of the National Multiple Sclerosis Society to comment on the 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application. Pertaining to your consideration of proposed changes to SoonerCare, I write today to share concerns, specifically urging caution relating to the work requirements as passed by the Oklahoma Legislature and similarly requested by Governor Fallin via executive order.

Most people on Medicaid who can work do so. A recent study, published in JAMA Internal Medicine, looked at the employment status and characteristics of Michigan's Medicaid enrollees. The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work.

Multiple Sclerosis (MS) is an unpredictable disease of the central nervous system, with symptoms ranging from numbness and tingling to blindness and paralysis. It is typically diagnosed during prime working years.. Some people with MS at some point will need to transition to part-time, flexible employment to accommodate their disease and its symptoms. Others—whose MS has progressed greatly—are unable to work at all. Fewer than half of all individuals with MS are in the workforce ten years after their diagnosis. The Society's position is that people with MS should not be penalized if their health condition is preventing them from working, particularly in a manner that revokes health coverage and access to potentially costly needed treatments and services. The National Multiple Sclerosis Society believes SoonerCare work requirements will jeopardize patients' access to care and harm individuals with serious, acute and chronic diseases including MS.

SoonerCare, Oklahoma's Medicaid program, covers parents and caretakers and disabled individuals with incomes at or below 45 percent of the federal poverty level (approximately \$779 per month for a family of 3). The proposed waiver amendment seeks to add new barriers to accessing coverage. Individuals between the ages of 19 and 50 would be required to either demonstrate that they work at least 80 hours per month or meet exemptions. These requirements put access to needed care, like seeing specialists including neurologists and urologists, vital testing like magnetic resonance imaging and access to medications in jeopardy. In 2018, the average price of MS disease modifying therapies is

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\$80,000 – the out-of-pocket cost of which Oklahoma families on Medicaid cannot bear. A growing body of evidence indicates that early and ongoing treatment with an MS disease-modifying therapy (DMT) is the best way to modify the course of the disease, prevent accumulation of disability and protect the brain. Therefore, if people with MS do not have access to their DMT—it not only negatively impacts their health, but likely increases costs for the healthcare system at large and

Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. People with MS may experience significant MS symptoms or exacerbations that temporarily interfere with their ability to work, but they may not qualify for SSDI exemption or have trouble complying with “medical certification” exemption requirements of SNAP. Many communities do not have access to providers to seek and obtain such certification. Even if able to drive great lengths to obtain required certification, the wait for a neurology appointment in Oklahoma is substantial with patients often waiting months. This could result in a gap in coverage.

Reporting an exemption or the work requirement itself will be burdensome. Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. According to the state’s own report on the second month of implementation, 5,426 individuals did not meet the reporting requirement for two consecutive months and are at risk of losing coverage on September 1, at which point they would be locked out of coverage until January 2019.ⁱ An additional 6,531 individuals did meet the reporting requirement for one month and also remain at risk for losing their coverage.ⁱⁱ Similarly, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients’ or caregivers’ focus on maintaining their or their family’s health. Ironically, work requirements could keep someone from getting the coverage and services they need to be healthy enough to work and complying with work requirements.

When considering significant changes to health policy, details matter. Which is why it is particularly troubling that the waiver application lacks key information. There is little detail on how the new requirements will be implemented and enforced, but more troubling, the application claims the proposal will have no impact on enrollment as part of the budget neutrality assumption. The proposal does not predict the impact of the waiver on enrollment (with or without waiver baseline) or cost savings over 5 years. The federal rules at 431.408 pertaining to state public comment process require at (a)(1)(i)(C) that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this section of the regulations is to allow the public to comment on a Section 1115 proposal with adequate information to assess its impact. To meet these transparency requirements, Oklahoma must include these projections and their impact on budget neutrality. If Oklahoma intends to move ahead with this proposal, the state should at a

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Multiple Sclerosis
Society**

minimum provide the required information to the public and reopen the comment period for an additional 30 days.

Oklahoma is entering uncharted territory, as work requirements have not been implemented in any non-expansion state. That's why Seema Verma, the Administrator of CMS, has voiced caution in recent comments about crafting work requirements for these states, such as Oklahoma. The Department of Health and Human Services went even further in their legal filing for a Kentucky lawsuit pertaining to work requirements, clarifying that they view work requirements primarily as an option for expansion states, and writing, "Community-engagement initiatives would make little sense for vulnerable low-income individuals likely to need medical assistance." The National MS Society believes everyone should have access to quality and affordable healthcare coverage. Oklahoma's 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application does not advance that goal.

Access to needed health care services and early and consistent control of disease activity appears to play a key role in preventing accumulation of disability, prolonging the ability of people with MS to remain active and protecting quality of life. The Society therefore opposes work requirements that penalize people with MS who are unable to work due to their MS or fail to meet limited and burdensome administrative requirements. We ask you to remain committed to allowing those who live with chronic illnesses to continue to receive the care that they need to live their best lives possible. Thank you for the opportunity to provide comments.

Sincerely,



Kari Rinker, MPA
Senior Advocacy Manager
National MS Society

ⁱ Joan Alker and Maggie Clark, "After Two Months Under New Work Requirements, Thousands of Arkansans May Lose Medicaid Without Even Realizing the Rules Changed," Georgetown University Health Policy Institute Center for Children and Families. August 15, 2018. Accessed at: <https://ccf.georgetown.edu/2018/08/15/after-two-months-under-new-work-requirements-thousands-of-arkansans-may-lose-medicaid-without-even-realizing-the-rules-changed/>.

ⁱⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, July 2018 Report. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/08/081418_AWRReport_July.pdf.

ⁱⁱⁱ Tricia Brooks, "Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP," Georgetown University Health Policy Institute Center for Children and Families, January 2009.

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August 31, 2018

Becky Pasternik-Ikard
Medicaid Director
State of Oklahoma, Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Transmitted via email to OHCCommunityEngagement@okhca.org

Re: 2018 SoonerCare Choice and Insure Oklahoma 1115 Demonstration Waiver Public Notice and Amended Application

Dear Director Pasternik-Ikard:

On behalf of the 30 million Americans with one of the estimated 7,000 known rare diseases, the National Organization for Rare Disorders (NORD) appreciates the opportunity to submit comments on the 2018 SoonerCare Choice and Insure Oklahoma 1115 Demonstration Waiver Public Notice and Amended Application.

NORD is a unique federation of voluntary health organizations dedicated to helping people with rare "orphan" diseases and assisting the organizations that serve them. Since 1983, we have been committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.

NORD recognizes Oklahoma's stated goal of "improving health outcomes for Oklahomans through the demonstration."¹ However, after reviewing the proposed alterations to its Medicaid program and consulting with our member organizations, we are concerned that the proposed work/community engagement requirement to the SoonerCare program will threaten access to care for many within Oklahoma's rare disease community.

Oklahoma's Proposal to Implement Work Requirements:

We oppose the implementation of work requirements within the SoonerCare program as it is counter to the fundamental goals of the Medicaid program and does not help low-income individuals improve their circumstances without needlessly compromising their access to care.

Further, if implemented, we believe the exemptions to these requirements will not be nuanced or precise enough to avoid harming the health and wellbeing of Oklahoma rare disease patients and their families. While the list of exemptions appears comprehensive, we can still easily envision many scenarios in

¹ SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request Pg. 4

which individuals with rare diseases or their caregivers will be unduly subjected to onerous and inappropriate work requirements.

For example, it remains unclear from the given information within the demonstration what would happen to caregivers of those with a rare disease. The demonstration notes that a beneficiary who is a “parent or caretaker responsible for the care of an incapacitated person” would be exempt.² The demonstration does not say, however, how that would be adjudicated. It is not clear in this context what it means to be incapacitated. Consequently, it is not difficult to imagine a scenario in which this exemptions process would leave out a deserving caregiver.

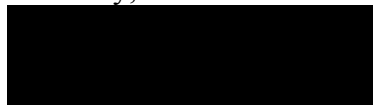
Similarly, the demonstration proposes to exempt individuals who, “are medically certified as physically or mentally unfit for employment” or have “a disability” as defined by federal statute.³ Yet, once again, the waiver does not articulate how such a determination would be made and who would be making it. It is not obvious from the demonstration what having something “medically certified” will involve.⁴ With a scarcity of physicians familiar with rare diseases and the prevalence of undiagnosed conditions, it is often difficult, even impossible, for rare disease patients to adequately convey the extent of their symptoms in a timely manner.

Finally, a major consequence of this proposal will be to increase the administrative burden on all patients. Individuals will need to attest that they meet certain exemptions or have worked eighty hours per month. Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or working.

These are just a handful of ways in which rare disease patients and their loved ones could slip through the cracks and lose access to their health care. In order to avoid the kind of delay or termination of care that could gravely impact the lives of Oklahoma’s rare disease patients and their families, we urge the Authority to reconsider this provision.

Thank you once again for the opportunity to provide comments on the Authority’s application for a 1115 demonstration. For further questions, please contact me at tboyd@rarediseases.org.

Sincerely,

A black rectangular redaction box covering the signature of Tim Boyd.

Tim Boyd
Director of State Policy

² SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request Pg. 8

³ Ibid.

⁴ Ibid.



August 30, 2018

Becky Pasternik-Ikard
Medicaid Director
State of Oklahoma, Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Submitted via email to: OHCAcommunityengagement@okhca.org

Re: 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application

Dear Director Pasternik-Ikard:

Hemophilia Federation of America (HFA) and the National Hemophilia Foundation (NHF) are national non-profit organizations that represent individuals with bleeding disorders across the United States. Our missions are to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to quality medical care, therapies, and services, regardless of financial circumstances or place of residence. The Oklahoma Hemophilia Foundation (OHF) works for affected families, health care workers, educators, policymakers, and the community at large regarding issues uniquely important to Oklahomans affected by a bleeding disorder. HFA, NHF, and OHF appreciate the opportunity to submit comments on Oklahoma's 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application.

Our organizations believe everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. Unfortunately, Oklahoma's application does not meet this objective and will instead create new administrative barriers that jeopardize access to healthcare for patients with bleeding disorders.

SoonerCare, Oklahoma's Medicaid program, covers parents and caretakers and disabled individuals with incomes at or below 45 percent of the federal poverty level (approximately \$779 per month for a family of 3). The proposed waiver amendment seeks to add new barriers to accessing coverage. Individuals between the ages of 19 and 50 would be required to either demonstrate that they work at least 80 hours per month or meet exemptions. One major consequence of this proposal will be to increase the administrative burden on all patients. Individuals will need to attest that they meet certain exemptions or have worked the required number of hours on a monthly basis.

Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. According to the state's own report on the second month of implementation, 5,426 individuals did not meet the reporting requirement for two consecutive months and are at risk of losing coverage on September 1, at which point they would be locked out of coverage until January 2019.ⁱ An additional 6,531 individuals did meet the reporting requirement for one month and also remain at risk for losing their coverage.ⁱⁱ Similarly, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with bleeding disorders or other serious, acute and chronic diseases. If the state finds that individuals have failed to comply with the new requirements for three months, they will be locked out of coverage until



they can meet the requirement. People with bleeding disorders rely on essential medications to manage their condition: to prevent bleeding, and to treat acute breakthrough bleeding episodes, which could lead to further cumulative damage. Thus, individuals with a bleeding disorder cannot afford a sudden gap in their care which cuts them off from timely access to their treatment.

HFA, NHF, and OHF are concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements. While we are pleased that patients will have the option to demonstrate that they qualify for an exemption through self-attestation, the reporting process still creates opportunities for administrative error that could jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the coverage and health of the people we represent.

Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.^{iv} A recent study, published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.^v The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work.

Lack of Key Information

HFA, NHF, and OHF are concerned that the waiver application lacks key information. There is little detail on how the new requirements will be implemented and enforced, but more troubling, the application claims the proposal will have no impact on enrollment as part of the budget neutrality assumption. The proposal does not predict the impact of the waiver on enrollment (with or without waiver baseline) or cost savings over 5 years. The federal rules at 431.408 pertaining to state public comment process require at (a)(1)(i)(C) that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this section of the regulations is to allow the public to comment on a Section 1115 proposal with adequate information to assess its impact. In order to meet these transparency requirements, Oklahoma must include these projections and their impact on budget neutrality. If Oklahoma intends to move ahead with this proposal, the state should at a minimum provide the required information to the public and reopen the comment period for an additional 30 days.

HFA, NHF, and OHF believe everyone should have access to quality and affordable healthcare coverage. Oklahoma's 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application does not advance that goal. Thank you for the opportunity to provide comments.



If you have any questions or would like any additional information, please contact Michelle Rice, NHF's Senior Vice President for External Affairs, and Miriam Goldstein, Associate Director for Policy at HFA.

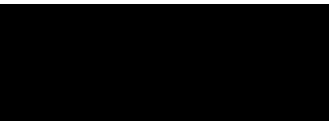
Sincerely,



Miriam Goldstein
Associate Director, Policy
Hemophilia Federation of America



Michelle Rice
Sr. Vice President, External Affairs
National Hemophilia Foundation



Kathleen Montgomery
Executive Director
Oklahoma Hemophilia Foundation

ⁱ Joan Alker and Maggie Clark, "After Two Months Under New Work Requirements, Thousands of Arkansans May Lose Medicaid Without Even Realizing the Rules Changed," Georgetown University Health Policy Institute Center for Children and Families. August 15, 2018. Accessed at: <https://ccf.georgetown.edu/2018/08/15/after-two-months-under-new-work-requirements-thousands-of-arkansans-may-lose-medicaid-without-even-realizing-the-rules-changed/>.

ⁱⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, July 2018 Report. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/08/081418_AWReport_July.pdf.

ⁱⁱⁱ Tricia Brooks, "Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP," Georgetown University Health Policy Institute Center for Children and Families, January 2009.

^{iv} Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^v Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055



August 24, 2018

Becky Pasternik-Ikard
Chief Executive Officer
Oklahoma Health Care Authority (OHCA)
4345 North Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard,

The Oklahoma Chapter of the American Academy of Pediatrics (OKAAP), a nonprofit organization representing over 450 pediatricians from across the state, dedicated to the health, safety and well-being of all Oklahoma infants, children, adolescents and young adults, thanks you for the opportunity to provide comments on the proposed SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request (Project Number 11-W-00048/6).

We write today to express our concerns with this proposed waiver application, which would create significant barriers to affordable health care coverage for low-income parents. Oklahoma is seeking waiver authority to add work as a condition of Medicaid coverage for the traditionally eligible Medicaid parent/caretaker group, all of whom are in families with significantly low incomes. We are concerned that, under this proposal, Medicaid coverage may be punitively denied not only for those who do not meet the work requirement, but for those who actually do.

Low-income parents losing their Medicaid coverage will have an impact on the health of Oklahoma children. As pediatricians, we know that parents who are enrolled in coverage are more likely to have children enrolled in coverage, and parents with coverage are also more likely to maintain their children's coverage over time. Research shows the positive effects that Medicaid coverage of adults is having in other states in terms of coverage, access to care, utilization, affordability, health outcomes, and many economic measures.¹ New research also demonstrates that coverage of parents has spillover effects in terms of increased use of preventive services by children.² The loss of parent coverage because of this new proposal will directly affect children.

As you are aware, under the current Medicaid program, the parent/caregiver eligibility group must have a family income at or below 45% of the federal poverty level (FPL); for a family of 3 that would be \$779 per month. Under this waiver proposal, a single mother with 2 children over the age of 6 would be required to work at least 20 hours per week to maintain Medicaid coverage. The mother would remain financially eligible for Medicaid while working exactly 20 hours per week at minimum wage, but if she were to gain additional hours or make more than minimum wage, she would lose her Medicaid coverage. This program would thus disincentive individuals from earning more

¹ <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-september-2017/>

² <http://pediatrics.aappublications.org/content/early/2017/11/09/peds.2017-0953>

Oklahoma Chapter AAP
6840 S. Trenton Ave.
Tulsa, OK 74136

Website: www.OKAAP.org

❖ Laura McGuinn, MD, FAAP
❖ President
❖ Dwight Sublett, MD, FAAP
❖ Vice President
❖ Paul Darden, MD, FAAP
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money as they would then lose their insurance coverage, with limited or no access to affordable alternative coverage.

Simply being employed does not guarantee an individual will be able to obtain health insurance. A 2014 study showed that only 28% of employees of private firms with low average wages obtain health insurance through their jobs, and 42% are not even eligible for employer-sponsored coverage.³ If she were to attempt to purchase coverage on the marketplace, she would not qualify for tax credits to help pay for private coverage, as she would still be earning less than 100% FPL.

This work requirement therefore will be sending low-income parents directly into a coverage gap. While the state does offer the Insure Oklahoma Individual Plan, it is limited to those who are employed by companies with fewer than 250 employees that do not have employer-sponsored coverage. This could limit the types of jobs beneficiaries would apply for, in order to meet the requirements of the Insure Oklahoma program.

Studies have shown that 8 in 10 Medicaid eligible adults live in working families and almost 60% work themselves.⁴ Additionally, an Ohio report evaluating the impact of Medicaid expansion in that state revealed that of new Medicaid enrollees who were employed, 52% stated that having Medicaid made it easier for them to continue working, while of those who were not employed, 74.8% said having coverage made it easier for them to look for employment.⁵ As shown in Ohio's evaluation, Medicaid plays a critical role in supporting the abilities of individuals to look for employment and once employed, continue working.

Reporting on compliance of, or exemption from, the new work requirements is another concern. In Kansas, which has started implementing its work requirement waiver, the only way for individuals to report their work hours is online. While the Oklahoma proposal does not indicate how beneficiaries will report the work hours as proposed, it should be noted that 30% of Medicaid adults report they never use a computer, 28% do not use the Internet, and 41% do not use e-mail.⁶ Additionally, Oklahoma is currently ranked 37th in the country for access to the Internet.⁷ Without assuring meaningful methods of reporting such compliance, parents and other adults from across the state may lose coverage because they simply do not have the means to report their hours to the state.

Oklahoma is also likely to see additional financial burdens because of the administrative costs of implementing these work requirements. New IT systems will need to be developed as well as a means for tracking beneficiary compliance with the program. Recent reports from Kentucky indicate administrative costs have jumped in that state by as much as 40%, or \$35 million, as a work requirement is implemented there.⁸

³ https://meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp

⁴ <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>

⁵ <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>

⁶ <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

⁷ <https://www.usnews.com/news/best-states/rankings/infrastructure/internet-access>

⁸ <https://www.forbes.com/sites/brucejapsen/2018/07/22/trumps-medicaid-work-rules-hit-states-with-costs-and-bureaucracy/#6879ebdd66f5>

Oklahoma Chapter AAP
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❖ **Laura McGuinn, MD, FAAP**
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OKLAHOMA CHAPTER
AMERICAN ACADEMY OF PEDIATRICS

An increase in costs for uncompensated care is also likely if this waiver is approved and implemented. As more Oklahomans lose their health coverage, they will begin to visit emergency departments, a much more expensive source of care. And as that coverage would be provided regardless of the patient's ability to pay, the state would see increased uncompensated care costs, while also putting a greater strain on our safety-net hospitals and clinics. This at a time when Oklahoma's uninsured rate remains at 13.8%, one of the highest in the nation.

The intent of the Medicaid program is to provide needed coverage to low-income residents—most of whom already work—who cannot afford private insurance. Adding an onerous work requirement as proposed contradicts the very nature of Medicaid as a health care lifeline for those most in need.

This waiver proposal creates additional complexity to the Medicaid program for traditionally eligible beneficiaries while likely adding administrative costs. The waiver is also likely to increase health care system costs, including that of uncompensated care for the parents who inevitably lose coverage. It is for all these reasons that we strongly urge reconsideration of this waiver proposal.

We hope the state takes the thoughts of Oklahoma's pediatricians into consideration as it contemplates this waiver amendment. Thank you for the opportunity to provide comments on this application. If you have questions about our concerns, please contact the OKAAP office at 918-858-0298.

Sincerely,

Laura McGuinn
OKAAP President

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August 27, 2018

Oklahoma Health Care Authority
Federal and State Policy Division
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

**RE: Oklahoma Health Care Authority SoonerCare 1115(a) Research and
Demonstration Waiver Amendment Request (Project Number 11-W-00048/6)**

To Whom It May Concern:

As social scientists and scholars of health policy, we write to provide comments on the Oklahoma Health Care Authority's (OHCA) request to amend its SoonerCare Research and Demonstration Waiver under Section 1115(a).¹ In our professional opinion, the proposed amendment, which will affect at least 6,000 low-income Oklahoma residents, would not advance—and may ultimately undermine—Medicaid's goal of furnishing access to medical care, as stated in 42 U.S.C. 1396-1, and reinforced by Centers for Medicare and Medicaid Services (CMS) guidance.² Therefore, we strongly urge the OHCA to suspend the development of this proposal. We provide supporting evidence for this argument below.

OHCA has made misleading and inaccurate representations of studies cited in support of its 1115(a) amendment application.

The stated purpose of Medicaid is to enable each state, as far as is practicable, “to furnish medical assistance” to individuals “whose income and resources are insufficient to meet the costs of necessary medical services” and to provide “rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.”³

The Secretary of Health and Human Services may grant a Section 1115 Medicaid waiver only to experimental, pilot, or demonstration projects that are “likely to assist in promoting the objectives” of the Medicaid Act.⁴ In its State Medicaid Director letter on work and community-engagement requirements, CMS notes that states “will need to link” requirements for work and community engagement to “those outcomes [producing improved health and well-being] and

¹ Oklahoma Health Care Authority, SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request, Project number 11-W-00048/6.

² CMS, State Medicaid Director Letter SMD 18-002, RE: Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries, January 11, 2018.

³ 42 U.S.C. 1396-1.

⁴ 42 U.S.C. 1315(a).

ultimately assess the effectiveness of the demonstration in furthering the health and wellness objectives of the Medicaid program.”⁵

OHCA’s amendment request claims that “the correlation between employment and health for the general population is well established and presented in several large-scale literature reviews and meta-analyses.”⁶ This is at best a misleading characterization of the evidence cited by OHCA and is contradicted time and again by the published research literature. OHCA cites a 2005 meta-analytic study to support its argument that work requirements will enhance the well-being of SoonerCare members.⁷ Yet this misrepresents the authors’ findings. Not only do the authors explicitly suggest that they cannot establish a causal relationship between unemployment and mental health, they argue that their correlative evidence shows that:

...there are several aspects of unemployment experience (e.g., financial concerns, work-role centrality) that are the actual factors responsible for reduced well-being during unemployment; meaning a causal suggestion of a relationship between unemployment and mental health is molar in nature, or at a very broad level (cf., Cook & Campbell, 1979). For example, Price, Friedland, and Vinokur (1998) suggest that job loss and unemployment bring about a “cascade” of secondary stressors such as worry, uncertainty, and financial, family, and marital difficulties.⁸

OHCA also cites a 1995 study in support of its proposed amendment. Yet this study does not identify the direction of causality implied by OHCA. While the authors argue that full-time employment is associated with slower declines in physical and psychological function, they also find that, “physical functioning increases the odds of getting or keeping a full-time job for both sexes.”⁹

Finally, OHCA cites a study examining a hypothesis formulated by social psychologist Marie Jahoda that employment is the only source of five “latent functions” in society that sustain mental health.¹⁰ Yet the study draws only a web-based survey undertaken in Germany, which has a universal multi-payer system and compulsory health insurance. Generalizing from these findings to the US context—where unemployment is associated with significant gaps in access to healthcare—is inappropriate. Whatever policy implications one might draw from this study, it does not support the argument conditioning health care access on meeting work requirements will improve health outcomes.

⁵ CMS, State Medicaid Director Letter SMD 18-002, RE: Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries, January 11, 2018.

⁶ Oklahoma Health Care Authority, SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request, p. 5.

⁷ McKee-Ryan F, Song Z, Wanberg CR, Kinicki AJ. *J Appl Psychol* 2009; 90(1), 53-76.

⁸ *Id.*, 67.

⁹ Ross CE, Mirowsky J. Does employment affect health? *J Health Soc Behav* 1995; 36(3): 230-243.

¹⁰ Paul KI, Geithner E, Moser K. Latent deprivation among people who are employed, unemployed, or out of the labor force. *J Psychol* 2009; 143(5): 477-491.

The studies cited by OHCA refer mainly to mental and physical health outcomes such as perceived health status and functionality. Yet none of the hypotheses developed by OHCA in its evaluation design relates to the effect of work requirements on these outcomes. The only health-related hypotheses proposed concern the effects of work requirements on health care utilization (e.g. emergency room visits and hospitalization). In both of these cases, OHCA expects to see utilization decline following the implementation of work requirements. Yet the evidence here suggests that it is entirely possible that decline in utilization would result not from improved health status but from significantly reduced Medicaid eligibility. Tellingly, the majority of the hypotheses proposed by OHCA concern either the effect of work requirements on employment, volunteerism, or the size of the “Medicaid roles [*sic*].”¹¹

Contrary to CMS guidance, public health research does not support a causal relationship between employment status and health outcomes.

As in OHCA’s application, CMS’s guidance to states on work and community engagement requirements misrepresents the findings of research it cites to establish a relationship between employment and health outcomes.¹² Four examples will suffice here:

- A) CMS guidance cites a 2016 *JAMA* study to support the claim that employment is associated with better health outcomes.¹³ Yet the overall purpose of the study was to examine the trends in and sources of the socioeconomic gradient in life expectancy in the United States. On page 1759 of the study, the authors write: “Unemployment rates, changes in population, and changes in the size of the labor force (all measures of local labor market conditions) *were not significantly associated with life expectancy among individuals in the bottom income quartile [emphasis added].*”¹⁴ The *JAMA* study thus appears to contradict CMS’s premise that employment rates in lower-income populations will causally improve health. It is important to note that, while a link between social class status and health outcomes may exist, social class status should not be conflated with employment status. The groundbreaking Whitehall Studies conducted among tens of thousands of civil servants – all of whom were gainfully employed by the British government – demonstrated a higher rate of mortality among those with lower social class.¹⁵ Indeed, the World Health Organization’s Commission on the Social Determinants of Health cites a number of studies suggesting that in some occupations, employment is correlated with negative health outcomes, such as higher mortality rates among temporary workers when compared to those engaged in permanent work.¹⁶ Recently, scientists at the National Institute for Occupational Safety and Health recently documented

¹¹ Oklahoma Health Care Authority, SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request, p. 15.

¹² CMS, State Medicaid Director Letter SMD 18-002.

¹³ Chetty R, Stepner M, Abraham S, et al. The association between income and life expectancy in the United States, 2001-2014. *JAMA*. 2016; 315(16):1750-1766

¹⁴ *Id.*

¹⁵ Marmot M., Stansfeld S, Patel C, et al. Health inequalities among British civil servants: the Whitehall II study. *Lancet* 1991; 337(8754): 1387-1393.

¹⁶ Commission on the Social Determinants of Health, *Closing the gap in a generation: health equity through action on the social determinants of health*. World Health Organization, 2008.

an alarming cluster of black lung cases among coal miners in Kentucky, Virginia, and West Virginia. Because black lung is caused by workplace exposure to silica dust, it is clear that employment in coal mines, relative to unemployment, caused poor health outcomes in these cases.¹⁷

- B) CMS also cites a 2002 study published in the *International Journal of Epidemiology* to support the claim that “education...can lead to improved health by increasing health knowledge and healthy behaviors.”¹⁸ Yet the study cited does not examine health knowledge or healthy behaviors as outcomes. Rather, the study examines the long-term effects of social class status and unemployment on limiting long-term illness among the male working population in England and Wales. On page 338 of the study, the authors write: “In the fully adjusted model, unemployment at both time points, and membership of the most disadvantaged social classes at all three times, each retain the ability to predict ill-health 10 to 20 years after they have occurred.” The authors conclude that: “Short term improvements in health inequality may not prove easy to obtain in areas of large scale de-industrialization, where many citizens have experienced two decades or more of economic hardship and its social consequences.” These findings do not support the hypothesis that work requirements will causally improve health in Medicaid eligible populations.
- C) CMS cites a 2014 review article published in *Occupational and Environmental Medicine* to support the claim that there is a “protective effect of employment on depression and general mental health.”¹⁹ Yet on page 735 of that study, the authors note that they cannot establish a causal link between employment and health: “...the relationship between employment and health can be bi-directional. This means that the positive health effects of employment can be affected by the fact that healthier people are more likely to get and stay in employment.” It is thus not clear that data support a hypothesis that employment causes improved mental health – in fact, it is just as reasonable to hypothesize that poor mental health causes unemployment. Further still, evidence suggests that work requirements can be negatively associated with physical and mental health. A recent study published in *Health Affairs* found that participants in a Florida welfare reform experiment whose benefits were conditioned on workforce participation had a 16 percent higher mortality rate than comparable recipients of welfare who were not subject to work stipulations (the control group).²⁰ Additionally, a 2008 study of TANF implementation among parents found that “strong emphasis on efforts to push welfare clients into low-wage employment may have adverse effects on the ways in which welfare programs affect low-income women’s mental health outcomes.”²¹

¹⁷ Blackley D, Reynolds L, Short C, et al. Progressive Massive Fibrosis in Coal Miners From 3 Clinics in Virginia. *JAMA* 2018; 319(5): 500-501.

¹⁸ CMS, State Medicaid Director Letter SMD 18-002.

¹⁹ Id.

²⁰ Muennig, P., Rosen Z. and Wilde E. Welfare Programs That Target Workforce Participation May Negatively Affect Mortality. *Health Aff.* 32 (6): 1072–1077, 2013.

²¹ Morris, P. Welfare Program Implementation and Parents’ Depression. *Soc. Serv Rev* 2008; 82 (4): 602.

D) In general, the empirical evidence is far more persuasive that ill health leads to reduced employment and earnings—and preventing people from accessing health insurance will worsen health. For example, a summary of existing research published in *Medical Care Research and Review* found that improving health would increase earnings by 15-20 percent.²² A recent review of evidence published in the *New England Journal of Medicine* persuasively shows the generally positive impacts of having health insurance on health, especially depression, which has a significantly negative impact on labor force participation.²³ Further, none of the evidence presented by CMS can speak to the effective causal mechanism that would occur in the Medicaid waiver: forcing people into the workforce at the risk of losing their health insurance.

Oklahoma’s proposed amendment is unlikely to improve individuals’ earnings or financial stability.

Research on the trajectory of TANF recipients after welfare reform suggests that despite “extensive work effort...job instability and limited upward mobility (i.e. transitions to good jobs) characterized the employment experiences of most respondents.”²⁴ More generally, even people who find employment after the enactment of work requirements continue to experience significant and persistent material hardship.²⁵ Long-term studies of participation in 11 mandatory welfare-to-work programs nationwide suggest that participants in these programs experienced few economic gains. The programs led to individuals “replacing welfare and Food Stamp dollars with dollars from earnings and Earned Income Tax Credits (EITCs), but the programs did not increase income above the low levels of the control group.”²⁶ Moreover, the rate of job finding among participants did not increase significantly when compared to the control group.

Recent research has also suggested that any gain in earnings among low-skilled individuals under TANF has been offset by significant losses in transfer income.²⁷ Employment effects of TANF are also racially disparate. Structural disparities and employment discrimination have made it more difficult for African Americans receiving TANF to find work.²⁸ In general, TANF has not provided protection for individuals in poverty, especially during difficult-to-foresee

²² Hadley J. Sicker and poorer—The consequences of being uninsured: A review of the research on the relationship between health insurance, medical care use, health, work, and income. *Med. Care Res Rev* 2003; 60(2, suppl): 3S-75S.

²³ Sommers B, Gawande A, Baicker K. Health Insurance Coverage and Health—What the Recent Evidence Tells Us. *N Engl J Med* 2017; 377(6): 586-593.

²⁴ Johnson R, Corcoran M. The Road to Economic Self-Sufficiency: Job Quality and Job Transition Patterns after Welfare Reform. *J Pol Anal Manag* 2003; 22 (4): 615-639.

²⁵ Danziger S, Heflin C, Corcoran M, et al. Does it Pay to Move from Welfare to Work? *J Pol Anal Manag* 2002; 21 (4): 671-692.

²⁶ Hamilton G, Freedman S, Geentian L, et al. National Evaluation of Welfare-to-Work Strategies: How Effective Are Different Welfare-to-Work Approaches. Five-Year Adult and Child Impacts for Eleven Programs. Washington, DC: US Department of Health and Human Services, Administration for Children and Families and Office of the Assistant Secretary for Planning and Evaluation; and US Department of Education, 2001.

²⁷ Bollinger C, Gonzlaez L, Ziliak J, Welfare reform and the level and composition of income. *Welfare Reform and its Long-Term Consequences for America’s Poor*. Cambridge University Press, 2009: 59-103.

²⁸ Hahn H, Pratt E, Allen E, et al. Work Requirements in Social Safety Net Programs: A Status Report of Work Requirements in TANF, SNAP, Housing Assistance, and Medicaid, Urban Institute, 2017.

economic downturns. A comparative analysis of the effects of safety-net programs on the cyclicity of poverty during the Great Recession shows that TANF had no statistically significant effect on poverty reduction.²⁹ Moreover, a recent comprehensive review of the evidence on TANF's effects on the health outcomes of participants to be "too mixed or even nonexistent."³⁰

Though the federal government strongly supports and consistently encourages work requirements, their rationale for doing so is both out of step with the core purpose of Medicaid and empirically ungrounded. The Council of Economic Advisers' (CEA) July 2018 report entitled, "Expanding Work Requirements in Non-Cash Welfare Programs" provides key examples on both counts.³¹ The CEA report emphasizes improving "self-sufficiency," decreasing "dependency" and increasing employment.³² The CEA report thus reflects the inattention to the statutory goals of Medicaid. Though the report mentions Medicaid over 150 times, it does not discuss healthcare or offer any evidence that work requirements will increase access to health benefits. Instead, it justifies work requirements in terms of enhanced labor force participation, relying primarily on the experience of TANF, a program with different goals from Medicaid, and established in statute with the deliberate goal of imposing work requirements in mind. The CEA report does not speak to the experience of those who lost benefits as a result of new requirements, but an analysis of a national sample of TANF exits found that administrative burdens helped explain reductions in TANF caseloads, and fell harder on those in extreme poverty.³³ The federal government's own justification for work requirements therefore reflects a disinterest in the statutory requirement for Medicaid to furnish medical assistance, or a concern about what will happen to those who struggle with the administrative burdens arising from the new work requirements.

The logic and evidence underlying the CEA report is also based on inaccurate and incomplete evidentiary claims. Drawing on 2014 data from the Survey of Income and Program Participation, the CEA report claims that 60 percent of non-disabled adult Medicaid beneficiaries "worked few if any hours each week."³⁴ Yet, recent data from the Current Population Survey (CPS) offers more nuanced insight into the employment circumstances that Medicaid beneficiaries face. Analyses of CPS data indicate that in 2016, 43 percent of non-elderly, non-disabled adult

²⁹ Bitler M, Hoynes H. The more things change, the more they stay the same? The safety net and poverty in the Great Recession. *J Labor Econ* 2016; 34(S1): S403-S444

³⁰ Ziliak J. *Temporary Assistance for Needy Families*, No. w21038. National Bureau of Economic Research, 2015.; See also: Kaestner R, Tarlov E. Changes in the welfare caseload and the health of low-educated mothers. *J Pol Anal Manag* 2006; 25(3): 623-643.

³¹ The Council of Economic Advisers. July 2018. "Expanding Work Requirements in Non-Cash Welfare Programs." Executive Office of the President of the United States.

³² *Id.*, 17.

³³ Brodtkin E, Majmundar M. Administrative Exclusion: Organizations and the Hidden Costs of Welfare Claiming. *J Pub Admin Res Theory* 2010; 20(4): 827-848.

³⁴ The Council of Economic Advisers. July 2018. "Expanding Work Requirements in Non-Cash Welfare Programs." Executive Office of the President of the United States, page 17.

Medicaid beneficiaries worked full time.³⁵ Among the remaining 57 percent, 15 percent were out of work because of illness or poor health, 6 percent were attending school, 11 percent were not working due to caregiving and 19 percent worked part-time. That leaves just 6 percent of beneficiaries to whom work requirements would likely apply.³⁶ So, while the CEA report claims that “low employment rates of non-disabled working age recipients” necessitates policy intervention, available evidence runs counter to that supposition.³⁷ Finally, even the CEA report acknowledges that some beneficiaries will “experience negative effects.”³⁸ The CEA notes that to address this, it is necessary to “support recipients overcoming barriers to employment (lack of access to childcare, mental illness or criminal records.”³⁹ However, Mississippi’s work requirement includes no such provisions. Hence, the waiver application falls short even per the (empirically unsubstantiated) proposals laid out by the White House Council of Economic Advisers.

Oklahoma’s proposed work requirements would impose burdens on individuals eligible for Medicaid that may put them at risk of losing access to healthcare.

The proposed amendment states that the new program will help beneficiaries attain “long-term independence, success, better health, and well-being.” However, a substantial body of research shows that even minor requirements and barriers can cause people to fail to participate in programs even when they value and need the benefits involved.⁴⁰ People suffering from intense poverty tend to struggle more than others in overcoming such burdens.⁴¹ A simple example are requirements to provide online documentation to verify compliance with new mandates. Given that 30 percent of Medicaid adults report they never use a computer, 28 percent say they do not use the internet, and 41 percent do not use email, it is unrealistic to expect that such a population will possess the technological literacy to navigate online documentation processes.⁴²

Reporting burdens would fall hardest on low-income employees, where the labor market features frequent churning in and out of jobs, unstable hours, and a lack of easy access to documentation. For example, about 1 in 10 workers who earn \$10 an hour transition from their jobs each month, compared to just 1 in 25 of those earning \$25 an hour.⁴³ Lower-income employees therefore

³⁵ Garfield, Rachel, Robin Ruowidtz and MaryBeth Musumeci. June 2018. “Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses.” Kaiser Family Foundation Issue Brief.

³⁶ Garfield, Rachel, Robin Ruowidtz and MaryBeth Musumeci. June 2018. “Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses.” Kaiser Family Foundation Issue Brief.

³⁷ The Council of Economic Advisers. July 2018. “Expanding Work Requirements in Non-Cash Welfare Programs.” Executive Office of the President of the United States, p. 1

³⁸ Id., 2.

³⁹ Id., 3.

⁴⁰ Moynihan D, Herd P, Harvey H. Administrative Burdens: Learning, Psychological and Compliance Costs in Citizen-State Interactions. *J Pub Admin Res Theory* 2015; 25(1): 43-69.

⁴¹ Mani A., Mullainathan S. Shafir, E, et al. Poverty impedes cognitive function. *Science* 2013; 341: 976-980.

⁴² Garfield, Rachel, Robin Rudowitz, MaryBeth Musucemi and Anthony Damico. 2018. "Implications of Work Requirement in Medicaid: What Does the Data Say." Kaiser Family Foundation, June 12, Access at: <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

⁴³ Bivens J, Fremstad S. 2018. Why Punitive Work-hours Tests in SNAP and Medicaid Would Harm Workers and do Nothing to Raise Employment. Economic Policy Institute. [epi.org/151107](https://www.epi.org/151107)

face additional burdens to maintain documentation of their work status. The informal nature of the much of the service industry also places additional burdens on those working there.

OHCA has likely underestimated the population to which its proposed work requirements will apply.

In its amendment request, the OHCA proposes, as a condition of eligibility, to require non-exempt individuals aged 19-50 to work an average twenty (20) hours or more per week each month in “paid, in-kind, unpaid, or volunteer work,” comply with the requirements of one of three work programs for at least twenty (20) hours per week, participate in community service programs “with religious or community organizations at least twenty (20) hours per week, or meet “any combination of work, participating in work training or volunteering for work twenty (20) hours or more per week, averaged monthly.”⁴⁴

OHCA estimates that its proposed requirement will apply to “approximately 6,000 members” of the approximately 102,000 adult members 19 through 50 in SoonerCare.⁴⁵ There are three problems with this analysis. First, with the limited data provided by OHCA, this figure is difficult to verify. OHCA should provide an impact analysis that draws on data from the American Community Survey to estimate the number of SoonerCare members in Oklahoma, statewide and by region, who are: (1) exempt (broken out by category of exemption); (2) potentially subject to work requirements and already working; and (3) potentially subject to work requirements and not working.⁴⁶

Second, the number of individuals affected by the administrative burden of work requirements is larger than the formally exempt population, since exempt SoonerCare members in the parent/caregiver population will presumably have to offer proof that they meet one of the listed exemption criteria. Further, given that some of these criteria are complex or vague, it is reasonable to expect that some SoonerCare members who actually meet exemption criteria will either erroneously assume that they are subject to work requirements.

Finally, OHCA has also failed to consider spillover effects of work requirements onto the child population. Research spanning the last two decades has consistently found that Medicaid coverage of parents leads to improved coverage and healthcare utilization among children. A 2003 study published in *Health Services Research* found that expansion of Medicaid coverage to parents increased insurance coverage among children by 14 percentage points, largely due to a reduction in uninsured children.⁴⁷ A recent study published in *Health Affairs* determined children’s coverage increased by 5.7 percentage-points after Medicaid expansion, relative to a 2.7 percentage-point increase in states that did not expand Medicaid.⁴⁸ Importantly, a recent

⁴⁴ Oklahoma Health Care Authority, SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request, p. 7-8.

⁴⁵ *Id.*, 10.

⁴⁶ See, e.g. Gangopadhyaya A, Kenney GM, Who Could Be Affected by Kentucky’s Medicaid Work Requirements and What Do We Know About Them?, Urban Institute Brief, Updated March 2018, https://www.urban.org/sites/default/files/2018.03.05_ky_medicaid_numbers_finalized.pdf.

⁴⁷ Dubay L, Kenney G. Expansion Public Health Insurance to Parents: Effects on Children’s Coverage Under Medicaid. *Health Services Research* 2003; 38(5):1283-1302.

⁴⁸ Hudson JL, Morriya AS. Medicaid Expansion for Adults had Measurable Welcome Mat Effects on their Children. *Health Aff* 2017;36(9): 1643-51.

study in *Pediatrics* found that Medicaid expansions for low-income adults led to a 29 percentage-point greater probability of well child visit utilization among children.⁴⁹ The importance of children's use of preventive care is recognized by CMS as a core quality indicator in Medicaid.⁵⁰ Given this evidence base, any loss of coverage among parents is likely to have negative spillover effects on children's health. We suggest that, at minimum, Oklahoma take action to mitigate negative consequences for children whose health is affected by their parents' loss of Medicaid coverage.

The proposed exemptions from work requirements are arbitrary.

Pages 8-9 of the waiver application contain a list of exemptions from the work requirements. These exemptions are arbitrary and are at odds with the state's claims that work will cause health to improve. For example, if one did believe that work improved physical and mental health, then it would in fact be cruel to exempt pregnant and postpartum women – who are at risk of depression – from the work requirements. There is no justification for the child caretaker exemption. The age limit on caring for children is completely arbitrary, as it is unclear why caring for a child age 5 years and 11 months of age is different from caring for a child age 6 years and 1 month of age.

The hypotheses in the application are unsupported by evidence and are contradictory. There is no evaluation plan.

The application hypothesizes that the new work requirements will reduce emergency department visits and inpatient hospital admissions, and will increase the number of people entering the workforce. These hypotheses are not supported by any published data. Additionally, the hypotheses directly contradict each other. For example, the proposed evaluation of the first hypothesis is to compare hospitalizations for those subject to work requirements to those exempt from work requirements. It is unclear how the study of hospitalizations will occur because the sixth hypothesis is that those subject to work requirements will disenroll from Medicaid. There is no evaluation design presented. No information is provided on data sources, study design, measurement of specific outcomes, statistical power or thematic saturation, or how individuals who are disenrolled from the Medicaid program will be studied over the evaluation time period. Additionally, the application does not describe any plans to study unanticipated outcomes or spillover effects.

As Oklahoma's proposed 1115(a) amendment is not likely to further the objectives of the Medicaid Act, OHCA should suspend development of the waiver.

Our review of the evidence here suggests that Oklahoma's proposed 1115(a) amendment is unlikely to enhance participant health or well-being; financial stability; or access to health insurance coverage. On the contrary, the proposal may cause negative consequences for the health and well-being of individuals and families who already bear the burden of living in

⁴⁹ Venkataramani M, Pollack CE, Roberts ET. Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services. *Pediatrics* 2017;140(6): e20170953.

⁵⁰ See, e.g.: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

poverty. Given the preponderance of evidence suggesting that such work requirements have negative effects on program participation, it is unlikely to further the objectives of the Medicaid Act, with negative consequences for low-income Oklahoma families. Therefore, we urge OHCA to suspend development of this proposal.

Thank you for the opportunity to provide these comments. Please contact us if you have any questions.

Sincerely,

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August 31, 2018

Becky Pasternik-Ikard
Medicaid Director
State of Oklahoma, Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Re: 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application

Dear Director Pasternik-Ikard:

The mission of March of Dimes is to lead the fight for the health of all moms and babies. I am writing today to submit comments on the 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application.

March of Dimes urges all states to ensure that their Medicaid plans adhere to the following principles:

- Medicaid programs must promote health coverage. The purpose of the Medicaid program is to provide health coverage and promote access to care for qualifying individuals. Any changes to the program should be made with the intention of improving, not limiting, access to vital health care services.
- Pregnant women and children must be exempt from any requirement or penalty that could cause them to lose coverage. Women must be able to access health care consistently throughout the prenatal and postpartum periods. Gaps in coverage could cause them to miss important appointments or be unable to receive services critical to the health of their pregnancy and baby.
- Medicaid must provide consistent, reliable coverage to women of childbearing age. The best time to help a woman ensure a healthy pregnancy is before she is pregnant. Women need regular care to manage both acute and chronic conditions that could impact the health of future pregnancies. When women have coverage only sporadically, they cannot access the care they need to maintain good health or address new conditions. Medicaid programs should seek to minimize churn and promote consistent coverage for all women of childbearing age.
- Medicaid should work sensibly with other assistance programs to promote the health and well-being of families. Too often, women and families face arbitrary, inconsistent thresholds and requirements for eligibility. As a result, a small or temporary change in earnings or other factors can cause them to lose health coverage or other important benefits. In addition, burdensome paperwork or recordkeeping requirements can endanger the health of families by causing them to lose coverage even when they comply with all requirements. Programs should be designed to work together in a sensible fashion to support the health and wellbeing of individuals and families.



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SoonerCare covers parents and caretakers and disabled individuals with incomes at or below 45 percent of the federal poverty level (approximately \$779 per month for a family of 3). The proposed waiver amendment seeks to add new barriers to accessing coverage. Individuals between the ages of 19 and 50 would be required to either demonstrate that they work at least 80 hours per month or meet exemptions. One major consequence of this proposal will be to increase the administrative burden on all people receiving services. Individuals will need to attest that they meet certain exemptions or have worked the required number of hours on a monthly basis.

Many factors contribute to rates for employment or education among Medicaid recipients, such as health status, availability of affordable child care, and access to transportation, among others. None of these factors reduce the need for health care. Despite lower rates of employment, most Medicaid recipients who can work do so. Census data show that 60% of adult non-elderly Medicaid recipients who do not receive Supplemental Security Income work and 79% live in families where at least one family member is working. Within the adult expansion population, at least 74% of Medicaid enrollees are either employed or enrolled in school. A study of Michigan's Medicaid enrollees found among the 28% who were unemployed, two-thirds had at least one chronic physical condition and one quarter had a health condition (either physical or mental) that interfered with their ability to work.

While little evidence exists on the impact of work requirements on the health of Medicaid enrollees, previous analyses of work requirements in state Temporary Assistance for Needy Families (TANF) programs showed that work requirements have little effect on employment rates and do not improve rates of poverty. March of Dimes will measure any proposed changes to state Medicaid programs against these principles.

Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. According to the state's own report on the second month of implementation, 5,426 individuals did not meet the reporting requirement for two consecutive months and are at risk of losing coverage on September 1, at which point they would be locked out of coverage until January 2019.ⁱ An additional 6,531 individuals did meet the reporting requirement for one month and also remain at risk for losing their coverage.ⁱⁱ Washington state has experienced a similar situation when it changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from people's focus on maintaining their personal health or that of their family.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases, including women, children, and families. If the state finds that individuals have failed to comply with the new requirements for three months, they will be locked out of coverage until the individual is able to meet the requirement. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

March of Dimes is concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements. While we support people



MATT KEPPLER
Regional Director of Advocacy and Government Affairs
Central Region
AR, IL, KS, MN, MO, ND, OK, SD, TX, WI

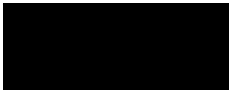
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having the option to demonstrate that they qualify for an exemption through self-attestation, the reporting process still creates opportunities for administrative error that could jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the coverage and health of the people we represent.

Finally, there is little detail on how the new requirements will be implemented and enforced. Even more troubling is that the application claims the proposal will have no impact on enrollment as part of the budget neutrality assumption. The proposal does not predict the impact of the waiver on enrollment (with or without waiver baseline) or cost savings over 5 years. The federal rules at 431.408 pertaining to state public comment process require at (a)(1)(i)(C) that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this section of the regulations is to allow the public to comment on a Section 1115 proposal with adequate information to assess its impact. In order to meet these transparency requirements, Oklahoma must include these projections and their impact on budget neutrality. If Oklahoma intends to move ahead with this proposal, the state should at a minimum provide the required information to the public and reopen the comment period for an additional 30 days.

March of Dimes believes women, children, and their families should have access to quality and affordable healthcare coverage. Oklahoma's 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application does not advance that goal. Thank you for the opportunity to provide comments.

Sincerely,



Matthew Keppler
Regional Director of Advocacy and Government Affairs

ⁱ Joan Alker and Maggie Clark, "After Two Months Under New Work Requirements, Thousands of Arkansans May Lose Medicaid Without Even Realizing the Rules Changed," Georgetown University Health Policy Institute Center for Children and Families. August 15, 2018. Accessed at: <https://ccf.georgetown.edu/2018/08/15/after-two-months-under-new-work-requirements-thousands-of-arkansans-may-lose-medicaid-without-even-realizing-the-rules-changed/>.

ⁱⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, July 2018 Report. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/08/081418_AWReport_July.pdf.

ⁱⁱⁱ Tricia Brooks, "Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP," Georgetown University Health Policy Institute Center for Children and Families, January 2009.

THE GREATER TULSA AREA HISPANIC AFFAIRS COMMISSION

September 28, 2018

TO: The Oklahoma Healthcare Authority
OHCACommunityEngagement@okhca.org

RE: Public Comments Concerning Proposed Medicaid Work Requirements

The Greater Tulsa Area Hispanic Affairs Commission is part of the Mayor's Office of Resilience and Equity. Our mission includes advocating on behalf of the Tulsa area Hispanic community. We are greatly concerned about HB 2932 through which the state is seeking to impose work requirements on Medicaid recipients, and to revoke healthcare coverage for persons who fail to meet the requirement and who do not establish an exception. This letter shall serve as our public comments requested by the Authority in opposition of the proposal. These comments are timely submitted pursuant to the extended deadline of September 30, 2018.

Our primary concern is for persons living in poverty who face losing coverage. Tulsa's Hispanic population includes a disproportionately high number of families living in poverty. For many of these families, Medicaid is the only means to obtain healthcare services for not only catastrophic disease and injury, but also everyday wellness needs and routine treatment and preventative care. Loss of Medicaid would be devastating to the health and well-being of persons in this already vulnerable population, many of whom include working parents and their children.

Much has been written about the general problems the work requirement proposal presents. First and foremost, it assumes that a problem exists of able-bodied persons refusing to work to obtain Medicaid benefits. There is simply nothing to support this assumption. In fact, available statistics show that of the approximately 800,000 current Medicaid recipients statewide, only 74,000 are able-bodied adults. The vast majority are children, the elderly, caretakers, and disabled persons who are unable to work. Of the able-bodied recipients, credible evidence shows that most are working (often intermittently when it can be found) or are otherwise unable to find work (including those who live in economically depressed areas). *See, e.g.,* Wayne Green, *The state is ready to force the nonexistent horde of able-bodied adults on Medicaid to get jobs...but it won't say it'll save a dime*, Tulsa World (July 22, 2018); Carly Putnam, *Many devils in the details as Oklahoma moves toward a Medicaid work requirement*, Oklahoma Policy Institute (May 22, 2018).

Of particular concern is the reporting requirement. The proposal does not include specifics on how Medicaid recipients are to report work hours. Many low-income persons work day-to-day, and only if work is available. Much of this work is temporary or seasonal or is otherwise non-traditional without regular payroll. These types of jobs are difficult to verify hours worked. Our neighboring state of Arkansas was the first to implement a similar requirement and has already faced problems of persons losing coverage due to their inability to report work hours online, or the temporary, cash-based, or seasonal nature of their work. Additional problems concern sustaining exempt status for those who are required to report regularly to maintain such status. These problems are certain to arise in our state if the requirement is imposed. *See* Benjamin Hardy, *First, get a job; Arkansas's Medicaid work requirements begin*, Arkansas Times (June 14, 2018).

The barrier is enhanced for those who speak English as a second language, and for those who lack internet or regular telephone service. Failure to understand the requirement, or inability to comply with strict reporting standards, could result in loss of basic health care coverage. The risk is especially troubling for those who are fulfilling the requirement or who qualify for exempt status but lose coverage simply because they are unable to meet the reporting requirement. Access to an internet connection also is problematic. Census data from 2015 reflects that Oklahoma is in the bottom ten states for access to the internet. Lack of access is substantially increased for families living in poverty. The result is harm to struggling families, including those with children who could lose coverage due simply to red tape reporting requirements and barriers to compliance.

The proposal is aimed at a non-existent problem and could serve only to cause overwhelming harm to vulnerable families through loss of basic healthcare coverage. The problems the proposal presents will disproportionately affect our hard-working Hispanic community and is completely unnecessary. Our Commission is therefore asking that the work requirement proposal not be implemented.

Sincerely,

A large black rectangular redaction box covers the signature area.

Daniel Eduardo Gómez
Employment Advocacy Committee Chair
Greater Tulsa Area Hispanic Affairs Commission
Approved by the Commission: September 13, 2018



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Oklahoma Section

September 3, 2018

Becky Pasternik-Ikard
Chief Executive Officer
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

**RE: Oklahoma Section of ACOG Comments on Oklahoma Health Care Authority's
SoonerCare Section 1115 Waiver Amendment Request**

Dear Ms. Pasternik-Ikard:

The Oklahoma Section of the American College of Obstetricians and Gynecologists (ACOG), representing 325 practicing obstetrician-gynecologists (ob-gyns), welcomes the opportunity to comment on the Oklahoma Health Care Authority's SoonerCare Section 1115 Waiver amendment request. As physicians dedicated to providing quality care to women, we are concerned that the proposed waiver would place certain Medicaid beneficiaries at risk for financial harm and deter our patients from seeking necessary care. Additionally, we believe that this waiver will add to physician burnout by placing more administrative hurdles in our way as we provide care to women across Oklahoma. We encourage you to reassess submitting this waiver for consideration by the Centers for Medicare and Medicaid Services (CMS).

Work and Community Engagement Requirement

The complexity of the proposed work and community engagement requirements and how they interplay with the exceptions will likely increase the State's administrative burdens and costs without increasing employment rates. The experiences of the Temporary Assistance for Needy Families (TANF) program and federal housing assistance demonstrate that imposing such requirements on Medicaid beneficiaries would result in few, if any, long-term gains in employment rates.¹ Moreover, we are deeply concerned that these requirements would lead to the loss of health care coverage for substantial numbers of people who are unable to work or face major barriers to finding and retaining employment.² While we appreciate that Oklahoma will provide some exemptions, we believe it will be incredibly burdensome for beneficiaries to report compliance with the requirements and for Medicaid employees to track whether participants are meeting the program rules.

In addition to decreasing the number of insured Oklahomans and being ineffective in increasing employment over time, these types of requirements would add considerable complexity and costs to the SoonerCare program. State experience in implementing similar TANF requirements suggests that adding such requirements to Medicaid could cost Oklahoma thousands of dollars per beneficiary.³ TANF caseworkers must spend significant amounts of time tracking and verifying clients' work activities and hours, and there is little indication that this 1115 waiver application would result in any less burden for the State's Medicaid staff.⁴ These additional costs would detract significantly from any anticipated savings and would divert much-needed funds from beneficiary care to cover these new, unnecessary administrative costs.

Retroactive Eligibility

Under current law, once an individual is determined eligible for Medicaid, coverage is effective on the first day of the month of application. Medicaid must also cover state plan-approved services obtained in three months prior to application if the individual would have been eligible during that period.⁵ With this waiver amendment request, Oklahoma seeks to end this long-standing protection for Medicaid beneficiaries.

This proposal ignores the reality that many low-income individuals do not seek health care until the need is great – not because they are irresponsible, but because they cannot afford the cost of primary or preventive care without being enrolled in Medicaid. Many low-income individuals may not know that they are eligible for Medicaid and may not seek care for a condition they can manage without medical attention until the condition becomes unmanageable. Ending retroactive eligibility will not prevent this pattern. In fact, ending retroactive eligibility may further encourage such self-imposed rationing of care because these Medicaid-eligible beneficiaries will have less opportunity to receive coverage for any health care costs they may incur while trying to nominally address their health needs, forcing them to take even more drastic measure to avoid incurring medical bills they cannot pay. As women's health care physicians, we must advocate against any policy that would jeopardize our patients' ability to access care.

Oklahoma ACOG Recommendation: Do not submit this waiver to CMS.

Thank you for the opportunity to provide comments on the Oklahoma Health Care Authority's SoonerCare Section 1115 Waiver amendment request. We hope you have found our comments helpful. As explained above, we believe this approach to be harmful to the health care access and service needs of Oklahoma's Medicaid beneficiaries, in general, and Oklahoma women, in particular. Should you have any questions, please contact Emily Eckert, ACOG Health Policy Analyst, at eeckert@acog.org or 202-863-2485.

Sincerely,

Lydia D. Nightingale, MD, FACOG
Chair, ACOG Oklahoma Section

Dana Stone, MD, FACOG
Legislative Liaison, ACOG Oklahoma Section

¹Hahn, H., Pratt, E., Allen, E., Kenney, G., Levy, D. K., and Waxman, E. (2017). Work requirements in social safety net programs: a status report of work requirements in TANF, SNAP, Housing Assistance, and Medicaid.

² Ibid.

³ Gayle Hamilton et al., “National evaluation of welfare-to-work strategies: how effective are different welfare-to-work approaches? Five-year adult and child impacts for eleven programs,” Manpower Demonstration Research Corporation, December 2001, Table 13.1.

⁴ Hahn, H., Pratt, E., Allen, E., Kenney, G., Levy, D. K., and Waxman, E. (2017). Work requirements in social safety net programs: A status report of work requirements in TANF, SNAP, Housing Assistance, and Medicaid.

⁵ 42 C.F.R. 435.915.



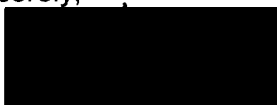
September 30, 2018

To Oklahoma Health Care Authority,

In regards to the Medicaid work requirements; this would potentially impact Emergency departments (ED), especially rural Emergency departments.

- In theory, it is a good idea, tightening up Medicaid criteria...however we are concerned about unintended consequences.
- We are especially concerned about rural areas where jobs are difficult to find.
- If people lose Medicaid coverage, they will go to our already busy Emergency departments.
- Their care will cost considerably more than it would in a clinic.
- This patient population needs more longitudinal care, from a population health point of view, they won't get the type of care they need in an ED...more of a "Band-Aid".
- They will leave the ED with a bill they cannot pay and prescriptions they cannot afford.

Sincerely,



Jeff Reames, MD FACEP, Vice President of Emergency Services



Becky Pasternik-Ikard
Chief Operating Officer
Oklahoma Health Care Authority
4345 N Lincoln Blvd
Oklahoma City, OK 73105

Re: Oklahoma Health Care Authority SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request (Project Number: 11-W-00048/6)

Dear Ms. Pasternik-Ikard,

Oklahoma Policy Institute thanks you for the opportunity to comment on the proposed 1115(a) Demonstration SoonerCare Choice Community Engagement Requirement Waiver Amendment released July 3. Oklahoma Policy Institute (OK Policy) is a nonpartisan, nonprofit public policy think tank that promotes adequate, fair, and fiscally responsible funding of public services and expanded opportunity for all Oklahomans by providing timely and credible information, analysis, and ideas.

If enacted, the proposed 1115(a) waiver amendment will threaten access to needed health care for low-income Oklahoma parents and their children. We urge the Oklahoma Health Care Authority (OHCA) to withdraw the waiver.

Oklahoma’s proposal almost certainly underestimates the number of people who would be affected

In the draft proposal, OHCA estimates that some 6,100 Oklahomans would be “affected” by the community engagement requirements.¹ However, this likely underestimates the true impact: the 6,100 figure appears to include only the parent/caretakers reporting zero income and excluding those who do not meet any of the most obvious exemptions, such as having a child under age 6.² There is a significant gulf between zero income and 20 hours per week of income, which is the minimum amount of “engagement” in the proposal. Even enrollees working more than 20 hours per week will be required to document that work. Given evidence that most coverage losses will be among those who are exempt or working more than the required number of hours, we should expect that significantly more than 6,100 people would be “affected” by the proposal.³

¹ “SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request Project Number 11-W-00048/6,” Oklahoma Health Care Authority, July 3, 2018, <https://www.dropbox.com/s/0kj2qqqc201pnrq/Work%20and%20Community%20Engagement%20Waiver%20Amendme nt%20Request%20Draft%207.3.18%20%281%29.pdf?dl=0>

² The 6,100 figure also excludes Native American enrollees, an exemption that CMS is unlikely to approve. Dan Diamond, “Trump readies new round of controversial Medicaid changes,” Politico, August 16, 2018, <https://www.politico.com/story/2018/08/16/medicaid-changes-trump-work-drug-use-741890>.

³ Rachel Garfield, Robin Rudowitz, and MaryBeth Musumeci, “Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses,” Kaiser Family Foundation, June 27, 2018, <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/> see also Aviva Aron-Dine, “Eligibility Restrictions in Recent Medicaid Waivers Would Cause Many Thousands of People to Become Uninsured,” Center on Budget and Policy Priorities, August 9, 2018, <https://www.cbpp.org/research/health/eligibility-restrictions-in-recent-medicaid-waivers-would-cause-many-thousands-of->

The experience of the only state to implement a similar proposal so far bears this out. Arkansas began implementing its Medicaid work requirement in staggered groups in June, allowing members three months of noncompliance before cutting off coverage. By the end of July, just 884 of 13,566 Arkansas Medicaid members had reported sufficient hours to keep in compliance. By contrast, more than 12,000 hadn't yet reported work. Just three good cause exemptions were granted for June hours, even though more than 7,000 members hadn't reported work hours that month. This suggests that many members who were working or should have qualified for an exemption were not aware of or didn't understand the new requirement – and could be locked out of their health coverage as a result.⁴

While OHCA may be unable to generate a more precise calculation, it's impossible to evaluate the proposed draft without it. If nothing else, OHCA's inability to calculate such a basic piece of information pertinent to this proposal should highlight how far the proposal is outside OHCA's vision of access to quality health care services regardless of ability to pay.⁵

Oklahoma's proposal is a solution in search of a problem

In March of 2018, Governor Fallin signed Executive Order 2018-05 instructing OHCA to craft a work requirement.⁶ Later that spring, Governor Fallin signed HB 2932, which similarly directed the Health Care Authority to seek a federal waiver.⁷

Unfortunately, both the executive order and the legislation fail to recognize who Oklahoma Medicaid enrollees are and what barriers they face. Oklahoma's Medicaid program, SoonerCare, is the state's foundational health care safety net for low-income families, allowing more than one million Oklahomans to see a doctor, fill a prescription, and otherwise access needed health care every year.⁸ The vast majority of SoonerCare members are children, elderly adults, and individuals with SSI disability determinations. In fact, few working-age adults qualify for SoonerCare, and nearly all who do have children. In June of 2018, less than 10 percent of SoonerCare members qualified for coverage because they are the low-income parent or caretaker of a dependent.⁹

The most common family formation for parents in this category is a single mother of two children who is on SoonerCare coverage for less than one year.¹⁰ This suggests that many people only need SoonerCare for short periods, when they're between jobs or have otherwise fallen on hard times. These parents are extremely low income, with incomes below 46 percent of the federal poverty level – less than \$800 per month for a single mother with two children.¹¹ Three-fifths of parents qualifying for SoonerCare live at

⁴ Jennifer Wagner, "Eligible Arkansas Medicaid Beneficiaries Still Struggling to Meet Rigid Work Requirements," Center on Budget and Policy Priorities, August 21, 2018, <https://www.cbpp.org/blog/eligible-arkansas-medicaid-beneficiaries-still-struggling-to-meet-rigid-work-requirements>

⁵ "About Us," Oklahoma Health Care Authority, <http://www.okhca.org/about.aspx?id=32>

⁶ "Executive Order 2018-05," March 5, 2018, <https://www.sos.ok.gov/documents/Executive/1807.pdf>

⁷ "HB 2932," May 3, 2018, <http://www.oklegislature.gov/BillInfo.aspx?Bill=hb2932&Session=1800>

⁹ "SoonerCare Fast Facts June 2018," Oklahoma Health Care Authority, https://www.dropbox.com/s/ojs2apmw32bdkap/TotalEnrollment06_18%20%281%29.pdf?dl=0

¹⁰ Data via OHCA:

https://www.dropbox.com/s/yprbp0i2pdvwbix/Parent%20Caretaker%20Misc_Avg%20Age_Household%20size%20%282%29.pdf?dl=0

¹¹ There is some discrepancy in Oklahoma's reported eligibility cutoff for parents/caretakers. Researchers with the Georgetown Center for Children and Families found in June that Oklahoma's cutoff is in fact 45 percent of the federal

or below 20 percent of the federal poverty level - \$346 per month for the same single mother with two children.¹²

While few working-age adults qualify for SoonerCare, most who do are already connected to the labor force. In 2016, 74 percent of non-SSI adults on Medicaid lived in a household with someone who was working, and 60 percent were working themselves.¹³ In the fall of 2017, OHCA data showed that more than 8 in 10 parents/caretakers on SoonerCare lived in households where at least one person is currently working or had been working in the prior six months.¹⁴ This shows that while some parents may not be working while on SoonerCare, they have been working before enrolling. Oklahoma lawmakers frequently cited the need to encourage self-sufficiency and independence in their support for the proposed 1115(a) amendment, yet the data clearly indicate that the families the OHCA serves are, to the best of their abilities, already connected to the labor force.

Among the unemployed parents and caretakers on Medicaid, most report that they are not working for reasons that broadly align with the exemptions laid out in the waiver proposal. Four in 10 nonworking parents on SoonerCare reported they were not working due to caretaking responsibilities in 2016.¹⁵ Slightly less than 1 in 3 reported that an illness or disability kept them from finding or keeping a job.¹⁶ Other adults who are between jobs are going to school, retired¹⁷, or report being unable to find work.¹⁸ Taking health coverage away from these individuals won't help them join the workforce – and is likely to significantly harm their access to needed care.

Oklahoma's waiver proposal threatens members who are working

No one disputes that work is important for Oklahoma's prosperity. However, this proposal and its effects will create barriers to care for Oklahomans who work too much or too little, and for Oklahomans in low-wage jobs.

The proposal does not actually measure whether SoonerCare members are engaged in meaningful labor but instead will tie their coverage to their ability to report their work or volunteer labor accurately, in

poverty level – not 46 percent as is commonly reported. In any case, families must be in extremely poor in order for parents to qualify for SoonerCare coverage

¹² Joan Alker, Phyllis Jordan, Olivia Pham, "New Waiver Proposal for Oklahoma Medicaid Beneficiaries Would Harm Low-Income Families With Children," Georgetown University Health Policy Institute Center for Children and Families, August 6, 2018, <https://ccf.georgetown.edu/2018/08/07/oklahomas-proposed-work-rule-would-harm-mothers-and-children/>

¹³ Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, January 5, 2018, <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicand-and-work/>

¹⁴ Data courtesy of OHCA.

<https://www.dropbox.com/s/h1fnzgw8qv6eygx/Copy%20of%20Employed%20by%20Qualifying%20Grp%20Sept%202017%20%281%29.xlsx?dl=0>

¹⁵ It's well-worth remembering that caring for children and other family members is in and of itself valuable, meaningful and vital work.

¹⁶ Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work: Appendix," Kaiser Family Foundation, January 5, 2018 <https://www.kff.org/report-section/understanding-the-intersection-of-medicand-and-work-appendix/>

¹⁷ While this data excluded adults older than 65, it's important to consider that the highly physical nature of many low-wage jobs results in workers unable to work before typical retirement age

¹⁸ Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, January 5, 2018, <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicand-and-work/>

the correct location, in a timely fashion, and verifiably.¹⁹ As described above, the majority of Oklahomans who would be affected by the state’s proposed 1115(a) amendment are either working or exempt. Building a mechanism to cut coverage for any perceived lack of compliance with work requirements will inevitably create opportunities for new reporting and administrative errors, jeopardizing Oklahoma families’ abilities to see doctors or fill their prescriptions. Estimates of coverage losses under a work requirement find that:

...under all scenarios, most disenrollment would be among individuals who would remain eligible but lose coverage due to new administrative burdens or red tape versus those who would lose eligibility due to not meeting new work requirements.²⁰

Indeed, between 62 and 91 percent of those likely to lose coverage under a work requirement will be individuals who are “eligible but lose coverage due to not reporting work activity or exemption,” according to the Kaiser Family Foundation.²¹ Communication with low-income, rural, and tribal households can be difficult due to lack of consistent access to broadband internet and cell phones.²² Most coverage losses under this proposal will occur among individuals who are compliant or exempt but unable to prove it.

The nature of low-wage work also puts Oklahoma families at risk in this proposal. Low-wage labor is characterized by job volatility, high unemployment, and low job stability.²³ Workers have little control over when and how much they work. In Oklahoma, this would put workers at risk of either working too few or too many hours through no fault of their own, and losing coverage as a result.²⁴ Industries such as construction, hospitality, and retail experience significant seasonal variation, leaving individuals with skills in those industries less likely to be employed during the off-season. If they are unable to get enough hours to stay in compliance, low-wage workers will lose their health care.

Without Medicaid expansion, Oklahoma’s proposal will put low-wage parents in an impossible situation

If approved, this proposal, combined with Oklahoma’s failure to accept Medicaid expansion means that parents could lose their coverage for working too much, as well as too little – and when this happens, they are unlikely to have other options. Oklahoma’s income eligibility threshold for parents/caretakers is just 46 percent of the federal poverty level, less than \$800 per month for a single mother with two

¹⁹ Unless the state chooses to rely on self-attestation

²⁰ Rachel Garfield, Robin Rudowitz, and MaryBeth Musumeci, “Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses,” Kaiser Family Foundation, June 27, 2018, <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>

²¹ Rachel Garfield, Robin Rudowitz, and MaryBeth Musumeci, “Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses,” Kaiser Family Foundation, June 27, 2018, <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>

²² Aaron Krusniak, “With new work requirements, health care coverage for Oklahomans without internet access is at risk,” Oklahoma Policy Institute, May 8, 2018, <https://okpolicy.org/with-new-work-requirements-health-care-coverage-for-oklahomans-without-internet-access-is-at-risk/>

²³ LaDonna Pavetti, “Evidence Counters CEA Claims on Work Requirements,” Center on Budget and Policy Priorities, July 30, 2018, <https://www.cbpp.org/blog/evidence-counters-cea-claims-on-work-requirements>

²⁴ “Harm to Low-Wage Workers From Taking Away Medicaid for Not Meeting Work Requirements,” Center on Budget and Policy Priorities, May 9, 2018, <https://www.cbpp.org/research/health/harm-to-low-wage-workers-from-taking-away-medicaid-for-not-meeting-work-requirements>

children.²⁵ Oklahoma's proposal would require 80 hours of work per month. If that single mother of two worked 90 hours per month, just 10 more than the minimum required, at \$9 per hour, she would no longer qualify for SoonerCare.

As a result, this mother would likely become uninsured, unable to see a doctor or fill a prescription. This is the same penalty she would face if she didn't work enough hours, and will result in more Oklahoma adults in the "coverage gap," earning too much to qualify for Medicaid but not enough to access subsidies on the federal marketplace. She is unlikely to have employer-sponsored coverage available: just 11 percent of Oklahoma adults living in poverty get their insurance through their employer.²⁶ Far from helping Oklahomans on Medicaid reach self-sufficiency, this proposal will punish them for trying to attain it.

This isn't a problem OHCA can address without expanding Medicaid. The waiver proposal gestures vaguely toward increasing enrollment in Insure Oklahoma, but that won't be a realistic option for many Oklahomans who work themselves out of SoonerCare eligibility. Insure Oklahoma's Individual Plan currently requires that members work for employers with fewer than 250 employees (or 500 for nonprofits), which doesn't include the big-box stores or chain restaurants where many SoonerCare members work.²⁷ Moreover, Insure Oklahoma requires that members pay premiums. For very low-income Oklahomans, who are especially likely to be unbanked or underbanked, paying even small amounts are a practical impossibility.²⁸ While proposals in some non-expansion states address this risk by building in transitional Medicaid assistance for adults who work themselves out of eligibility, these solutions fail to address the structural issue of health care access.²⁹ Instead, they are a temporary fix, setting an arbitrary time limit for parents to pull their families out of poverty before they lose coverage.

Oklahoma's waiver proposal won't only affect parents

SoonerCare work requirements threaten the health coverage and well-being of Oklahoma's children. When parents lose access to health coverage, their children are less likely to be insured.³⁰ Oklahoma already has one of the highest child uninsured rates in the US.³¹ Loss of health coverage, whether of an adult or child, leaves families exposed to medical bankruptcy due to just one car accident or case of the

²⁵ "Table 3: Income Guidelines – Adult caretaker/relative with child," *A Million Reasons: 2017 Annual Report*, Oklahoma Health Care Authority, <https://www.dropbox.com/s/e4w1aou0eaa073h/2017%20Annual%20Report%20WEB.pdf?dl=0>

²⁶ "Coverage crater, What's That?" Oklahoma Policy Institute, <https://okpolicy.org/coverage-crater/>; Joan Alker, Phyllis Jordan, Olivia Pham, "New Waiver Proposal for Oklahoma Medicaid Beneficiaries Would Harm Low-Income Families With Children," Georgetown University Health Policy Institute Center for Children and Families, August 6, 2018, <https://ccf.georgetown.edu/2018/08/07/oklahomas-proposed-work-rule-would-harm-mothers-and-children/>

²⁷ "How do I qualify?" Insure Oklahoma, <http://www.insureoklahoma.org/IOindividuals.aspx?id=3900>

²⁸ "State Outcome & Policy Report: Oklahoma," Prosperity Now Scorecard, <https://scorecard.prosperitynow.org/reports#report-state-profile/ok>

²⁹ Colby Itkowitz, "The Health 202: Mississippi quietly amends its Medicaid work requirement waiver," The Washington Post, August 9, 2018, <https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2018/08/09/the-health-202-mississippi-quietly-amends-its-medicaid-work-requirement-waiver/5b6b0fdb1b326b0207955fca/>; Suzanne Wickle, "The Perils of Tying Medicaid to Work in Non-Expansion States," CLASP, June 15, 2018, <https://www.clasp.org/blog/perils-tying-medicaid-work-non-expansion-states>

³⁰ Joan Alker, Phyllis Jordan, Olivia Pham, "New Waiver Proposal for Oklahoma Medicaid Beneficiaries Would Harm Low-Income Families With Children," Georgetown University Health Policy Institute Center for Children and Families, August 6, 2018, <https://ccf.georgetown.edu/2018/08/07/oklahomas-proposed-work-rule-would-harm-mothers-and-children/>

³¹ Ibid.

flu. Without insurance coverage, chronic conditions such as asthma, depression, and diabetes become far more difficult to manage, in turn making it harder for low-income parents to find and keep a job.³²

Uncontrolled health conditions also make it harder to parent. Oklahoma already faces higher than average rates of adverse childhood experiences (of which having a parent with an untreated mental illness or addiction is one) and child neglect (more likely when a parent is dealing with untreated illness).³³ In this way, this proposal puts the wellbeing of not only parents but also their children at risk.

Oklahoma's proposal leaves vulnerable Oklahomans at risk

While SoonerCare provides vital health care for hundreds of thousands of Oklahomans, it is especially key for vulnerable groups who struggle to maintain access to needed medical care. This includes people with disabilities; people with mental illness and substance use disorders; and people in rural communities.

While the proposal exempts people with SSI and those “unfit for employment,” these exemptions are too restrictive to ensure people with disabilities are not harmed. Nearly three-fifths of non-elderly adult Medicaid enrollees with disabilities do not receive SSI or SSDI.³⁴ There are several reasons why tying their SoonerCare coverage to “community engagement” puts their care at risk. Many people with disabilities who should qualify for an exemption may struggle to do so, particularly for individuals struggling with serious illnesses or mental or physical impairments.³⁵ Their difficulties may become substantially greater if they are uninsured at the time they are trying to obtain necessary documents. Losing access to needed treatment will worsen enrollees’ ability to locate employment and care for children. As parents with disabilities face well-documented discrimination, actions hindering their ability to parent may be more likely to lead to intervention from child welfare and family separation.³⁶ Finally, many disabling conditions are not disabling at all times. For instance, individuals with depression or endometriosis may be entirely able to work at times but unable to do so at others. Some disabilities are dependent on environment or task. For example, someone with a mobility impairment may be able to navigate on flat surfaces and work while sitting, but be unable to work while standing or enter buildings with stairs, and someone with severe dyslexia may be perfectly able to complete complex tasks as long as they don’t entail reading or writing. The “Dear State Medicaid Director” letter from CMS last January makes clear that states pursuing proposals such as this must be able to accommodate these shifting disabilities, including not just exemptions but also modifications. However, the letter also states that

³² “Harm to People With Disabilities and Serious Illnesses From Taking Away Medicaid for Not Meeting Work Requirements,” Center on Budget and Policy Priorities, May 9, 2018, <https://www.cbpp.org/research/health/harm-to-people-with-disabilities-and-serious-illnesses-from-taking-away-medicaid-for>

³³ Mary Mélon, “Adverse childhood experiences have negative impact on students,” *The Oklahoman*, March 11, 2018, <https://newsok.com/article/5586329/adverse-childhood-experiences-have-negative-impact-on-students>

³⁴ MaryBeth Musumeci, Julia Foutz, and Rachel Garfield, “How Might Medicaid Adults with Disabilities Be Affected By Work Requirements in Section 1115 Waiver Programs?” Kaiser Family Foundation, January 26, 2018, <https://www.kff.org/medicaid/issue-brief/how-might-medicaid-adults-with-disabilities-be-affected-by-work-requirements-in-section-1115-waiver-programs/>

³⁵ “Harm to People With Disabilities and Serious Illnesses From Taking Away Medicaid for Not Meeting Work Requirements,” Center on Budget and Policy Priorities, May 9, 2018, <https://www.cbpp.org/research/health/harm-to-people-with-disabilities-and-serious-illnesses-from-taking-away-medicaid-for>

³⁶ “Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children,” National Council on Disability, September 27, 2012, <https://www.ncd.gov/publications/2012/Sep272012>

federal match is not available for employment-related services, leaving OHCA and partner agencies to negotiate this terrain without federal funding.³⁷

The proposal also contains exemptions pertaining to substance use disorder and mental illness. However, neither exemption is adequate and both are divorced from the reality of these conditions. Exempting only individuals *currently* in substance use disorder treatment leaves a wide range of individuals in need of treatment in danger of losing care.³⁸ Nationwide in 2016, about 15 percent of all US adults needed substance use disorder treatment, but only 2.5 percent got care.³⁹ It's also not clear what forms of substance use disorder or addiction treatment would qualify for the exemption. Including only a narrow range of treatment options, such as inpatient care delivered in a clinic, will disadvantage individuals receiving care in other settings. Furthermore, people often still need treatment after exiting inpatient in the form of medically assisted treatment, peer recovery, physical health care, and more. If OHCA limits its range of treatment options that qualify for exemptions only to a small range, members exiting inpatient treatment could lose access to needed services if they don't immediately gain a job.⁴⁰

The rural nature of Oklahoma also presents challenges. Poverty rates are higher in rural Oklahoma than in urban centers, and SoonerCare participation among parents/caretakers is higher in rural areas as well.⁴¹ In those areas, where job opportunities are fewer, low-income parents are more likely to face a skills mismatch that places the few available jobs out of their reach, and are less likely to have access to the training or education they need to ameliorate that mismatch. In addition, a greater share of parents may simply not live where jobs are available.

This proposal would have troubling repercussions for health care for Native Americans in Oklahoma

The proposal also poses serious risk to Oklahoma's Native American families who rely on Medicaid. Sixteen percent of the state's SoonerCare enrollees identify as American Indian, two-thirds of whom are verified. Nearly 1 in 4 American Indians on SoonerCare are working-age adults.⁴² Native American unemployment generally outpaces the state's overall unemployment rate, signaling that Native

³⁷ Brian Neale, "RE: Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries," Department of Health and Human Services Centers for Medicare and Medicaid Services, January 11, 2018, <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>

³⁸ "Harm to People With Substance Use Disorders From Taking Away Medicaid for Not Meeting Work Requirements," Center on Budget and Policy Priorities, May 9, 2018, <https://www.cbpp.org/research/health/harm-to-people-with-substance-use-disorders-from-taking-away-medicaid-for-not>

³⁹ "Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health," Substance Abuse and Mental Health Services Administration, September 2017, <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

⁴⁰ "Harm to People With Substance Use Disorders From Taking Away Medicaid for Not Meeting Work Requirements," Center on Budget and Policy Priorities, May 9, 2018, <https://www.cbpp.org/research/health/harm-to-people-with-substance-use-disorders-from-taking-away-medicaid-for-not>

⁴¹ Courtney Cullison, "2016 Oklahoma Poverty Profile," Oklahoma Policy Institute, December 13, 2017, <https://okpolicy.org/2016-oklahoma-poverty-profile/>; Joan Alker, Phyllis Jordan, Olivia Pham, "New Waiver Proposal for Oklahoma Medicaid Beneficiaries Would Harm Low-Income Families With Children," Georgetown University Health Policy Institute Center for Children and Families, August 6, 2018, <https://ccf.georgetown.edu/2018/08/07/oklahomas-proposed-work-rule-would-harm-mothers-and-children/>

⁴² "American Indian Fast Facts," Oklahoma Health Care Authority, June 2018, [https://www.dropbox.com/s/aajq3w6glb4jpb7/Am Indian FF 06 2018.pdf?dl=0](https://www.dropbox.com/s/aajq3w6glb4jpb7/Am%20Indian%20FF%2006%202018.pdf?dl=0)

American parents may find it particularly difficult to meet a work requirement.⁴³ Native Americans also experience significant health disparities that will be worsened without health care access. Compared to non-Hispanic whites, American Indian/Alaska Native adults are more than twice as likely to be overweight, obese, diagnosed with diabetes, or to experience feelings of sadness, hopelessness, or worthlessness. These are medical issues that need medical treatment, and Oklahoma's proposal jeopardizes Native Americans' ability to access this treatment.⁴⁴

Oklahoma's Native American tribes lose to stand not only health care access but also federal funding as a result of this proposal. Medicaid's 100 percent reimbursement rate for care received by Native Americans at IHS and tribal facilities plays a critical role in offsetting IHS underfunding. This proposal puts those reimbursements at risk.⁴⁵ But even more significantly, a work requirement flies in the face of the federal trust relationship and violates years of precedent, signaling a "a remarkable departure from US history, US policy, and US law".⁴⁶ While the OHCA proposal attempts to exempt Native Americans, reporting on Arizona's waiver proposal suggests that the exemption is unlikely to be granted.⁴⁷

Oklahoma's proposal will likely be expensive – but we have no way of knowing how much it will cost

Oklahoma's waiver proposal gives no detail on what it will cost to implement. OHCA's enrollment system was not designed to handle the kind of determinations that the proposal will require and may require a costly overhaul. Modeling the program after SNAP, as the legislature directed, may also require OHCA to hire caseworkers to handle determinations that cannot be automated. Cost estimates from other states vary significantly (\$374 million over two years in Kentucky, including a 40 percent increase in administrative costs; \$380 million over five years in Ohio; \$283 million over two years in Minnesota⁴⁸) but suggest that implementation will not be cheap. Given the likelihood that this proposal will mean more harm than good for Oklahoma families, that money is far better used improving rather than limiting access to health care.

Oklahoma's proposal should be withdrawn

Any good-faith effort to increase Oklahomans' job participation must meaningfully engage the underlying barriers to employment – not endanger basic health care access for families. Unemployed and underemployed Oklahomans need quality, affordable child care, which is increasingly hard to find,

⁴³ "Harm to American Indians and Alaska Natives From Taking Away Medicaid for Not Meeting Work Requirements," Center on Budget and Policy Priorities, May 9, 2018, <https://www.cbpp.org/research/health/harm-to-american-indians-and-alaska-natives-from-taking-away-medicaid-for-not>

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Dan Diamond, "Senators rebuke Trump administration over challenge to Native Americans' health care," Politico, April 27, 2018, <https://www.politico.com/story/2018/04/27/trump-native-americans-health-care-senators-557857>; Graham Lee Brewer, "Trump takes a hard line on tribal health care," High Country News, April 27, 2018, <https://www.hcn.org/articles/indian-country-news-trump-takes-a-hard-line-on-tribal-health-care>

⁴⁷ Dan Diamond, "Trump readies new round of controversial Medicaid changes," Politico, August 16, 2018, <https://www.politico.com/story/2018/08/16/medicaid-changes-trump-work-drug-use-741890>

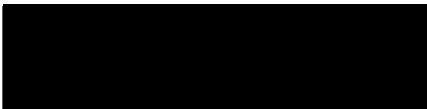
⁴⁸ Eric Kim, "Fitch: Medicaid Waiver Actions Limit US States' Cost Controls," Fitch Ratings, July 17, 2018, <https://www.fitchratings.com/site/pr/10038515>; Lydia Coutré, "Ohio's proposed Medicaid eligibility requirements could cost counties millions," Crain's Cleveland Business, March 13, 2018, <http://www.craincleveland.com/article/20180313/news/154751/ohios-proposed-medicaid-eligibility-requirements-could-cost-counties>; <http://www.senate.mn/committees/2017-2018/3095> Committee on Health and Human Services Finance and Policy/SF%203611-1A%20Completed%20FN.pdf

as child care centers close and the child care subsidy becomes less accessible.⁴⁹ They need access to transportation, when public transportation is barely adequate in the major metropolitan areas and virtually nonexistent outside them.⁵⁰ They need increased access to mental health and substance use disorder treatment, when Oklahoma’s Department of Mental Health and Substance Abuse Services reports that the state has among the highest rates of mental illness and substance abuse and that only 1 in 3 individuals in need of treatment receives it.⁵¹

SoonerCare is a health care program, designed to provide affordable health coverage to the low-income Oklahoma families who need it the most. The proposed 1115(a) waiver amendment conflicts with that mission and will result in greater hardship and poorer health among Oklahoma parents and their children. As such, this proposal should be withdrawn.

Thank you for the opportunity to provide comments. Please do not hesitate to contact me if I or my staff can answer any questions.

Best,



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Speaker Charles McCall

⁴⁹ Paul Monies, “Child Care Becoming Scarcer as Costs, Closures Take Toll,” Oklahoma Watch, July 24, 2018, <http://oklahomawatch.org/2018/07/24/child-care-becoming-scarcer-as-costs-closures-take-toll/>; Carly Putnam, “Child care is getting less accessible for Oklahoma’s working parents,” Oklahoma Policy Institute, January 19, 2016, <https://okpolicy.org/child-care-getting-less-accessible-oklahomas-working-parents/>

⁵⁰ Reuben Fischer-Baum, “How Your City’s Public Transit Stacks Up,” FiveThirtyEight, July 31, 2014, <https://fivethirtyeight.com/features/how-your-citys-public-transit-stacks-up/>; “Waiting for a Ride: Transit Access and America’s Aging Population,” AARP, <https://www.aarp.org/livable-communities/learn/transportation-mobility/info-12-2012/waiting-for-a-ride-transit-access-and-americas-aging-population.html>

⁵¹ Terri White, “ODMHSAS Budget Presentation,” January 16, 2018, <https://www.dropbox.com/s/6f4ki1fmtv57j54/House-Senate%20Budget%20Presentation%201-16-18.Final.Updated%20%281%29.pdf?dl=0>

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Accessibility permission flag	Passed	Accessibility permission flag must be set
Image-only PDF	Passed	Document is not image-only PDF
Tagged PDF	Passed	Document is tagged PDF
Logical Reading Order	Passed manually	Document structure provides a logical reading order
Primary language	Passed	Text language is specified
Title	Passed	Document title is showing in title bar
Bookmarks	Passed	Bookmarks are present in large documents
Color contrast	Passed manually	Document has appropriate color contrast

Page Content

Rule Name	Status	Description
Tagged content	Passed	All page content is tagged
Tagged annotations	Passed	All annotations are tagged
Tab order	Passed	Tab order is consistent with structure order
Character encoding	Passed	Reliable character encoding is provided
Tagged multimedia	Passed	All multimedia objects are tagged
Screen flicker	Passed	Page will not cause screen flicker
Scripts	Passed	No inaccessible scripts
Timed responses	Passed	Page does not require timed responses
Navigation links	Passed	Navigation links are not repetitive

Forms

Rule Name	Status	Description
Tagged form fields	Passed	All form fields are tagged
Field descriptions	Passed	All form fields have description

Alternate Text

Rule Name	Status	Description
Figures alternate text	Passed	Figures require alternate text
Nested alternate text	Passed	Alternate text that will never be read
Associated with content	Passed	Alternate text must be associated with some content
Hides annotation	Passed	Alternate text should not hide annotation
Other elements alternate text	Passed	Other elements that require alternate text

Tables

Rule Name	Status	Description
Rows	Passed	TR must be a child of Table, THead, TBody, or TFoot
TH and TD	Passed	TH and TD must be children of TR
Headers	Passed	Tables should have headers
Regularity	Passed	Tables must contain the same number of columns in each row and rows in each column
Summary	Passed	Tables must have a summary

Lists

Rule Name	Status	Description
List items	Passed	LI must be a child of L
Lbl and LBody	Passed	Lbl and LBody must be children of LI

Headings

Rule Name	Status	Description
Appropriate nesting	Passed	Appropriate nesting

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