

Oklahoma Health Care Authority



SoonerCare 1115(a)

Research and Demonstration Waiver

Amendment Request 2019-01

Project Number: 11-W-00048/6

Submitted 3/01/2019

Section 1 Executive Summary

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 31, 2018, the Centers for Medicare and Medicaid Services (CMS) approved OHCA's request to extend Oklahoma's SoonerCare 1115(a) waiver. The current demonstration is approved for the period of August 31, 2018 through December 31, 2023.

On December 7, 2018 OHCA submitted a waiver amendment to CMS that requests incorporation of Community Engagement requirements as a condition of eligibility for applicable covered populations. Consideration of this amendment request is not dependent on a decision on the prior amendment, from the state's perspective.

Health Management Program

Since 2008, one feature of Oklahoma's 1115(a) demonstration waiver has been its Health Management Program (HMP), operated in accordance with the Special Terms and Conditions (STCs) issued by CMS. The HMP was developed in response to a state mandate found at Oklahoma Statute Title 56, Section 1011.6, which seeks to improve the quality of care and reduce cost of care for SoonerCare members with chronic conditions.

OHCA operates a managed care delivery system named SoonerCare Choice, which is a network of primary care case management providers. As the HMP has developed into a robust care coordination model to support SoonerCare Choice, the state has periodically sought amendments to update the language in the STCs to reflect current practices. With this amendment, the state respectfully requests that CMS amend the STCs to reflect an updated definition of the HMP and description of services that will provide for the sustainability of the program throughout the remainder of the currently approved waiver period.

Section 2 Waiver Amendment Description and Goals

The state asks for an amendment to the waiver STCs with an effective date no later than July 1, 2019, as follows:

- The "Health Management Program Defined" section will be revised to provide more options for data analytics beyond the current HMP predictive modeling software. The additional data sources include, but are not limited to the Medicaid Management Information System (MMIS) claims, Health Information Exchange Information, provider referral and other sources.
- In addition, the HMP "Services" section will be revised to focus more broadly on interventions used in HMP and remove limitations that refer to settings, and to allow for new approaches in practice facilitation to address emerging health trends. These interventions include but are not limited to health coaching, practice facilitation, health navigation, performance improvement projects and assistance with transitions of care.
- 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 diagnoses, goals and progress

achieved.

Section 3 Waiver List

With this waiver amendment, no changes to the waiver list are requested.

Section 4 Expenditure Authority

With respect to expenditure authority, no changes are requested.

Section 5 Member Impact

These proposed changes to the STCs language will ensure that members continue to receive a full array of appropriate care coordination services that are grounded in interventions that respect the member, address health literacy and are evidence-based. Further, the effectiveness of the HMP will continue to be examined in the waiver Evaluation Design and reporting as noted below.

Section 6 Budget Neutrality

The state proposes a modest increase in funding for HMP. For the six months of 2019 impacted by the waiver amendment (July through December), the state proposes an increase of \$2 million over current funding. Calendar Year 2020 is projected with an additional \$4 million in expenditures, and successive years are increased by 3.8 percent for growth and utilization as in the currently approved waiver. See Attachment 7, Budget Neutrality Worksheet, for additional documentation.

Section 7 Required Elements of Waiver Amendment Process

OHCA has conducted an extensive and transparent public notice process for this waiver amendment in accordance with federal and state requirements. For OHCA, this begins with Tribal Consultation to invite our tribal partners to give feedback over a 60-day period on the proposed waiver amendment. The in-person Tribal Consultation meetings provided call-in participation from throughout the state was held at OHCA at 11 a.m., Tuesday, September 4, 2018 and 11 a.m., Tuesday, January 8, 2019. OHCA also fulfilled the requirement for presenting the proposed amendment at two public meetings. These were:

OHCA Medical Advisory Committee
Thursday, September 20, 2018
1:00 p.m.
Oklahoma Health Care Authority Board Room 4345 N.
Lincoln Boulevard
Oklahoma City, OK 73105

Child Health Group Tuesday,
October 9, 2018
5:00 p.m.
University of Oklahoma Bird Library, with remote participation by telephone or Web
to allow statewide accessibility to the meeting
1105 N. Stonewall Avenue Oklahoma
City, OK 73117

Additionally, on October 1, 2018, and January 22, 2019 a description of the proposed HMP waiver amendment was posted on the OHCA Public Notice section of the agency web page. It provided instructions for those wishing to offer comments regarding the proposed amendment. The OHCA received the following comment from the agency web page and

responded accordingly.

Comment: I am pretty sure this does not affect Indian Health Care Providers, but can you please verify if it does affect IHCP's? And if so, what would be the affect?

Response: It does not affect Indian Health Care Providers.

Section 8 CHIP Allotment Worksheet

As CHIP funds are not used for HMP, the worksheet has not been modified.

Section 9 Monitoring and Evaluation of Waiver Amendment

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following correction to **STC 85**.

Evaluation of the Health Management Program

d) *Impact on Health Outcomes:* Use of ~~disease-registry-functions-data~~ analytics by the health coach will improve the quality of care delivered to beneficiaries as measured by changes in performance on the initial set of Health Care Quality Measures for Medicaid- Eligible adults or CHIPRA Core Set of Children's Healthcare Quality Measures.

Section 10 Conclusion

OHCA proposes to continue to carry out its mission with waiver programs, and particularly the newly amended HMP program.

Section 11 Attachments

1. September 4, 2018 Tribal Consultation Documentation
2. October 1, 2018 Public Notice Documentation
3. October 1, 2018 Waiver Projects Currently Undergoing Application, Renewal, or Amendment
4. September 20, 2018 Medical Advisory Committee (MAC) Meeting
5. October 5, 2018 The Children's Health Group (TCHG) Quarterly Meeting
6. January 8, 2019 Tribal Consultation Documentation
7. January 23, 2019 Public Website Blog Posting
8. January 23, 2019 Waiver Projects Currently Undergoing Application, Renewal, or Amendment
9. SoonerCare Choice Budget Neutrality Worksheet
10. Standard CMS Financial Management Questions
11. Accessibility Report

REBECCA PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER



MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2018-07

August 22, 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 September 4th, 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,

Dana Miller
Director, Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

Program for All-Inclusive Care for the Elderly (PACE) — The proposed revisions to the PACE policy will update requirements for the Uniform Comprehensive Assessment Tool. These revisions are being made in order to reflect current business practices.

Exclusion of Certain Underpayments from Resources — The proposed revisions will update eligibility policy on countable income and resources, so that it is consistent with federal law. When determining the resources of an individual for eligibility for the Aged, Blind, and Disabled (ABD) program, the unspent portion of any Social Security retroactive payments are excluded for nine months.

Inpatient psychiatric services revisions — The proposed revisions will establish a prior authorization requirement for inpatient psychiatric services for adults. Revisions will also align the time requirement of the first individual treatment by the physician to the requirement of completion of the psychiatric evaluation. Other revisions will involve limited rewriting aimed at clarifying text.

Provider Rate Increase Update — Revisions are needed to increase the current reimbursement rates for all SoonerCare-contracted provider types by three percent (3%) with the following exemptions: services financed through appropriations to other state agencies, Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS), non-emergency transportation capitated payments, services provided to Insure Oklahoma (IO) members, payments for drug ingredients/physicians supplied drugs, Indian Health Services/Tribal/Urban Clinics (I/T/U), Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHCs). Additionally, changes will be made to accommodate an increase to the current rates for SoonerCare-contracted long-term care facilities by four percent (4%). The four percent (4%) increase for long-term facilities is calculated only on the portion of the rate funded by state appropriations, resulting in an increase on the total rate of 3.2 percent (3.2%) for regular nursing facilities and 3.5 percent (3.5%) for regular and acute Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs). All rate increases must comply with state and federal law as well as state cost reimbursement methodologies. This is an update to the item presented at the May 16, 2018 Tribal Consultation where a two percent (2%) rate increase for all providers (less the exemptions aforementioned) and a three percent (3%) rate increase for long-term care facilities was proposed. This item will have an expedited tribal consultation period of 14 days.



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, September 4th
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

- Program for All-Inclusive Care for the Elderly (PACE)
 - Exclusion of Certain Underpayments from Resources
 - Inpatient psychiatric services revisions
 - Provider Rate Increase Update
 - Waiver Revisions for HMP
3. Other Business and Project Updates:
 - Autism in Indian Country - Alex Smith, Creative Director Southern Plains Tribal Health Board
 - Update on Senate Bill 972 – Marlene Asmussen, Director Population Care Management
 - PCP Change update – Ashley Johnson, Provider Representative
 - Sponsors Choice update- Dana Miller, Director of Tribal Government Relations
 - 100% FMAP Update – 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, November 6th , 2018

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To provide an overview and update to the Tribal Partners on Senate Bill 972, effective 11-01-18 (passed the Senate 04-12-18, House of Representatives 04-09-18, and signed by the Governor), per Senator Frank Simpson, Senator Anastasia Pittman and Representative Pat Ownbey, that directs the Oklahoma Health Care Authority (OHCA) to;

Examine the feasibility of a State Plan Amendment (SPA) to the OK Medicaid program for Diabetes Self-Management Training (DSMT);

Requires the OHCA to submit a report by 12-01-18 to the President Pro Temp, House Speaker and the Governor, to include

- the estimated potential costs to the State,
- clinical findings,
- review of DSMT pilot projects and
- Research of other states' effects of DSMT on persons with diabetes.

Draft a SPA, beginning 07-01-19, subject to funding availability, for DSMT for persons with diabetes.

Provisions of this legislation will apply only if the report demonstrates DSMT to be evidence-based and essential to qualifying participants in the OK Medicaid program.

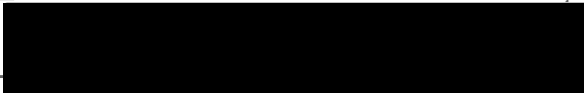
TRIBAL CONSULTATION MEETING
SIGN IN SHEET
SEPTEMBER 4, 2018
11:00AM
BOARD ROOM
4345 N. LINCOLN BLVD.
OKLAHOMA CITY, OK 73105

NAME	ORGANIZATION	EMAIL
Melinda Thomason	OHCA	
Della Gregory	OHCA	
Nicolecelluris	OHCA	
Sasha Teel	OHCA	
Mike Herndon, DO	OHCA	
Bill Garrison	OHCA	
Harvey Reynolds	OHCA	
Katelyn Burro	OHCA	

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SEPTEMBER 4, 2018
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NAME	ORGANIZATION	EMAIL
Tara Hood	Oklahomans for Autism Reform	[REDACTED]
Judith Ursitti	Autism Speaks	[REDACTED]
Vanessa Andrade	OHCA	[REDACTED]
Alex Smith	Southern Plains Tribal Health Board	[REDACTED]
Teneha Washington	OKCIC	[REDACTED]
DAVID WARD	OKHCA	[REDACTED]
MAYANN MARTIN	OKHCA	[REDACTED]

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SEPTEMBER 4, 2018
11:00AM
BOARD ROOM
4345 N. LINCOLN BLVD.
OKLAHOMA CITY, OK 73105

NAME	ORGANIZATION	EMAIL
Sandra Sealey	IHS	
Marlene Asmussen	OHCA	
Sherry Tinsley-DeAngelis	OHCA	
DANA Northrup	ONCA	
Susan Geyer	OHCA	
Jennifer Lynn	OHCA	

Tribal Consultation Meeting Attendees

11 AM, September 4th

Board Room

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

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- Exclusion of Certain Underpayments from Resources
- Inpatient psychiatric services revisions
- Provider Rate Increase Update
- Waiver Revisions for HMP

3. Adjourn—Next Tribal Consultation Scheduled for 11 AM, November 6th, 2018

Tribal Partners Onsite	OHCA Staff Onsite
<ul style="list-style-type: none"> ○ Tenesha Washington – Oklahoma City Indian Clinic ○ Sandra Sealey – Indian Health Service ○ Alex Smith – Southern Plains Tribal Health Board 	<ul style="list-style-type: none"> • Dana Miller • Johnney Johnson • Lucinda Gumm • Melinda Thomason • Della Gregg • Nicole Collins • Sasha Teel • Mike Herndon, DO • Bill Garrison • Harvey Reynolds • Katelynn Burns • Vanessa Andrade • David Ward • MaryAnn Martin • Marlene Asmussen • Sherry Tinsley-DeAngelis • Dana Northrup • Susan Geyer • Jennifer Wynn
Community Partners Onsite	
<ul style="list-style-type: none"> ○ Tara Hood – Oklahomans for Autism Reform ○ Judith Ursitti – Autism Speaks 	
Tribal Partners Online	
<ul style="list-style-type: none"> ○ Sheri Brown – Sac & Fox Nation of Oklahoma ○ Judy Parker – Chickasaw Nation ○ Yvonne Myers – Citizen Potawatomi Nation ○ Brian Wren – Choctaw Nation ○ Robin Parker – Oklahoma City Indian Clinic ○ Lea Blenz – Kaw Nation ○ Barbara Clyma – Muscogee (Creek) Nation ○ Carolyn Romberg – Chickasaw Nation ○ Robert Coffey – Iowa Tribe of Oklahoma ○ Renee Hogue – Chickasaw Nation ○ Karen Massey – Choctaw Nation ○ Tara Conway – Cheyenne and Arapaho Tribes ○ Carmelita Skeeter – Indian HealthCare Resource Center of Tulsa ○ Amy Eden – Muscogee (Creek) Nation ○ Brenda Teel – Chickasaw Nation 	

<ul style="list-style-type: none"> ○ Rhonda Beaver – Muscogee (Creek) Nation ○ Melissa Gower – Chickasaw Nation ○ Melanie Fourkiller – Choctaw Nation ○ Alyssa Campbell – Absentee Shawnee Tribal Health System ○ Jennifer Wofford – Northeastern Tribal Health System 	
Community Partners Onsite	
<ul style="list-style-type: none"> ○ Tara Hood – Oklahomans for Autism Reform ○ Judith Ursitti – Autism Speaks 	
OHCA Staff Online	
<ul style="list-style-type: none"> ○ Ivoria Holt 	

Proposed Rule, State Plan, and Waiver Amendments

Program for All-Inclusive Care for the Elderly (PACE) — The proposed revisions to the PACE policy will update requirements for the Uniform Comprehensive Assessment Tool. These revisions are being made in order to reflect current business practices.

Sandra – As well as align with federal regulations that the UCAT should be completed in the member’s home.

Sandra – Any Questions?

Dana – Sandra there is one tribe (Cherokee Nation), Cherokee Nation does operate their own PACE program in Tahlequah, so this would affect them as well.

Sandra – Yes, it will.

Exclusion of Certain Underpayments from Resources — The proposed revisions will update eligibility policy on countable income and resources, so that it is consistent with federal law. When determining the resources of an individual for eligibility for the Aged, Blind, and Disabled (ABD) program, the unspent portion of any Social Security retroactive payments are excluded for nine months.

Sandra – Any Questions?

No questions.

Inpatient psychiatric services revisions — The proposed revisions will establish a prior authorization requirement for inpatient psychiatric services for adults. Revisions will also align the time requirement of the first individual treatment by the physician, which should be completed within the first 60 hours of admissions, to the requirement of completion of the psychiatric evaluation. Other revisions will involve limited rewriting aimed at clarifying the text.

Sandra – Any Questions?

Attendee – For the Prior Authorization, if the Indian Health Service is referring the patient out for these services, we would be responsible for requiring the prior authorization prior to sending our patient to the facility? Would that be the requirement?

Sandra – I think the requirement is for the Inpatient facility, but we have a manager here.

Tanesha Hooks (BH Manager) – For Inpatient prior authorization for adults, it all starts at the facility. Any member will present to the facility that facility will do an assessment, and the assessment template is sent in to us for review for medical necessity criteria. That is when the prior authorization is issued by one of our clinical reviewers.

Attendee – So the facility that we transfer them to will send it?

Tanesha Hooks – Yes.

Dana – Thank you for that clarification.

Provider Rate Increase Update — Revisions are needed to increase the current reimbursement rates for all SoonerCare-contracted provider types by three percent (3%) with the following exemptions: services financed through appropriations to other state agencies, Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS), non-emergency transportation capitated payments, services provided to Insure Oklahoma (IO) members, payments for drug ingredients/physicians supplied drugs, Indian Health Services/Tribal/Urban Clinics (I/T/U), Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHCs). Additionally, changes will be made to accommodate an increase to the current rates for SoonerCare-contracted long-term care facilities by four percent (4%). The four percent (4%) increase for long-term facilities is calculated only on the portion of the rate funded by state appropriations, resulting in an increase on the total rate of 3.2 percent (3.2%) for regular nursing facilities and 3.5 percent (3.5%) for regular and acute Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs). All rate increases must comply with state and federal law as well as state cost reimbursement methodologies. This is an update to the item presented at the May 16, 2018 Tribal Consultation where a two percent (2%) rate increase for all providers (less the exemptions aforementioned) and a three percent (3%) rate increase for long-term care facilities was proposed. This item will have an expedited tribal consultation period of 14 days to allow for necessary public notices.

Sandra – Any Questions?

Attendee – The rate increase, where it says, ITUs and FQHCs, are you referring only to the flat rate, not the professional fees that we get paid for our inpatient facilities?

Sandra – Yes, I believe those are not under the OMB rate, right?

Dana – Right; I think what Sandra is asking is for clarification on when we say rates will be exempted for this increase; we say, Indian Health Services, Tribal and Urban Clinics but we are not making a distinction between OMB payments and fee-for-service payments.

Sandra – Okay, I will take that back - we took the language straight from the bill, which was written in this manner, but I will take it back and make sure that is appropriate for our summaries and public notices. I believe it was intended for the OMB rate.

Dana – I agree; thank you.

Sandra – thank you.

Waiver Revisions for HMP – An amendment is needed for the 1115(a) waiver for the 2019-2021 period. OHCA will ask the Centers for Medicare and Medicaid Services to revise the waiver special terms and conditions effective July 1, 2019, to reflect a more current description of the Health Management Program and its services. The HMP was developed in response to a state mandate found at 56 OS 1011.6, and seeks to improve the quality of care and reduce cost of care for SoonerCare members with chronic conditions. The “Health Management Program Defined” section will be updated to provide for more options for data analytics than the current reference to HMP predictive modeling software. In addition, the HMP “Services” section will be revised to focus more broadly on interventions used in HMP and remove limitations that refer to settings, and to allow for new approaches in practice facilitation to address emerging health trends. 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 diagnoses, goals and progress achieved.

Sandra - Essentially, we are just making it to be to give us more latitude, and not have to amend the waiver every time something changes.

Sandra – Any Questions?

No Questions.

Next Bi-Monthly November 6, 2018

Attachment 2. October 1, 2018 Public Notice Documentation

The screenshot shows a web browser window with the URL <http://okhca.org/banners.aspx>. The browser's address bar also shows "Sign In/Out User" and "OHCA - Banner List". The website header features the "Oklahoma HealthCare Authority" logo and navigation links: "about us | individuals | providers | research | contact us | search".

The main content area is titled "About Us" and includes a breadcrumb trail: "Home > About Us". Under the heading "CE Updates", there is a prominent blue call to action: "Community Engagements Requirements" followed by "Stay informed on the process here!".

Below this, under the heading "HMP Feedback", there is another blue call to action: "Provide Feedback" followed by "Health Management Program | October 1-30".

A left-hand navigation menu is visible, listing categories: "Research", "About Us" (which is expanded to show sub-links: "Boards", "Calendar", "Contact Us", "Jobs", "News Releases", "Procurement", "Publications", "Public Information"), "Individuals", and "Providers".

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 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 found at Oklahoma Statute §56-1011.6., and seeks to improve the quality of care and reduce cost of care for SoonerCare members with chronic conditions.

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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 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 \$5,220,000 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 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The amendment to the waiver will be posted online at www.okhca.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 Division by telephone at 405-522-7914 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 January 7, 2019.

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

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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 SoonerCare Choice and Insure 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 Division by telephone at 405-522-7914 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 January 7, 2019.

PROOF OF PUBLICATION

In the District Court of Cleveland County,
State of Oklahoma

PN HMP Final

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.

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

Please include the case number on your check.



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	HMP NOTICE

§10374

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.

With this amendment request, the OHCA seeks approval of the following modifications to the demonstration for the 2018-2023 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 found at Oklahoma Statute §56-1011.6., and seeks to improve the quality of care and reduce cost of care for SoonerCare members with chronic conditions.

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

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

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The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure 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

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: 0000510374

[Redacted Signature]

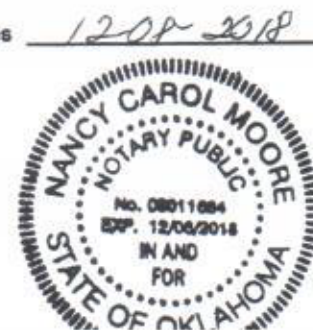
Legal Representative

Sworn to and subscribed before me this date: 9-20-2018

[Redacted Signature]

Notary Public

My Commission expires 12-09-2018



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

IN THE _____ COURT OF COMANCHE COUNTY, OKLAHOMA

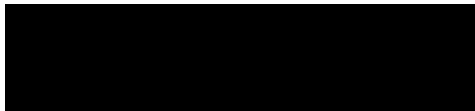
STATE OF OKLAHOMA, COUNTY OF COMANCHE

Case No. waiver for 2018-2023

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.

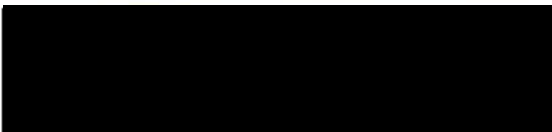
Publication Dates 09/19/2018.

That said newspaper has been published continuously and uninterrupted 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.



Signature

SUBSCRIBED and sworn to before me this day of



Notary Public



Published in
The Lawton Constitution
September 18, 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, the OHCA seeks approval of the following modifications to the demonstration for the 2018-2023 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 found at Oklahoma Statute §56-1011.6, and seeks to improve the quality of care and reduce cost of care for SoonerCare members with chronic conditions.

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

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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 \$5,220,000 for State Fiscal Year 2020.

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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 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The amendment to the waiver will be posted online at www.okhca.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 Division by telephone at 405-522-7914 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 January 7, 2019.

00005

030083

Oklahoman 9/19/18

Public Notice

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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

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
11481086 - 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

from the public regarding the amendment to the SoonerCare Choice and Insure 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 Division by telephone at 405-522-7914 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 January 7, 2019.



The Black Chronicle CLASSIFIED

Advertising - 1

ADVERTISE STATEWIDE! For more information or to place an ad contact (405) 495-0020 or toll-free at 1-888-813-2672 in OK at 1-888-813-2672

Livestock-4

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

For Sale-28

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

YOUR HOUSE ON LAKE LURE! One block from city beach, this totally remodeled three bedroom, two bath house is waiting for you. 918-618-3755

ROCKING F RANCH for sale at Auction. 3,200± Acres. 22 Tracts. Native Grass, Fenced, Homes, Water. Choctaw County, OK. Bid Oct. 26 10AM. UnitedCountry Land/Auction.com 405-375-1878. Third County, Oklahoma Land & Auction.

Classified Deadline Is Fridays At 1 p.m.!

Want to Buy - 32

FREEON R12 WANTED, CERTIFIED BUYER will PAY CASH for R12 cylinders or cases of cans. (312) 791-9169. www.freeon.com

Legal Services-79

SOCIAL Security and Disability Claims. Satisfiers & Satisfiers. Attorneys at Law. No Recovery - No Fee. 1-800-254-8548 DRIS



PUBLIC NOTICE

All persons having an indebtedness or claim against the Town of Forest Park, Oklahoma are hereby notified that all invoices and documentation pertaining to said purchase order or contract must be recorded in the Town Clerk/Treasurer office on or before September 30, 2018 covering all debts now unpaid during the period beginning of July 1, 2017 and ending on June 30, 2018 or said account shall be void and forever barred.

Cathy M. Penland, Town Clerk/Treasurer 4203 N. Collbran 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 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, voluntary, 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, 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 (SNAP 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.

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.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 \$70,000 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 Income Oklahoma (1115(a)) Demonstration Waiver program. The application waiver has been posted online at www.ohca.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.ohca.org by clicking the Community Engagement Requirements banner or by visiting the OHCA Federal & State Reporting Unit by telephone at 405-522-7914 or via email at OHCAcommunityengagement@ohca.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 in CMS or on after January 7, 2019.

FRANCIS TUTTLE TECHNOLOGY

Accepting Applications for the Following Part-time Positions

- Cashier (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: www.francis-tuttle.edu/docx/jobs
Only candidates of interest will be contacted. BOE

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 77A, Section 2-141 Malheur L.C. 1544 N.W. 2nd Street Oklahoma City, OK 73106 was 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 Special Beer and Retail Wine License under authority of and in compliance with the said Act. Their (they, its/their) if granted such license to operate as a Retail Beer and Retail Wine establishment with business premises located at 1544 N.W. 2nd Street in Oklahoma City, Oklahoma, Oklahoma under the business name of L&L Foodmart.

Dated this 18th day of September, 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.

Shahid Bin Hatan Al Inani
County of Oklahoma, State of Oklahoma
Before me, the undersigned notary public, personally appeared, Shahid Bin Hatan Al Inani
To me known to be the person (s) described in and who executed the foregoing application and acknowledged that he executed the same as his free act and deed.

Deborah Rusk 07/11/2019
(Notary Public) (My Commission Expires)

PUBLIC NOTICE

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1:00 p.m.
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4345 N. Lincoln Boulevard
Oklahoma City, Oklahoma

Oklahoma Child Health Group
October 9, 2018
5:00 p.m.
Oklahoma State Department of Health
1006 NE 10th Street
Oklahoma City, Oklahoma

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The Black Chronicle

P.O. Box 11498 Tulsa, OK 74116
OKLAHOMA CITY, OKLAHOMA 73136
CIRCULE BY MAIL: 426-0000
CLASSIFIED (405) 494-9829
FAX (405) 426-0708

1-13 Words	\$10.75
14-20 Words	\$17.75
21-27 Words	\$24.75
28-34 Words	\$31.75
35-41 Words	\$38.75

Advertising Deadline: Tuesdays at 1 p.m.!

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

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OKC, OK 73118

405-213-1888

VanceTheCreditDoctor.com

HEALTH

PUBLIC HEALTH NURSE

OKC-County Health Department
www.ochhd.org
AA/EOE

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 practices internally and externally. The incumbent is responsible for annual affirmative action reporting and participating in establishing corporate objectives pertinent to employment by monitoring trends, evaluating competitors' performance 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.

Apply online: www.tinkercfu.org

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

OKLAHOMA TURNPIKE 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 ILL. ROGERS TURNPIKE CONTRACT NO. TRB 2818-078

On TUESDAY, OCTOBER 2, 2018, at 9:00 p.m., the Oklahoma Turnpike Authority will receive sealed bids hand-delivered or received by Certified Mail on the day of the opening to the Oklahoma Turnpike Authority office at 3500 N. Martin Luther King Ave., Oklahoma City, Oklahoma 73119. Proposals will be publicly opened and read on the same day at 3:00 PM at the office of the Oklahoma Turnpike Authority in accordance with the following:

- I. No bids which are late to, or contingent upon, other work with the Oklahoma Turnpike Authority will be accepted.
- II. Bidders shall familiarize themselves with the conditions and shall understand that full cooperation in meeting 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 Turnpike Authority, located at 3500 N. Martin Luther King Ave., Oklahoma City, Oklahoma 73119. If you desire a printed copy of the bid you may contact: Rhonda Reed at 405-425-7441, prior to bid opening date of October 2, 2018 at 10:00 a.m.
- IV. 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 proposal to guarantee the bid. If successful, will enter into contract and obtain required bonds in agreement with the requirements of the Solicitors. The check must be payable to the order of the Oklahoma Turnpike 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.
- V. All contractors that desire to provide the OTA with manual service work are required by state statute to complete an employee 6-Weekly Form.
- VI. The work to be performed under Contract Number 17B-2018-018 consists of:
 - a. The contractor will be required to providing 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 salt building location is as follows: WE Rogers Turnpike, Afton Exit, near mile marker 302, Ottawa County, Oklahoma.
 - b. In awarding the contract the Oklahoma Turnpike Authority reserves the right to reject any and all bids, to waive informality, and to accept the best interest of the OTA without technicalities as to procedure.
 - c. Policies of insurance will not be cancelled without first giving the OTA 30 calendar days advance notice. This statement must be on the Department of Operations section of the Certificate of insurance.
 - d. Upon award of contract to a successful bidder, the contract will be completely and correctly executed by the contractor and returned to the OTA within thirty (30) calendar days from the date of award. The OTA will have thirty (30) working days from the date of award to complete its execution of the contract.

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
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
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of Oklahoma with reference to legal publications.



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



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Commission # 03006267 Expires 04/27/19

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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 2018-2021 demonstration period.

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

- Requesting an after March 1, 2018, continuation upon CMS approval, the state will implement its monthly engagement requirements for certain individuals related to Oklahoma Medicaid eligibility as a condition of eligibility for the Oklahoma SeniorCare benefits, applicants or existing members, not otherwise meeting, age 70 or must provide verification of employment or community engagement in specified educational, job training or job search activities for at least 80 hours per month.
- SeniorCare community engagement activities are required in accordance with the Supplemental Nutrition Assistance Program (SNAP) currently operational in Oklahoma. Community engagement requirements for new or continued SeniorCare eligibility are set out below:
 - Work an average of twenty (20) hours or more per week, each month. The employment may be part- or full- time, seasonal, or volunteer work;
 - 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
 - The SNAP Employment and Training (E-T) Program. Job search or job search training activities, when allowed as part of other E-T program components, are accorded as long as those activities comprise less than half the total required time spent in the component; or
- 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
- 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 SeniorCare community engagement requirements please refer to the October 15, 2018 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 31, 2018 with an effective date of March 1, 2019 pending CMS approval. The total budget impact for various 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 2018. 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 welcomes comments from the public regarding the amendment to the SeniorCare Waiver 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 at 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 405-522-7916 or by email at OHCAAmendment@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 § 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 2018-2021 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 by Oklahoma Statute 60A-0111A, and seeks to improve the quality of care and reduce costs of care for SeniorCare members with chronic conditions.

The "Health Management Program Dashboard" section will provide for more robust data analytics than the current version to HMP providers including: There are data sources that include but are not limited to: Claims, Health Information Exchange Information, provider referral and other sources.

In addition, the HMP "Service" list will be enhanced to allow for more specialty or subspecialty services and to add and remove limitations that refer to settings, and to allow for new specialty or subspecialty facilities to address emerging health trends.

The OHCA also proposes to add a provision to the description regarding the length of time a member may be served in HMP as follows: Insurance benefits is determined individually for each member served, and members' diagnoses, goals and progress achieved.

The revised approach to the "services" section will ask CMS to let HMP interventions along with other descriptions and make that determination include but are not limited to: health coaching, practice consultation, 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 waiver is selected through a professional services contract government 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 \$70 million total dollars with an estimated state share of \$1,300,000 for State Fiscal Year 2020.

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

Medical Advisory Committee September 20, 2018 1:00 p.m. Ed McCall Boardroom Oklahoma Health Care Authority 4345 N. Lincoln Boulevard Oklahoma City, Oklahoma	Oklahoma Child Health Clinic October 2, 2018 5:00 p.m. Oklahoma State Department of Health 1000 NE 10th Street Oklahoma City, Oklahoma
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The OHCA welcomes comments from the public regarding the amendment to the SeniorCare Waiver 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 at the Native American Consultative Page and by contacting the OHCA Federal & State Reporting Unit by telephone at 405-522-7916 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.

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Waiver Projects Currently Undergoing Application, Renewal, or Amendment

[1115\(a\) Waiver Projects Currently Undergoing Application and Amendment 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 1115(a) 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 1115(a) 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

September 4, 2018 11:00 a.m.
Tribal Consultation
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

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

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

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\(a\) 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(a) Demonstration Waiver (PDF, new window)

[1115\(a\) Demonstration Health Management Program 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(a) Demonstration Waiver amended application (PDF, new window)

[1115\(a\) Demonstration Health Management Program Waiver Amendment](#)

- View comments that others have submitted (see link below). [Policy Change Blog](#)
- Public comments may be submitted until midnight on Tuesday, October 30, 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(a) Demonstration waiver and to hold public hearings to receive comments on the amendments to the Demonstration.

With this amendment request, the OHCA seeks approval of the following modifications to the demonstration for the 2018-2023 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 found at Oklahoma Statute Title 56, Section 1011.6, which seeks to improve the quality of care and reduce cost of care for SoonerCare members with chronic conditions.

The “Health Management Program Defined” section will be revised to provide more options for data analytics beyond the current HMP predictive modeling software. The additional data sources include, but are not limited, to the Medicaid Management Information System (MMIS) claims, Health Information Exchange, provider referral and other sources.

In addition, the HMP “Services” section will be revised to focus more broadly on interventions used in HMP and remove limitations that refer to settings, and to allow for new approaches in practice facilitation to address emerging health trends. These interventions include but are not limited to health coaching, practice facilitation, health navigation, performance improvement projects and assistance with transitions of care.

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 diagnoses, goals and progress achieved.

The state proposes a modest increase in funding for HMP. For the six months of 2019 impacted by the waiver amendment, the state proposes an increase of \$2 million over current funding. Calendar Year 2020 is projected with an additional \$4 million in expenditures, and successive years are increased by three percent for growth and utilization as in the currently approved waiver.

Waiver List - The state is not seeking to change the waiver list.

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.

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

AGENDA

The Children’s Health Group (TCHG) Quarterly Meeting Tuesday, October 9, 2018, 5:00 - 7:00 p.m.

*OU Health Sciences Center Campus, Provost’s Conference Room, # 223, Bird Library (live video streaming at
OU College of Medicine – Tulsa, Room 2B19, Schusterman Campus on request)*

Welcome and Introductions – Dr. Marny Dunlap

Updates

- OSDH
 - Oklahoma Medical Marijuana Authority: Status Update – *Melissa Miller, Communications Manager, Oklahoma Medical Marijuana Authority*
- OHCA
 - OHCA Provider Rate Increase—Effective 10/1/2018 – *Becky Pasternik-Ikard, CEO*
 - OHCA Adopts AAP Bright Futures Preventive Pediatric Health Care Periodicity Schedule--Effective 10/1/2018-- *Ryan Morlock, Office of Data Governance & Analytics*
 - New Child Health Insurance Program (CHIP) Health Services Initiatives
 - LARC Devices, ---*Joyce Marshall, OSDH and Mary Gowin, OHCA*
 - Safe Sleep - *Joyce Marshall, OSDH and Shelly Patterson, OHCA*
 - Reach Out and Read - *Marny Dunlap, OUHSC and Shelly Patterson, OHCA*
 - OHCA Regional Strategy Forums—October and November 2018—*Shelly Patterson*

Presentations

- SoonerCare Waiver Update and Recommendations (Post Award Forum)—*Bill Garrison, Health Policy, OHCA*
- Changes in OHCA Health Management Program (1115a Waiver Amendment Request)—*Bill Garrison, Health Policy, OHCA*
- Update on Proposed Work/Community Engagement Requirements for SoonerCare Members—*Tywanda Cox, Director of Health Policy, OHCA*

Announcements/New Business

- CY 2019 Meeting Dates: *January 8, April 9, July 9, October 8*

Adjournment

Attachment 6. January 8, 2019 Tribal Consultation Documentation

REBECCA PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER



MARY FALLIN
GOVERNOR

**STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY**

I/T/U Public Notice 2019-01

December 20, 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 January 8, 2019 at 11:00 a.m. in the Oklahoma Health Care Authority (OHCA) Charles Ed McFall Board Room 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 current proposed rules, state plans, 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,

Dana Miller
Director, Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

Countable Income and Resources Policy Change — The proposed revisions will amend policy on resources that are disregarded by Federal law due to Oklahoma transitioning from a 209(b) state to a Supplemental Security Income (SSI) criteria state for determination of eligibility for SSI related eligibility groups such as the Aged, Blind, and Disabled (ABD).

Application Fees and Provider Screening — The proposed revisions to the general provider policies will establish application fees required by Federal law for providers enrolling or re-enrolling in Medicaid. Providers who do not have to pay the application fee are: individual practitioners; providers who paid the fee to Medicare; and providers who paid the fee to another State Medicaid agency. Revisions also outline provider screening and enrollment requirements designed to help prevent Medicaid provider fraud, waste, or abuse. Provider screening requirements are outlined according to three categorical screening levels: limited-risk; moderate-risk; and high-risk. Examples of screening requirements are licensure verification, on-site visits, and fingerprint-based background checks.

Timeframe for Appeals — The proposed revisions will extend the length of time that a member or provider has to request an appeal of an adverse agency action, from twenty (20) days to thirty (30) days. Additionally, the revisions add Supplemental Hospital Offset Payment Program (SHOPP) appeals to the list of other grievance procedures and processes.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for Children in Inpatient Psychiatric Settings — The proposed revisions will implement language to comply with federal regulations and reflect that children under twenty-one (21) years of age, who are residing in an inpatient psychiatric facility must be provided all medically necessary services, regardless of whether such services are noted in the plan of care.

Preadmission Screening and Resident Review (PASRR) Revisions — The proposed revisions will incorporate new language to clarify that the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) will be used for diagnostic purposes in Medicaid-certified nursing facility admissions. Revisions will also involve limited rewriting aimed at clarifying text.

Psychiatric Services in Nursing Facilities Revisions — The proposed revisions will clarify provider types and reimbursement of psychiatric services as part of a direct physician service visit in a nursing facility. Revisions will also involve limited rewriting aimed at clarifying text, eliminating redundancies, and updating outdated terminology.

General Policy Language Cleanup — The proposed revisions to Chapter 30 will eliminate references to sections that have been revoked. The sections were revoked in past rulemaking sessions; however, language, in other parts of the Chapter, referring to these sections were inadvertently missed. Further revisions will correct misspelled words and grammatical mistakes for better flow and understanding.

Maternal Depression Screening — The proposed revisions will add coverage and reimbursement language for maternal depression screenings at Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well-child visits. The policy will also reiterate how the Oklahoma Health Care Authority adopts and utilizes the American Academy of Pediatrics' Bright Futures periodicity schedule in relation to maternal depression screenings. Additionally, the proposed revisions will update the child abuse section to provide a more thorough explanation of how to report child abuse including clarifying text and updating outdated citations.

Mobile Dental Services — The proposed revisions will add coverage and reimbursement for preventive dental services received through a mobile dental clinic. Additionally, revisions will delineate

mobile dental clinic provider participation requirements pursuant to the State Dental Act, while also defining coverage and limitations for preventive dental services, basic consent form requirements, and medical records requirements.

Out-of-State Services — The proposed revisions will define and clarify coverage and reimbursement for services rendered by providers that are physically located outside of Oklahoma. Additionally, revisions will delineate out-of-state services, provider participation requirements, prior authorizations, and medical records requirements. Lastly, revisions will outline reimbursement criteria for out-of-state providers who do not accept the payment rate established through the Oklahoma State Plan.

Federally Qualified Health Centers (FQHC) — The proposed revisions will allow a member to receive multiple encounters at an FQHC within a 24-hour period. Additionally, the revisions will establish guidelines around utilization of multiple encounters and how the FQHC can correctly bill the Oklahoma Health Care Authority.

Applied Behavioral Analysis (ABA) Services — The proposed revisions will add new language establishing coverage and reimbursement for ABA services as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program benefit. The proposed language will define provider participation and credentialing requirements, medical necessity criteria, coverage and service limitation guidelines, and reimbursement methodology.

Diabetes Self-Management Training (DSMT) — The proposed revisions will add new language establishing coverage and reimbursement for DSMT, an educational disease management benefit designed to teach individuals how to better manage and control their diabetes. The proposed revisions will define member eligibility for DSMT services, provider participation requirements, and program coverage and limitations. Lastly, the proposed revisions will establish reimbursement methodology and applicable rates for DSMT services.

Retro-eligibility for Pregnant Women and Persons under 19 — The proposed revisions enables the State to grant retroactive eligibility to pregnant women and children under 19. Eligibility for Medicaid shall be effective no later than the third month before the month of application (90 days from the application date) if the following conditions are met: (1) if the individual received covered Medicaid services at any time during the above period; and (2) if the individual would have been eligible for Medicaid at the time they received the services if they had applied or someone had applied for them. Previously, the Center for Medicaid and Medicare Services (CMS) had allowed Oklahoma to waive the requirement of retro-eligibility for pregnant women and children under 19; however, in the latest approval of Oklahoma's 1115(a) waiver, CMS removed this exception.

Provider Directory for Members — The proposed revisions establish the development and use of a member-friendly provider directory. The directory will be available to members as well as providers and will include, but not limited to, the following search options: provider's name or NPI, provider type/specialty, PCP providers, behavioral health/substance abuse providers, providers by program (SoonerCare/Insure Oklahoma), zip code, physician gender, language of provider, and whether the physician or provider is accepting new patients. The directory will be updated every seven (7) days to ensure accurate, up-to-date information is provided, and will be accessible through mobile devices, tablets, etc. This change is pursuant to the 21st Century Cures Act (Cures Act).

Limitation of Outpatient Laboratory, X-Ray, and Select Machine Testing Services for Adults— The proposed revisions were presented to the January 2, 2018 Tribal Consultation but were tabled due to need for further guidance from CMS in order to clarify additional exclusions to the benefit limitation for outpatient laboratory, x-ray, and select machine testing services provided to adults on a fee-for-service basis. Revisions will include a cap on services per member per year; certain diagnoses will be

exempt from this restriction, [to some high cost diagnostic testing (i.e., MRI, MRA, etc.)]. Further exclusions will include services provided to individuals under twenty-one (21) as well as services received through federally qualified health centers (FQHCs) and Indian Health Service, tribal government(s), or urban Indian health program (ITU) facilities. A process for authorizing additional claims will be used for individuals who meet medical necessity criteria demonstrating the need for additional services. Changes are needed to limit inappropriate billing of wellness panels and other preventive tests in accordance with section 1902 of The Social Security Act.

Certified Community Behavioral Health Clinics (CCBHC) — The Department of Mental Health and Substance Abuse Services (ODMHSAS) will seek approval of a State Plan Amendment (SPA) and new rules to sustain CCBHCs beyond their grant demonstration period in Oklahoma. Currently, there are three (3) CCBHCs providing services to SoonerCare members. The services provided include nine (9) types of behavioral health treatment services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence based practices, care coordination, and integration with physical health. The proposed SPA and new rules will outline CCBHC member eligibility, provider participation requirements, program scope, and reimbursement methodology.

Residential Behavior Management Services (RBMS) — The Oklahoma Department of Human Services (DHS) and Oklahoma Office of Juvenile Affairs (OJA) propose revisions to coverage and reimbursement policy for Residential Behavior Management Services (RBMS) in group home settings. The proposed revisions will outline and clarify provider participation requirements, RBMS treatment components, establish new levels of care, and remove references to services provided in wilderness camps and Diagnostic and Evaluation (D&E) centers. Additional revisions will incorporate recent federal mandates, as applicable, related to licensure, accreditation, and nurse staffing requirements.

Additionally, DHS and OJA propose replacing the existing payment structure for RBMS providers, established in March of 1998, by incorporating staffing, facility, and operational costs into a per diem/per recipient rate based on an established level of care.

Administration Organization — An amendment to the State Plan is needed to update the organizational structure and functions within the Agency. The State Plan amendment is necessary to reflect current practice.

Insure Oklahoma Student Age Limit and Out-of-Pocket Expenses — The waiver amendment will include a revision to increase the annual out-of-pocket maximum expense from \$3,000 to \$5,000 per individual covered under the Employer-Sponsored Insurance (ESI) plan. The annual out-of-pocket expense excludes copays and pharmacy deductibles.

In addition to universities and colleges, technology centers will be added as covered entities for student enrollment, as well as an extension of the age of full-time students from twenty-two (22) years of age to twenty-six (26) years of age for members who are covered under the Insure Oklahoma Premium Assistance programs.

Waiver Revisions for Health Management Program (HMP) – The proposed revisions were presented at the September 4, 2018 Tribal consultation and are included on this I/T/U Public Notice as proof of notification to I/T/U providers as well as for documentation to be provided to the Centers for Medicare and Medicaid Services (CMS). An amendment is needed for the 1115(a) waiver for the 2019-2021 period. OHCA will ask the CMS to revise the waiver special terms and conditions effective July 1, 2019, to reflect a more current description of the HMP and its services. The HMP was developed in response to a state mandate found at 56 O.S. 1011.6, seeks to improve the quality of care, and reduce

cost of care for SoonerCare members with chronic conditions. The “Health Management Program Defined” section will be updated to provide for more options for data analytics than the current reference to HMP predictive modeling software. In addition, the HMP “Services” section will be revised to focus more broadly on interventions used in HMP and remove limitations that refer to settings, and to allow for new approaches in practice facilitation to address emerging health trends. 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 diagnoses, goals, and progress achieved.



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, January 8th
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

- Countable Income and Resources Policy Change
 - Application Fees and Provider Screening
 - Timeframe for Appeals
 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for Children in Inpatient Psychiatric Settings
 - Preadmission Screening and Resident Review (PASRR) Revisions
 - Psychiatric Services in Nursing Facilities Revisions
 - General Policy Language Cleanup
 - Maternal Depression Screening
 - Mobile Dental Services
 - Out of State Services
 - Federally Qualified Health Center (FQHC)
 - Applied Behavioral Analysis (ABA) Services
 - Diabetes Self-Management Training (DSMT)
 - Retro-eligibility for Pregnant Women and Persons under 19
 - Provider Directory for Members
 - Limitation of Outpatient Laboratory, X-Ray, and Select Machine Testing Services for Adults
 - Certified Community Behavioral Health Clinics (CCBHC)
 - Residential Behavior Management Services (RBMS)
 - Administrative Organization
 - Insure Oklahoma Student Age Limit and Out of Pocket Expenses
 - Waiver Revisions for Health Management Program (HMP)
3. Other Business and Project Updates:
 - Hope Act update- Derek Lieser, Enrollment Automation & Data Integrity Director

- Community Engagement (Medicaid Work Requirements) update-MaryAnn Martin, Senior Director of Communications
 - TMAM Contract update- Kimberly Helton, Professional Services Contract Manager
 - Agency View Contract update-Kimberely Helton, Professional Services Contract Manager
 - Sponsors Choice update- 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, March 5th , 2019

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Application Fees and Provider Screening — The proposed revisions to the general provider policies will establish application fees required by Federal law for providers enrolling or re-enrolling in Medicaid. Providers who do not have to pay the application fee are: individual practitioners; providers who paid the fee to Medicare; and providers who paid the fee to another State Medicaid agency. Revisions also outline provider screening and enrollment requirements designed to help prevent Medicaid provider fraud, waste, or abuse. Provider screening requirements are outlined according to three categorical screening levels: limited-risk; moderate-risk; and high-risk. Examples of screening requirements are licensure verification, on-site visits, and fingerprint-based background checks.

Timeframe for Appeals — The proposed revisions will extend the length of time that a member or provider has to request an appeal of an adverse agency action, from twenty (20) days to thirty (30) days. Additionally, the revisions add Supplemental Hospital Offset Payment Program (SHOPP) appeals to the list of other grievance procedures and processes.

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Psychiatric Services in Nursing Facilities Revisions — The proposed revisions will clarify provider types and reimbursement of psychiatric services as part of a direct physician service visit in a nursing facility. Revisions will also involve limited rewriting aimed at clarifying text, eliminating redundancies, and updating outdated terminology.

General Policy Language Cleanup — The proposed revisions to Chapter 30 will eliminate references to sections that have been revoked. The sections were revoked in past rulemaking sessions; however, language, in other parts of the Chapter, referring to these sections were inadvertently missed. Further revisions will correct misspelled words and grammatical mistakes for better flow and understanding.

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eligibility for DSMT services, provider participation requirements, and program coverage and limitations. Lastly, the proposed revisions will establish reimbursement methodology and applicable rates for DSMT services.

Retro-eligibility for Pregnant Women and Persons under 19 — The proposed revisions enables the State to grant retroactive eligibility to pregnant women and children under 19. Eligibility for Medicaid shall be effective no later than the third month before the month of application (90 days from the application date) if the following conditions are met: (1) if the individual received covered Medicaid services at any time during the above period; and (2) if the individual would have been eligible for Medicaid at the time they received the services if they had applied or someone had applied for them. Previously, the Center for Medicaid and Medicare Services (CMS) had allowed Oklahoma to waive the requirement of retro-eligibility for pregnant women and children under 19; however, in the latest approval of Oklahoma’s 1115(a) waiver, CMS removed this exception.

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Certified Community Behavioral Health Clinics (CCBHC) — The Department of Mental Health and Substance Abuse Services (ODMHSAS) will seek approval of a State Plan Amendment (SPA) and new rules to sustain CCBHCs beyond their grant demonstration period in Oklahoma. Currently, there are three (3) CCBHCs providing services to SoonerCare members. The services provided include nine (9) types of behavioral health treatment services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence based practices, care coordination, and integration with physical health. The proposed SPA

and new rules will outline CCBHC member eligibility, provider participation requirements, program scope, and reimbursement methodology.

Residential Behavior Management Services (RBMS) — The Oklahoma Department of Human Services (DHS) and Oklahoma Office of Juvenile Affairs (OJA) propose revisions to coverage and reimbursement policy for Residential Behavior Management Services (RBMS) in group home settings. The proposed revisions will outline and clarify provider participation requirements, RBMS treatment components, establish new levels of care, and remove references to services provided in wilderness camps and Diagnostic and Evaluation (D&E) centers. Additional revisions will incorporate recent federal mandates, as applicable, related to licensure, accreditation, and nurse staffing requirements.

Additionally, DHS and OJA propose replacing the existing payment structure for RBMS providers, established in March of 1998, by incorporating staffing, facility, and operational costs into a per diem/per recipient rate based on an established level of care.

Administration Organization — An amendment to the State Plan is needed to update the organizational structure and functions within the Agency. The State Plan amendment is necessary to reflect current practice.

Insure Oklahoma Student Age Limit and Out-of-Pocket Expenses — The waiver amendment will include a revision to increase the annual out-of-pocket maximum expense from \$3,000 to \$5,000 per individual covered under the Employer-Sponsored Insurance (ESI) plan. The annual out-of-pocket expense excludes copays and pharmacy deductibles.

In addition to universities and colleges, technology centers will be added as covered entities for student enrollment, as well as an extension of the age of full-time students from twenty-two (22) years of age to twenty-six (26) years of age for members who are covered under the Insure Oklahoma Premium Assistance programs.

Waiver Revisions for Health Management Program (HMP) — The proposed revisions were presented at the September 4, 2018 Tribal consultation and are included on this Tribal consultation agenda for documentation to be provided to the Centers for Medicare and Medicaid Services (CMS). An amendment is needed for the 1115(a) waiver for the 2019-2021 period. OHCA will ask the CMS to revise the waiver special terms and conditions effective July 1, 2019, to reflect a more current description of the HMP and its services. The HMP was developed in response to a state mandate found at 56 O.S. 1011.6, seeks to improve the quality of care, and reduce cost of care for SoonerCare members with chronic conditions. The “Health Management Program Defined” section will be updated to provide for more options for data analytics than the current reference to HMP predictive modeling software. In addition, the HMP “Services” section will be revised to focus more broadly on interventions used in HMP and remove limitations that refer to settings, and to allow for new approaches in practice facilitation to address emerging health trends. 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 diagnoses, goals, and progress achieved.

TRIBAL CONSULTATION MEETING
SIGN IN SHEET
JANUARY 8, 2019
11:00AM
BOARD ROOM
4345 N. LINCOLN BLVD.
OKLAHOMA CITY, OK 73105

NAME	ORGANIZATION	EMAIL
Kassie Wren	OHCA	[REDACTED]
Monika Lutz	OHCA	[REDACTED]
Dell Agnew	OHCA	[REDACTED]
Martene Asmusen	OHCA	[REDACTED]
Leon Bragg	OHCA	[REDACTED]
Karen Beam	OHCA	[REDACTED]
Katelyn Burns	OHCA	[REDACTED]
Judith Ursitti	Autism Speaks	[REDACTED]

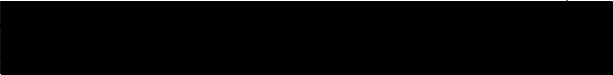

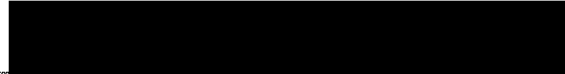
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NAME	ORGANIZATION	EMAIL
Yvonne Myers	CPN	[REDACTED]
Phillip S. Ellis	AST	[REDACTED]
Victor Flory	AST	[REDACTED]
Brian Wren	Choctaw Nation	[REDACTED]
Carolyn Reyno-Stuffin	OHCA	[REDACTED]
Tawanna Edwards	"	[REDACTED]
Arnie Merick	OHCA	[REDACTED]
LeKenya Antwine	OHCA	[REDACTED]
B.J. Boyd	Chickasaw Nation	[REDACTED]
Melanie Lawrence	OHCA	[REDACTED]
Melissa Stangeland	OHCA	[REDACTED]

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NAME	ORGANIZATION	EMAIL
Patrick Scheele	OHCA	
Jimmy Witcosky	OHCA	
Kyle Janzen	OHCA	
Dorie Lobitto	OHCA	
Casper John	OHCA	
Sandra Tate	OHCA	
Weston Glenn	OHCA	
Harvey Reynolds	OHCA	
Kelly Roberts	Chickasaw Natl	
Braden Mitchell	OHCA	

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NAME	ORGANIZATION	EMAIL
Shantae Atkins	OHCA	
Catina Baker	OHCA	
DANA NOTHRUP	OHCA	
Kevin Rupp	OHCA	
Mary Triplett	OHCA	
Tara Hood	parent	
Melinda Thomason	OHCA	
Leri Kohn	OHCA	
Kenny McSwain	OHCA	
Janisha Hooks	OHCA	
Susan Eads	OHCA	

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NAME	ORGANIZATION	EMAIL
Andrew Carr	OHCA	[REDACTED]
Shanda [unclear]	"	[REDACTED]
Kevin Clagy	OJH	[REDACTED]
Kevin Huddasik	DHS	[REDACTED]
Johnna James	ODMHSAS	[REDACTED]
Alyssa Campbell	Absentee Shawnee Tribal Health System	[REDACTED]
Jenniter Harmon	Absentee Shawnee	[REDACTED]
Rhonda [unclear]	Chickasaw Nation	[REDACTED]
Alex Smith	Southern Plains Tribal Health Board	[REDACTED]
Kim Hulston	OHCA	[REDACTED]
Bria [unclear]	OHCA	[REDACTED]

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NAME	ORGANIZATION	EMAIL
Ashley Johnson	OHCA	[REDACTED]
Stephanie Mavredes	OHCA	[REDACTED]
Sasha Teel	OHCA	[REDACTED]
Lindsey Bateman	OHCA	[REDACTED]
May Ann Martin	OHCA	[REDACTED]
Mike Fernando	OHCA	[REDACTED]
Teneisha Washington	OHCA	[REDACTED]
Johnathon Worth	Cherokee Nation	[REDACTED]
Sandra Vaughn	Absentee Shawnee Tribal Health	[REDACTED]
Wywona Coon	Absentee Shawnee	[REDACTED]
Mark Rogees	" " Health	[REDACTED]



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, January 8th
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

<p><u>Tribal Partners: Onsite</u></p> <ul style="list-style-type: none">• Brian Wren – Choctaw Nation• Yvonne Myers – Citizen Potawatomi Nation• Phillip Ellis – Absentee Shawnee Tribe• Victor Flores – Absentee Shawnee Tribe• B.J. Boyd – Chickasaw Nation• Kelly Roberts – Chickasaw Nation• Alyssa Campbell – Absentee Shawnee Tribal Health System• Jennifer Harmon – Absentee Shawnee• Rhonda Harjo – Chickasaw Nation• Tenesha Washington – OKC Indian Clinic• Johnnathen Worth – Cherokee Nation• Sandra Vaughn – Absentee Shawnee Tribal Health• Wynona Coon – Absentee Shawnee• Mark Rogers - Absentee Shawnee Tribal Health• Alex Smith – Southern Plains Tribal Health Board <p><u>Other Partners: Onsite</u></p> <ul style="list-style-type: none">• Judith Ursitti – Autism Speaks• Tara Hood – Parent• Kevin Clagg – OJA• Johnna James – ODMHSAS• Kevin Haddock - OKDHS	<p><u>Tribal Partners: On the phone</u></p> <ul style="list-style-type: none">• Pamela Heap of Birds• Connie Bottaro – Absentee Shawnee Tribe• Melanie Fourkiller – Choctaw Nation• Sheri Brown – Sac & Fox Nation• Valarie Hair – Absentee Shawnee Tribe• Robin Parker – OKC Indian Clinic• Robert Coffey – Iowa Nation• Bobbie Moran - OKC Indian Clinic• Jennifer Wofford – Northeastern Tribal Health System• Amy Eden – Muscogee (Creek) Nation• Karen Massey - Choctaw Nation
<p><u>OHCA: Onsite</u></p> <ul style="list-style-type: none">• Dana Miller• Johnney Johnson• Lucinda Gumm• Janet Dewberry-Byas• Stephanie Mavredes• Kasie Wren• Monika Lutz• Della Gregg• Marlene Asmussen	<p><u>OHCA: Phone</u></p> <ul style="list-style-type: none">• Bryan Younger <p><u>OHCA: Onsite Continued,</u></p> <ul style="list-style-type: none">• Patrick Schlecht• Jimmy Witcosky• Kyle Janzen• Gloria LaFitte• Carmen Johnson• Sandra Tate

<ul style="list-style-type: none"> • Leon Bragg • Karen Beam • Katelynn Burns • Carolyn Reconnu-Shoffner • Tewanna Edwards • Aimee Hacker • LeKenya Antwine • Melanie Lawrence • Melissa Stangeland • Katlynn Burns • Susan Eads • Andrea Carr • Breanna Russell • Lindsey Bateman • Mike Herndon 	<ul style="list-style-type: none"> • Weston Glenn • Harvey Reynolds • Branden Mitchell • Shantice Atkins • Catina Baker • Dana Northrup • Kevin Rupe • Mary Triplet • Melinda Thomason • Lori Kann • Kimrey McGinnis • Tanesha Hooks • Kimberely Helton • Ashley Johnson • Sasha Teel • MaryAnn Martin
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- **Member:** Is there a place that we can go to research what those criteria are? I did not get a chance to research those before the meeting.
Sasha: They will be outline in the rules that will be posted next week.
Member: Is this for the general SoonerCare population?
Sasha: No, this is just for the ABD SoonerCare population.

Application Fees and Provider Screening — The proposed revisions to the general provider policies will establish application fees required by Federal law for providers enrolling or re-enrolling in Medicaid. Providers who do not have to pay the application fee are: individual practitioners; providers who paid the fee to Medicare; and providers who paid the fee to another State Medicaid agency. Revisions also outline provider screening and enrollment requirements designed to help prevent Medicaid provider fraud, waste, or abuse. Provider screening requirements are outlined according to three categorical screening

levels: limited-risk; moderate-risk; and high-risk. Examples of screening requirements are licensure verification, on-site visits, and fingerprint-based background checks.

- **Member:** In the past we have had some problems with application fees for the providers, so we just want to clarify. So as I/T/U or Tribal, we don't have to pay any of the application fees because we already paid that to Medicare?
- **Amy:** Correct, if you have already paid CMS for that fee, it will cover this as well.

Timeframe for Appeals — The proposed revisions will extend the length of time that a member or provider has to request an appeal of an adverse agency action, from twenty (20) days to thirty (30) days. Additionally, the revisions add Supplemental Hospital Offset Payment Program (SHOPP) appeals to the list of other grievance procedures and processes.

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- **Member:** So you're not talking about any kind of behavioral therapy. You are only talking about medication kinds of therapies?

Jennifer: It is just for physician services, not for outpatient services.

General Policy Language Cleanup — The proposed revisions to Chapter 30 will eliminate references to sections that have been revoked. The sections were revoked in past rulemaking sessions; however, language, in other parts of the Chapter, referring to these sections were inadvertently missed. Further revisions will correct misspelled words and grammatical mistakes for better flow and understanding.

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the American Academy of Pediatrics' Bright Futures periodicity schedule in relation to maternal depression screenings. Additionally, the proposed revisions will update the child abuse section to provide a more thorough explanation of how to report child abuse including clarifying text and updating outdated citations.

- **Sasha:** This is now allowing at a well child visit, for the provider to include in the maternal depression screening for the mother, the bright futures schedule allows that and they do that by age, so whatever age they have on there is when the provider can bill for that.

Member: So is this a separate billable service?

Sasha: It is an included service in the well-child service, but they get a reimbursement of, Jimmy is it five dollars?

Jimmy: I believe it is.

Sasha: Ok, it is five dollars as an incentive to do the screening, to make sure we are actually meeting the mother's needs.

Member: So nothing goes in to the maternal record?

Sasha: Yea, it is basically just to screen them and find out and offer them community resources if the mother is not eligible for SoonerCare, so we are using the child to get the resources and help they need.

Member: Is there going to be a stipulation on which screening tool has to be used or is it up to the provider which screening tool to use?

Sasha: I believe we ended up leaving it up to the providers.

Dana: If you do have a preference, be sure and put it in the comments so we can take that under advisement and submit that to CMS as well. I also just want to point out that since this is part of a well-child visit, since I/T/Us bill under the OMB rate it would be included in that medical visit.

Mobile Dental Services — The proposed revisions will add coverage and reimbursement for preventive dental services received through a mobile dental clinic. Additionally, revisions will delineate mobile dental clinic provider participation requirements pursuant to the State Dental Act, while also defining coverage and limitations for preventive dental services, basic consent form requirements, and medical records requirements.

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- **Member:** Do you have an estimated time of when those rules might finally be drafted?
Sasha: We have some draft rules and a meeting next week. We are hoping that around May or June time frame. We can make sure Dana sends out something because we know this is something people have been waiting for.
Dana: Once the full text is posted online, we will send out a link to our partners to look it over.
Member: I think I speak for a lot of people, but I want to say thank you. We are so grateful and this is a big deal.

Diabetes Self-Management Training (DSMT) — The proposed revisions will add new language establishing coverage and reimbursement for DSMT, an educational disease management benefit designed to teach individuals how to better manage and control their diabetes. The proposed revisions will define member eligibility for DSMT services, provider participation requirements, and program coverage and limitations. Lastly, the proposed revisions will establish reimbursement methodology and applicable rates for DSMT services.

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- **Member:** So how do you see this working? What are the steps to ensure eligibility back 90 days. Mainly looking for the process.
Derek: The process has not technically been designed at this point but I would expect it to be a manual process. The member would have to contact the agency with the proper documentation to show they should have been eligible during that time.

Provider Directory for Members — The proposed revisions establish the development and use of a member-friendly provider directory. The directory will be available to members as well as providers and will include, but not limited to, the following search options: provider's name or NPI, provider type/specialty, PCP providers, behavioral health/substance abuse providers, providers by program (SoonerCare/Insure Oklahoma), zip code, physician gender, language of provider, and whether the physician or provider is accepting new patients. The directory will be updated every seven (7) days to ensure accurate, up-to-date information is provided, and will be accessible through mobile devices, tablets, etc. This change is pursuant to the 21st Century Cures Act (Cures Act).

- **Member:** So how will the I/T/Us be listed as you see right now?
Mary: I/T/Us will be listed how they currently are in the new directory.
Member: So it will not have our certain Tribal name?
Mary: No, and currently online we only separate by I/T/Us.
Amy: It will be separated to Indian Health Services, Tribal Outpatient Clinic, etc.

Limitation of Outpatient Laboratory, X-Ray, and Select Machine Testing Services for Adults— The proposed revisions were presented to the January 2, 2018 Tribal Consultation but were tabled due to need for further guidance from CMS in order to clarify additional exclusions to the benefit limitation for outpatient laboratory, x-ray, and select machine testing services provided to adults on a fee-for-service basis. Revisions will include a cap on services per member per year; certain diagnoses will be exempt from this restriction, [to some high cost diagnostic testing (i.e., MRI, MRA, etc.)]. Further exclusions will include services provided to individuals under twenty-one (21) as well as services received through federally qualified health centers (FQHCs) and Indian Health Service, tribal government(s), or urban Indian health program (ITU) facilities. A process for authorizing additional claims will be used for individuals who meet medical necessity criteria demonstrating the need for additional services. Changes are needed to limit inappropriate billing of wellness panels and other preventive tests in accordance with section 1902 of The Social Security Act.

- **Dana:** I wanted to thank our tribal partners for their comments on this. How you are paid at the OMB rate, having you subject to that limit would have been a barrier, and that is something we did not know until you brought it to our attention.

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- No Comments

Residential Behavior Management Services (RBMS) — The Oklahoma Department of Human Services (DHS) and Oklahoma Office of Juvenile Affairs (OJA) propose revisions to coverage and reimbursement policy for Residential Behavior Management Services (RBMS) in group home settings. The proposed revisions will outline and clarify provider participation requirements, RBMS treatment components, establish new levels of care, and remove references to services provided in wilderness camps and Diagnostic and Evaluation (D&E) centers. Additional revisions will incorporate recent federal mandates, as applicable, related to licensure, accreditation, and nurse staffing requirements. Additionally, DHS and OJA propose replacing the existing payment structure for RBMS providers, established in March of 1998, by incorporating staffing, facility, and operational costs into a per diem/per recipient rate based on an established level of care.

- **Member:** My only question would be is this something operated only by DHS and OJA or do they currently have any tribes contracted to do services?

- **Kevin Haddock:** All of these are held by contract with DHS and OJA. However, DHS does place tribal children, through our tribal and state agreements, in foster care but these are typically in custody of DHS or OJA.

Administration Organization — An amendment to the State Plan is needed to update the organizational structure and functions within the Agency. The State Plan amendment is necessary to reflect current practice.

- No Comments

Insure Oklahoma Student Age Limit and Out-of-Pocket Expenses — The waiver amendment will include a revision to increase the annual out-of-pocket maximum expense from \$3,000 to \$5,000 per individual covered under the Employer-Sponsored Insurance (ESI) plan. The annual out-of-pocket expense excludes copays and pharmacy deductibles.

In addition to universities and colleges, technology centers will be added as covered entities for student enrollment, as well as an extension of the age of full-time students from twenty-two (22) years of age to twenty-six (26) years of age for members who are covered under the Insure Oklahoma Premium Assistance programs.

- No Comments

Waiver Revisions for Health Management Program (HMP) – The proposed revisions were presented at the September 4, 2018 Tribal consultation and are included on this Tribal consultation agenda for documentation to be provided to the Centers for Medicare and Medicaid Services (CMS). An amendment is needed for the 1115(a) waiver for the 2019-2021 period. OHCA will ask the CMS to revise the waiver special terms and conditions effective July 1, 2019, to reflect a more current description of the HMP and its services. The HMP was developed in response to a state mandate found at 56 O.S. 1011.6, seeks to improve the quality of care, and reduce cost of care for SoonerCare members with chronic conditions. The “Health Management Program Defined” section will be updated to provide for more options for data analytics than the current reference to HMP predictive modeling software. In addition, the HMP “Services” section will be revised to focus more broadly on interventions used in HMP and remove limitations that refer to settings, and to allow for new approaches in practice facilitation to address emerging health trends. 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 diagnoses, goals, and progress achieved.

- No Comments

3. Other Business and Project Updates:

- Hope Act update- Derek Lieser, Enrollment Automation & Data Integrity Director
- Community Engagement (Medicaid Work Requirements) update-MaryAnn Martin, Senior Director of Communications
- TMAM Contract update- Kimberely Helton, Professional Services Contract Manager
- Agency View Contract update-Kimberely Helton, Professional Services Contract Manager
- Sponsors Choice update- 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, March 5th , 2019

Attachment 7. January 23, 2019 Public Website Blog Posting

The screenshot shows a web browser window with the URL <http://okhca.org/banners.aspx> and a tab titled "OHCA - Banner List". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help".

The website header features the "Oklahoma HealthCare Authority" logo on the left and a navigation menu on the right with links for "about us", "individuals", "providers", "research", "policy", "contact us", and "search".

A left-hand sidebar is titled "About Us" and contains two main sections: "Research" and "About Us". The "About Us" section is expanded, showing a list of sub-links: "Boards", "Calendar", "Contact Us", "Jobs", "News Releases", "Procurement", and "Publications".

The main content area has a breadcrumb trail "Home > About Us" and a section titled "Comment". Below this, a large banner reads "PROVIDE FEEDBACK" in bold black text, followed by "Health Management Program" in blue text, and "Jan. 23 - Feb. 22 | [Click here](#)" in blue text.

Waiver Projects Currently Undergoing Application, Renewal, or Amendment

[1115\(a\) Waiver Projects Currently Undergoing Application and Amendment 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 1115(a) 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 1115(a) 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

September 4, 2018 11:00 a.m.
Tribal Consultation
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

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

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

January 8, 2019 11:00 a.m.
Tribal Consultation
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, Oklahoma

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\(a\) 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(a) Demonstration Waiver (PDF, new window)

[1115\(a\) Demonstration Health Management Program 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: Kasie Wren

Public Notice

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

[1115\(a\) Demonstration Health Management Program Waiver Amendment](#)

- View comments that others have submitted (see link below). [Policy Change Blog](#)
- Public comments may be submitted until midnight on Tuesday, October 30, 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(a) Demonstration waiver and to hold public hearings to receive comments on the amendments to the Demonstration.

With this amendment request, the OHCA seeks approval of the following modifications to the demonstration for the 2018-2023 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 found at Oklahoma Statute Title 56, Section 1011.6, which seeks to improve the quality of care and reduce cost of care for SoonerCare members with chronic conditions.

The “Health Management Program Defined” section will be revised to provide more options for data analytics beyond the current HMP predictive modeling software. The additional data sources include, but are not limited to, the Medicaid Management Information System (MMIS) claims, Health Information Exchange, provider referral and other sources.

In addition, the HMP “Services” section will be revised to focus more broadly on interventions used in HMP and remove limitations that refer to settings, and to allow for new approaches in practice facilitation to address emerging health trends. These interventions include but are not limited to health coaching, practice facilitation, health navigation, performance improvement projects and assistance with transitions of care.

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 diagnoses, goals and progress achieved.

The state proposes a modest increase in funding for HMP. For the six months of 2019 impacted by the waiver amendment, the state proposes an increase of \$2 million over current funding. Calendar Year 2020 is projected with an additional \$4 million in expenditures, and successive years are increased by 3.8 percent for growth and utilization as in the currently approved waiver.

Waiver List - The state is not seeking to change the waiver list.

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.

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

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS										
			CY18		CY19	CY20	CY21	CY22	CY23	
ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 23	TREND RATE 2	DEMONSTRATION YEARS (DY)			DY 27	DY 28	TOTAL WOW
					DY 24	DY 25	DY 26			
Medicaid Pop 1-TANF Urban										
Pop Type:	Medicaid									
Eligible Member Months	2.8%	12	4,287,944	2.8%	4,406,291	4,527,904	4,652,875	4,781,294	4,913,258	
PMPM Cost	3.8%	12	\$ 396.34	3.8%	\$ 411.40	\$ 427.03	\$ 443.26	\$ 460.10	\$ 477.58	
Total Expenditure			\$1,699,490,012		\$ 1,812,748,049	\$ 1,933,551,042	\$ 2,062,433,205	\$ 2,199,873,352	\$ 2,346,473,601	\$ 10,355,079,249
Medicaid Pop 2-TANF Rural										
Pop Type:	Medicaid									
Eligible Member Months	1.7%	12	2,853,394	1.7%	2,902,758	2,952,976	3,004,062	3,056,032	3,108,901.80	
PMPM Cost	3.8%	12	\$ 402.00	3.8%	\$ 417.27	\$ 433.13	\$ 449.59	\$ 466.67	\$ 484.40	
Total Expenditure			\$1,147,059,558		\$ 1,211,233,818	\$ 1,279,022,358	\$ 1,350,596,308	\$ 1,426,158,658	\$ 1,505,952,032	\$ 6,772,963,173
Medicaid Pop 3-ABD Urban										
Pop Type:	Medicaid									
Eligible Member Months	-0.7%	12	348,475	-0.7%	346,175	343,890	341,620	339,366	337,125.92	
PMPM Cost	3.6%	12	\$ 1,369.89	3.6%	\$ 1,419.21	\$ 1,470.30	\$ 1,523.23	\$ 1,578.07	\$ 1,634.88	
Total Expenditure			\$477,372,344.96		\$ 491,294,818	\$ 505,621,617	\$ 520,366,484	\$ 535,542,882	\$ 551,160,422	\$ 2,603,986,224
Medicaid Pop 4-ABD Rural										
Pop Type:	Medicaid									
Eligible Member Months	-0.6%	12	282,047	-0.6%	280,299	278,561	276,834	275,117	273,411.68	
PMPM Cost	3.6%	12	\$ 1,093.79	3.6%	\$ 1,133.16	\$ 1,173.95	\$ 1,216.21	\$ 1,259.99	\$ 1,305.35	
Total Expenditure			\$7,897,327		\$ 317,623,282	\$ 327,016,515	\$ 336,688,008	\$ 346,645,182	\$ 356,897,936	\$ 1,684,870,922

Hypo 1									
Pop Type:	Hypothetical								
Eligible Member Months									
PMPM Cost									
Total Expenditure					\$ -	\$ -	\$ -		\$ -
Hypo 2									
Pop Type:	Hypothetical								
Eligible Member Months									
PMPM Cost									
Total Expenditure					\$ -	\$ -	\$ -		\$ -

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

ELIGIBILITY GROUP	CY18	DEMO TREND RATE	DEMONSTRATION YEARS (DY)				CY22	CY23	TOTAL WW
	DY 23		DY 24	DY 25	DY 26	DY 27	DY 28		
Medicaid Pop 1-TANF Urban									
Pop Type:	Medicaid								
Eligible Member									
Months	4,287,944	2.8%	4,404,411	4,524,611	4,649,491	4,777,817	4,909,684		
PMPM Cost	\$ 220.25	3.8%	\$ 228.62	\$ 237.31	\$ 246.32	\$ 255.68	\$ 265.40		
Total Expenditure	\$944,412,257		\$ 1,006,926,542	\$ 1,073,713,815	\$ 1,145,275,552	\$ 1,221,606,793	\$ 1,303,025,420	\$ 5,750,548,122	
Medicaid Pop 2-TANF Rural									
Pop Type:	Medicaid								
Eligible Member									
Months	2,853,394	1.7%	2,901,520	2,950,828	3,001,877	3,053,810	3,106,641		
PMPM Cost	\$ 230.48	3.8%	\$ 239.24	\$ 248.33	\$ 257.76	\$ 267.56	\$ 277.73		
Total Expenditure	\$657,643,918		\$ 694,147,766	\$ 732,769,917	\$ 773,773,817	\$ 817,072,188	\$ 862,793,423	\$ 3,880,557,111	
Medicaid Pop 3-ABD Urban									
Pop Type:	Medicaid								
Eligible Member									
Months	348,475	-0.6%	346,175	343,890	341,620	339,366	337,126		
PMPM Cost	\$ 1,232.88	3.6%	\$ 1,277.26	\$ 1,323.24	\$ 1,370.88	\$ 1,420.23	\$ 1,471.36		
Total Expenditure	\$429,626,184		\$ 442,155,115	\$ 455,049,419	\$ 468,319,752	\$ 481,977,080	\$ 496,032,689	\$ 2,343,534,055	
Medicaid Pop 4-ABD Rural									
Pop Type:	Medicaid								
Eligible Member									
Months	282,047	-0.6%	280,299	278,561	276,834	275,117	273,412		
PMPM Cost	\$ 1,101.40	3.6%	\$ 1,141.05	\$ 1,182.13	\$ 1,224.68	\$ 1,268.77	\$ 1,314.45		
Total Expenditure	\$310,646,343		\$ 319,834,268	\$ 329,293,942	\$ 339,033,403	\$ 349,060,926	\$ 359,385,031	\$ 1,696,607,569	
Exp Pop 1-NDWA-ESI									
Pop Type:	Expansion								
Eligible Member									
Months	178,025	2.5%	182,435	186,954	191,586	196,332	201,196		
PMPM Cost	\$ 341.13	3.80%	\$ 354.10	\$ 367.55	\$ 381.52	\$ 396.02	\$ 411.07		
Total Expenditure	\$60,730,211		\$ 64,599,598	\$ 68,715,521	\$ 73,093,687	\$ 77,750,805	\$ 82,704,648	\$ 366,864,258	
Exp Pop 2-TEFRA									
Pop Type:	Expansion								
Eligible Member									
Months	7,874	7.6%	8,475	9,122	9,819	10,569	11,376		
PMPM Cost	\$ 802.87	3.60%	\$ 831.77	\$ 861.71	\$ 892.74	\$ 924.87	\$ 958.17		
Total Expenditure	\$6,321,478.94		\$ 7,049,194	\$ 7,860,683	\$ 8,765,588	\$ 9,774,664	\$ 10,899,903	\$ 44,350,033	

Exp Pop 3-College-ESI										
Pop Type:		Expansion								
Eligible Member										
Months	1,380	2.2%	1,410	1,441	1,472	1,504	1,537			
PMPM Cost	\$ 258.77	3.80%	\$ 268.60	\$ 278.81	\$ 289.41	\$ 300.40	\$ 311.82			
Total Expenditure	\$357,202		\$ 378,839	\$ 401,786	\$ 426,123	\$ 451,935	\$ 479,309	\$ 2,137,992		
Exp Pop 4-NDWA-IP										
Pop Type:		Expansion								
Eligible Member										
Months	61,938	5.5%	65,317	68,880	72,637	76,600	80,779			
PMPM Cost	\$ 580.12	3.80%	\$ 602.16	\$ 625.04	\$ 648.79	\$ 673.45	\$ 699.04			
Total Expenditure	\$35,931,196		\$ 39,331,164	\$ 43,052,852	\$ 47,126,702	\$ 51,586,039	\$ 56,467,337	\$ 237,564,094		
Exp Pop 5-College-IP										
Pop Type:		Expansion								
Eligible Member										
Months	2,263	-0.4%	2,255	2,246	2,238	2,229	2,221			
PMPM Cost	\$ 180.60	3.80%	\$ 187.46	\$ 194.58	\$ 201.98	\$ 209.65	\$ 217.62			
Total Expenditure	\$408,763		\$ 422,691	\$ 437,095	\$ 451,989	\$ 467,391	\$ 483,317	\$ 2,262,483		
Exp Pop 6-HAN										
Pop Type:		Expansion								
Eligible Member										
Months	1,799,754	2.8%	1,849,427	1,900,471	1,952,924	2,006,825	2,062,214			
PMPM Cost	\$ 5.00	0.00%	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00			
Total Expenditure	\$8,998,770		\$ 9,247,136	\$ 9,502,357	\$ 9,764,622	\$ 10,034,126	\$ 10,311,068	\$ 48,859,310		
Exp Pop 7-HMP										
Pop Type:		Expansion								
Eligible Member										
Months	7,771,860	<i>Sum of Traditional MEGs</i>	7,932,405	8,097,890	8,269,822	8,446,110	8,626,863			
PMPM Cost	\$ 1.48	3.80%	\$ 1.54	\$ 1.60	\$ 1.66	\$ 1.72	\$ 1.79			
Total Expenditure	\$ 11,528,394		\$ 12,213,667	\$ 12,942,270	\$ 13,719,304	\$ 14,544,204	\$ 15,419,969	\$ 68,839,414		

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

Note: Savings Carryforward is in a separate tab

Without-Waiver Total Expenditures

	CY18	CY19	CY20	CY21	CY22	CY23	TOTAL
	DEMONSTRATION YEARS (DY)						
	DY 23	DY 24	DY 25	DY 26	DY 27	DY 28	
Medicaid Populations							
Medicaid Pop 1-TANF Urban	\$1,699,490,012	\$ 1,812,748,049	\$ 1,933,551,042	\$ 2,062,433,205	\$ 2,199,873,352	\$ 2,346,473,601	\$ 12,054,569,261
Medicaid Pop 2-TANF Rural	\$1,147,059,558	\$ 1,211,233,818	\$ 1,279,022,358	\$ 1,350,596,308	\$ 1,426,158,658	\$ 1,505,952,032	\$ 7,920,022,731
Medicaid Pop 3-ABD Urban	\$477,372,345	\$ 491,294,818	\$ 505,621,617	\$ 520,366,484	\$ 535,542,882	\$ 551,160,422	\$ 3,081,358,569
Medicaid Pop 4-ABD Rural	\$7,897,327	\$ 317,623,282	\$ 327,016,515	\$ 336,688,008	\$ 346,645,182	\$ 356,897,936	\$ 1,692,768,250
DSH Allotment Diverted		\$ -	\$ -	\$ -			\$ -
Other WOW Categories							
Category 1							\$ -
Category 2							\$ -
TOTAL	\$3,331,819,242	\$ 3,832,899,967	\$ 4,045,211,532	\$ 4,270,084,005	\$ 4,508,220,074	\$ 4,760,483,991	\$ 24,748,718,810

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)						TOTAL
	DY 23	DY 24	DY 25	DY 26	DY 27	DY 28	
Medicaid Populations							
Medicaid Pop 1-TANF Urban	\$944,412,257	\$ 1,006,926,542	\$ 1,073,713,815	\$ 1,145,275,552	\$ 1,221,606,793	\$ 1,303,025,420	\$ 6,694,960,379
Medicaid Pop 2-TANF Rural	\$657,643,918	\$ 694,147,766	\$ 732,769,917	\$ 773,773,817	\$ 817,072,188	\$ 862,793,423	\$ 4,538,201,029
Medicaid Pop 3-ABD Urban	\$429,626,184	\$ 442,155,115	\$ 455,049,419	\$ 468,319,752	\$ 481,977,080	\$ 496,032,689	\$ 2,773,160,239
Medicaid Pop 4-ABD Rural	\$310,646,343	\$ 319,834,268	\$ 329,293,942	\$ 339,033,403	\$ 349,060,926	\$ 359,385,031	\$ 2,007,253,912
Expansion Populations							
Exp Pop 1-NDWA-ESI	\$60,730,211	\$ 64,599,598	\$ 68,715,521	\$ 73,093,687	\$ 77,750,805	\$ 82,704,648	\$ 427,594,469
Exp Pop 2-TEFRA	\$6,321,479	\$ 7,049,194	\$ 7,860,683	\$ 8,765,588	\$ 9,774,664	\$ 10,899,903	\$ 50,671,512
Exp Pop 3-College-ESI	\$357,202	\$ 378,839	\$ 401,786	\$ 426,123	\$ 451,935	\$ 479,309	\$ 2,495,195
Exp Pop 4-NDWA-IP	\$35,931,196	\$ 39,331,164	\$ 43,052,852	\$ 47,126,702	\$ 51,586,039	\$ 56,467,337	\$ 273,495,290
Exp Pop 5-College-IP	\$408,763	\$ 422,691	\$ 437,095	\$ 451,989	\$ 467,391	\$ 483,317	\$ 2,671,246
Exp Pop 6-HAN	\$8,998,770	\$ 9,247,136	\$ 9,502,357	\$ 9,764,622	\$ 10,034,126	\$ 10,311,068	\$ 57,858,080
Exp Pop 7-HMP	\$11,528,394	\$ 12,213,667	\$ 12,942,270	\$ 13,719,304	\$ 14,544,204	\$ 15,419,969	\$ 80,367,808
Medical Education Program	\$46,207,095	\$ 69,310,642					
TOTAL	\$2,512,811,812	\$ 2,665,616,623	\$ 2,733,739,656	\$ 2,879,750,540	\$ 3,034,326,151	\$ 3,198,002,114	\$ 17,024,246,896
VARIANCE	\$819,007,429	\$ 1,167,283,344	\$ 1,311,471,875	\$ 1,390,333,465	\$ 1,473,893,924	\$ 1,562,481,877	\$ 7,724,471,914
Savings Carryforward	\$204,751,857.31	\$ 291,820,836.06	\$ 327,867,968.78	\$ 347,583,366.29	\$ 368,473,480.97	\$ 390,620,469.14	\$1,931,117,978.56

HYPOTHETICALS ANALYSIS							
Without-Waiver Total Expenditures	DEMONSTRATION YEARS (DY)						TOTAL
	DY 01	DY 02	DY 03				
	Hypo 1	\$ -	\$ -	\$ -			
Hypo 2	\$ -	\$ -	\$ -				\$ -
TOTAL	\$ -	\$ -	\$ -				\$ -
With-Waiver Total Expenditures	DEMONSTRATION YEARS (DY)						TOTAL
	DY 01	DY 02	DY 03				
	Hypo 1	\$ -	\$ -	\$ -			
Hypo 2	\$ -	\$ -	\$ -				\$ -
TOTAL	\$ -	\$ -	\$ -				\$ -
HYPOTHETICALS VARIANCE	\$ -	\$ -	\$ -				\$ -

Prior Period Savings Carryforward	
CY 2013	\$411,141,706
CY 2014	\$629,923,609
CY 2015	\$807,662,207
CY 2016	\$973,362,470
CY 2017	\$1,027,928,066
Total Prior Period Savings Carryforward	\$3,850,018,059
Cumulative Total Savings Carryforward	\$5,781,136,037.64

Community Engagement Impact Estimate

The estimated impact of community engagement on program enrollment is based on early findings for the Arkansas model. The following data was reported by the Arkansas Department of Human Services in January, 2019:

Reporting Period	Total Cases	Closures Due to Not
Aug-18	60,012	4,353
Sep-18	73,266	4,109
Oct-18	69,041	3,815
Nov-18	64,743	4,655
Dec-18	60,680	1,232

Average Number of Cases	65,548
Total Closures	18,164
Closure Rate (Annual)	27.7%
Closure Rate (prorated for three	20.8%

Oklahoma applied the historical Arkansas closure rate of 27.7 percent, adjusted by .75 to reflect a partial year (April - December, 2019)

Oklahoma notes that the Arkansas closure rate is declining month-over-month and likely will continue to decline after its implementation period; Oklahoma therefore applied a lower closure rate of 15 percent for the subsequent year.

Oklahoma estimates that 15,000 members will be subject to community engagement requirements. (Information on calculation of this estimate is available upon request.)

The projected impact of community engagement requirements is provided in the table below.

	Without Waiver	Percent Distribution	Cases Subject to	Closure Rate	Enrollment Impact
DY 24 (CY 2019)					
TANF - Urban	4,406,291	60.3%	9,043	20.8%	1,879
TANF - Rural	2,902,758	39.7%	5,957	20.8%	1,238
Total	7,309,049	100.0%	15,000	20.8%	3,117
DY 25 (CY 2020)					
TANF - Urban	4,527,904	60.5%	9,079	15%	1,362
TANF - Rural	2,952,976	39.5%	5,921	15%	888
Total	7,480,880	100.0%	15,000	15%	2,250

Oklahoma adjusted the TANF-Urban and TANF-Rural enrollment projections in the "With Waiver" tab to reflect the enrollment impact provided in the table above.

Attachment 10. Standard CMS Financial Management Questions

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, the vendor receives and retains 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 contract payments to the vendor is funded through 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 appropriations from the legislature.
 - 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.
Not applicable.
 - d. Please provide an estimate of total expenditure and state share amounts for each type of Medicaid payment.

Type	Total	NFS
Contract Payments	\$15,000,000	\$5,097,000

- 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.
Not applicable.

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:
Not applicable.
- ii. The operational nature of the entity (state, county, city, other):
Not applicable.
- iii. The total amounts transferred or certified by each entity:
Not applicable.
- iv. Clarify whether the certifying or transferring entity has general taxing authority:
Not applicable.
- v. Whether the certifying or transferring entity receives appropriations (identify level of appropriations):
Not applicable.
- 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?
Not applicable.

Accessibility Report

Filename:

HMP Waiver Amendment Final.pdf

Report created by:

Organization:

[Enter personal and organization information through the Preferences > Identity dialog.]

Summary

The checker found no problems in this document.

- Needs manual check: 0
- Passed manually: 2
- Failed manually: 0
- Skipped: 0
- Passed: 30
- Failed: 0

Detailed Report

Document

Rule Name	Status	Description
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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