



OKLAHOMA

Health Care Authority

SoonerCare 1115(a) Research and Demonstration Waiver
Amendment Request

***Enrollment of Pregnant Women with Income between 134% &
185% FPL and AI/AN Members with IHS Creditable Coverage***

Project Number: 11-W00048/6

Submitted: March 8, 2023

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Section 1 Executive Summary

Demonstration Background

The Oklahoma Health Care Authority (OHCA) is the State's Single State Agency for Medicaid. The SoonerCare Demonstration has operated under Section 1115 waiver authority since 1996. The current Demonstration is approved for the period from November 1, 2019 through December 31, 2023.

On December 28, 2022, the OHCA submitted an application to the Centers for Medicare and Medicaid Services (CMS) to renew the SoonerCare Demonstration for another five years, to run from January 1, 2024 to December 31, 2028. The application requested an extension of the Demonstration with no revisions to the existing SoonerCare Special Terms and Conditions.

These amendments are being requested separately because the requested effective date differs from the renewal effective date.

Summary of Amendment Request

The OHCA seeks modifications to the SoonerCare 1115 Demonstration's Special Terms and Conditions upon CMS approval through December 31, 2028, to authorize the following program changes:

- Add Pregnant Women with incomes between 134 percent and 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL) under the Demonstration for the purpose of enrolling this Group in the SoonerCare fee-for-service Patient Centered Medical Home (PCMH) model;
- Extend the retroactive eligibility waiver exclusion for Pregnant Women with incomes up to 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL), from 60-days postpartum to 12-months postpartum;
- Add American Indian/Alaska Native (AI/AN) members with IHS creditable coverage under the Demonstration for the purpose of enrolling this Group on a voluntary basis in the SoonerCare Choice fee-for-service Patient Centered Medical Home (PCMH) model; and
- Exclude individuals enrolled in risk-based managed care from the Demonstration, unless they are subject to the waiver of retroactive eligibility.

Section 2 Demonstration Amendment Goals and Description

Demonstration Amendment Goals

The proposed amendment will allow the State to continue to advance its health system reform objectives for the covered populations, including:

- Provide each member with a medical home;
- Improve access to primary and preventive care services;
- Integrate IHS eligible beneficiaries and IHS and tribal providers into the SoonerCare delivery system;
- Optimize quality of care and associated health outcomes through effective care management; and
- Expand access to affordable health insurance for low income working adults and spouses not eligible for Medicaid.

Amendment Description

The OHCA seeks Demonstration authority to implement the following program changes:

- Add Pregnant Women with incomes between 134 percent and 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL) under the Demonstration for the purpose of enrolling this Group in the SoonerCare fee-for-service Patient Centered Medical Home (PCMH) model.
- Extend the retroactive eligibility waiver exclusion for Pregnant Women with incomes up to 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL), from 60-days postpartum to 12-months postpartum.
- Add American Indian/Alaska Native (AI/AN) members with IHS creditable coverage under the Demonstration for the purpose of enrolling this Group on a voluntary basis in the SoonerCare fee-for-service Patient Centered Medical Home (PCMH) model.
- Exclude individuals served within risk-based managed care delivery systems within the State who are not within the waiver of retroactive eligibility under this Demonstration.

These changes are described below.

SoonerCare Patient Centered Medical Home (PCMH) Model and Care Management Systems

The following coordinated care models currently operate under authority of the SoonerCare Demonstration:

- *Patient Centered Medical Home (PCMH)*: A statewide enhanced Primary Care Case Management (PCCM) model in which OHCA contracts directly with primary care providers to serve as PCMHs. PCMH providers are arrayed into three levels, or tiers, depending on the number of standards they agree to meet. OHCA pays monthly care management fees (in addition to regular fee-for-service payments) that increase at the higher tiers. Providers can also earn “SoonerExcel” quality incentives for meeting or exceeding various quality-of-care targets within an area of clinical focus selected by OHCA.
- *Health Access Network (HAN)*: Non-profit, administrative entities that work with affiliated providers to coordinate and improve the quality of care provided to members. The HANs employ care managers to provide telephonic and in-person care management and care coordination to members with complex health care needs who are enrolled with affiliated PCMH Providers. The HANs also work to establish new initiatives to address complex medical, social and behavioral health issues.
- *Health Management Program (HMP)*: The SoonerCare HMP is an initiative developed to offer care management to members most at-risk for chronic disease and other adverse health events. The program is administered by OHCA and is managed by a vendor selected through a competitive procurement. The SoonerCare HMP serves members Ages four through 63 who are not enrolled with a HAN and have one or more chronic illnesses and are at high risk for adverse outcomes and increased health care expenditures. The program is holistic, rather than disease specific, but prominent conditions of members in the program include asthma, cardiovascular disease, chronic obstructive pulmonary disorder, diabetes, heart failure and hypertension.

Inclusion of Pregnant Women up to 185% of FPL under the Demonstration

The State is expanding Medicaid eligibility for full-scope pregnancy benefits by increasing the income standard from 133% of the Federal Poverty Level (FPL) to 185% FPL, or 210% once converted to MAGI and applying the applicable MAGI disregards. Additionally, the proposed revisions will extend Medicaid postpartum coverage from 60 days to 12 months. This new postpartum coverage option was temporarily afforded through the American Rescue Plan Act of 2021 and was made permanent with the passing of the 2023 Consolidated Appropriations Act.

The State seeks authority to add these women under the Demonstration. The State also seeks to extend the retroactive eligibility waiver exclusion for these women from 60-days postpartum to 12-months postpartum.

Inclusion of American Indian/Alaska Native members with IHS Creditable Coverage under the Demonstration

The State seeks authority to add American Indian/Alaska Native (AI/AN) members with IHS creditable coverage under the Demonstration.

Beneficiary Impact

Eligibility Requirements and Benefit Coverage

The proposed amendment will expand Medicaid eligibility for full-scope pregnancy benefits by increasing the income standard from 133% of the Federal Poverty Level (FPL) to 185% FPL, or 210% once converted to MAGI and applying the applicable MAGI disregards. Additionally, the proposed revisions will extend Medicaid postpartum coverage from 60 days to 12 months.

Cost Sharing

The proposed amendment will have no impact on beneficiary cost sharing requirements.

Requested Waivers

The OHCA seeks to extend currently approved waivers and requests any additional waivers necessary, including:

Comparability Section 1902(a)(10)(B) and 1902(a)(17). To permit the State to offer a different benefit package to individuals enrolled in SoonerCare Choice.

Freedom of Choice Section 1902(a)(23)(A): To permit the State to restrict beneficiaries' freedom of choice of care management providers and to use selective contracting that limits freedom of choice of certain providers to the extent that the selective contracting is consistent with beneficiary access to quality services.

Retroactive Eligibility Section 1902(a)(34): To permit the State to waive retroactive eligibility for Demonstration participants, with the exception of pregnant women (and during the 12-month postpartum period beginning on the last day of pregnancy), children described in section 1902(l)(4) of the Act, the Tax Equity and Fiscal Responsibility Act (TEFRA) and Aged, Blind, and Disabled populations.

Conforming State Plan Amendment

The OHCA seeks authority to increase the income limit for pregnant women and expand postpartum coverage from 60 days to 12 months within the Title XIX State Plan. Amendments were submitted to CMS on December 30, 2022.

Requested Expenditure Authority

The OHCA does not believe any additional expenditure authorities are needed.

Reporting, Quality and Evaluation

The OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs and will collaborate with CMS to modify monitoring and evaluation activities as appropriate to address the program modifications described in this amendment request.

Quarterly and Annual Progress Reports

The OHCA will continue to prepare and submit quarterly and annual progress reports.

Demonstration Evaluation

Following approval of the SoonerCare renewal application and this amendment request, the OHCA will prepare and submit an Evaluation Design for CMS review and approval, in accordance with requirements and timelines specified by CMS.

The proposed design will include hypotheses related to evaluation of access, quality and cost effectiveness under the Demonstration. It will address populations covered under the Demonstration through a methodology that evaluates members receiving care coordination to a comparison group selected using a statistically valid matching methodology.

The proposed design also will include hypotheses related to waiving of retroactive eligibility for a portion of the SoonerCare population. The design will be in accordance with CMS recommendations for evaluation of retroactive eligibility waivers.

Section 3 Budget Neutrality

The requested amendment does not change the budget neutrality model submitted with the SoonerCare extension. The final allocation of expenditures between the 1115 Demonstration and the separate SoonerSelect 1915b waiver will be established in consultation with CMS.

The tables below present estimated enrollment (member months) and expenditures with and without the Demonstration. (The Adult expansion Group is included within TANF-urban and TANF-rural.)

Projected Enrollment (Member Months) and Expenditures: Without Waiver

Demonstration Year		29	30	31	32	33	Total
Calendar Year		2024	2025	2026	2027	2028	
Medicaid Per Capita							
	TANF-Urban						
	Total	\$ 2,393,503,043	\$ 2,586,863,435	\$ 2,795,844,546	\$ 3,021,708,305	\$ 3,265,818,586	\$ 14,063,737,916
	PMPM	\$ 500.50	\$ 524.53	\$ 549.71	\$ 576.09	\$ 603.74	
	Member Months	4,782,187	4,931,793	5,086,078	5,245,191	5,409,281	
TANF-Rural	Total	\$ 1,497,510,465	\$ 1,614,919,681	\$ 1,741,534,124	\$ 1,878,075,511	\$ 2,025,322,143	\$ 8,757,361,923
	PMPM	\$ 507.65	\$ 532.02	\$ 557.56	\$ 584.32	\$ 612.37	
	Member Months	\$ 2,949,881	\$ 3,035,458	\$ 3,123,518	\$ 3,214,133	\$ 3,307,376	
ABD-Urban	Total	\$ 629,089,430	\$ 669,840,151	\$ 713,230,595	\$ 759,431,755	\$ 808,625,702	\$ 3,580,217,634
	PMPM	\$ 1,713.35	\$ 1,795.60	\$ 1,881.78	\$ 1,972.11	\$ 2,066.77	
	Member Months	\$ 367,168	\$ 373,046	\$ 379,018	\$ 385,086	\$ 391,251	
ABD-Rural	Total	\$ 369,040,856	\$ 382,821,617	\$ 397,116,980	\$ 411,946,162	\$ 427,329,097	\$ 1,988,254,712
	PMPM	\$ 1,368.01	\$ 1,433.67	\$ 1,502.49	\$ 1,574.61	\$ 1,650.19	
	Member Months	\$ 269,765	\$ 267,022	\$ 264,306	\$ 261,618	\$ 258,958	
TOTAL		\$ 4,889,143,794	\$ 5,254,444,884	\$ 5,647,726,245	\$ 6,071,161,733	\$ 6,527,095,529	\$ 28,389,572,185

Projected Expenditures: With Waiver

Demonstration Year		29	30	31	32	33	Total
Calendar Year		2024	2025	2026	2027	2028	
Medicaid Per Capita							
	TANF-Urban	\$ 1,292,854,506	\$ 1,397,298,431	\$ 1,510,179,914	\$ 1,632,180,585	\$ 1,764,037,145	\$ 7,596,550,582
	TANF-Rural	\$ 822,355,956	\$ 846,553,087	\$ 987,533,902	\$ 1,170,635,016	\$ 1,028,717,828	\$ 4,855,795,788
	ABD-Urban	\$ 556,862,616	\$ 592,934,679	\$ 631,343,393	\$ 672,240,120	\$ 715,786,027	\$ 3,169,166,835
	ABD-Rural	\$ 423,015,978	\$ 438,812,283	\$ 455,198,456	\$ 472,196,522	\$ 489,829,332	\$ 2,279,052,571
Medicaid Aggregate - WW only							
	Non-Disabled Working Adults ESI	\$ 46,129,945	\$ 48,425,186	\$ 50,834,629	\$ 53,363,957	\$ 56,019,133	\$ 254,772,851
	TEFRA Children	\$ 16,292,302	\$ 18,700,789	\$ 21,465,321	\$ 24,638,534	\$ 28,280,842	\$ 109,377,789
	Full-Time College Students ESI	\$ 539,068	\$ 567,186	\$ 596,770	\$ 627,898	\$ 660,649	\$ 2,991,570
	Non-Disabled Working Adults IP	\$ 589,041	\$ 618,349	\$ 649,116	\$ 681,413	\$ 715,318	\$ 3,253,237
	Full-Time College Students IP	\$ 5,863	\$ 6,154	\$ 6,460	\$ 6,782	\$ 7,119	\$ 32,379
	HAN Expenditures	\$ 12,533,288	\$ 13,042,771	\$ 13,572,964	\$ 14,124,711	\$ 14,698,885	\$ 67,972,619
	HMP Expenditures	\$ 15,101,479	\$ 16,006,074	\$ 16,964,856	\$ 17,981,070	\$ 19,058,156	\$ 85,111,634
	Medical Education Programs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL		\$ 3,186,280,042	\$ 3,372,964,990	\$ 3,688,345,781	\$ 4,058,676,607	\$ 4,117,810,435	\$ 18,424,077,855

Section 4 Required Elements of Amendment Process

Public Process:

Demonstration Amendment Public Process

The Agency sent ITU Notice 2022-09 to tribal partners on December 23, 2022, to initiate the 60-day tribal consultation comment period for the 1115(a) SoonerCare amendment.

The OHCA began a 30-day public notice process on January 27, 2023 and concluded the process on February 26, 2023. A public notice was posted on the OHCA's website on January 27, 2023. A copy of the public notice and instructions about the public comment process is available at www.okhca.org/PolicyBlog.

Summary of Tribal Consultation

A tribal consultation meeting was held on January 3, 2023, (via teleconference) to further discuss the proposal; 81 attendees were present. No comments were received from tribal partners during the consultation period nor at the tribal consultation meeting.

Summary of Public Comment

The draft renewal was also posted for public review allowing for public comment; no written comments were received. The archived blog posting may be reviewed at oklahoma.gov/ohca/policies-and-rules/archived-proposed-policy-changes.html.

Amendment Changes Made as a Result of Tribal and Public Comment

Not applicable

Section 5 CHIP Allotment Neutrality Worksheet

The exhibit below presents CHIP Allotment Neutrality Worksheet data for the most recent Federal Fiscal Year (first three quarters). The full worksheet, with prior period data, is available upon request.

Allocation of Title XIX and Title XXI Expenditures						Quarter/Year: Qtr 3rd 2022		
To CHIP Fiscal Year Allotment						Quarter Ended: 6/30/2022		
	Qualifying State	SEC. 1905(u)(2) & (u)(3)	PE	SEC. 2105(a)(1)(C)	SEC. 2105(a)(1)(D)	Total	Balance	Unused
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

FFY 2022 (10/01/2021 - 9/30/2022)								
1) FFY 2020 and prior Redistributed Allotment								
2) Unused FFY 2021 Allotment						148,800,562	148,800,562	
3) FFY 2022 Allotment						278,285,997	427,086,559	253,031,300
4) First Quarter 2022		59,417,226		-5,416,645	3,977,479	57,978,060	369,108,499	
5) Second Quarter 2022		59,361,066		-4,882,277	3,796,857	58,275,646	310,832,853	
6) Third Quarter 2022		59,290,800		-4,956,366	3,467,119	57,801,553	253,031,300	
7) Fourth Quarter 2022							253,031,300	
8) Excess 10% Limit							253,031,300	
9) Unused Allotment							253,031,300	
10) Excess Expenditures								
11) FFY 2021 Allotment added to Redistribution Pool								

Attachments

1. Tribal Consultation Documentation
2. Public Notice Documentation



OKLAHOMA
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I/T/U Public Notice 2022-09

December 23, 2022

RE: Oklahoma Health Care Authority Proposed Rule, State Plan and Waiver Amendments

Dear Tribal Representative:

The purpose of this letter is to notify you of proposed changes that will be reviewed at the tribal consultation meeting on **January 3rd, 2023, at 11 a.m.** OHCA invites you to attend this meeting via webinar, 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 to keep you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, 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, proposed changes must obtain budget authorization and approval by the OHCA board, and when applicable, federal and governor approval must be obtained.

Additionally, OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). These public website pages are 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.

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



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Proposed Rule, State Plan, and Waiver Amendments

POLICY UPDATES:

To further the agency's commitment to meaningful consultation with Tribal partners, all proposed policy revisions will be provided at the start of the consultation when they are available. An I/T/U public notice advised of the below proposed rule, state plan, and waiver revisions was issued at least 60 days prior to their submission, but no less than 14 days (limited to abnormal circumstances). The agency will strive to keep Tribal partners abreast of any exigent circumstances that may arise and cause timeframes to be updated or shortened.

In addition, the agency's website houses a policy changes blog that is dedicated to Native American Consultation. This blog page allows for comments/questions from providers and members to be submitted to the Agency and become part of the official record. All comments received are considered during the policy making process. The policy updates that are presented during this Tribal Consultation meeting will be officially posted for I/T/U provider and member review during the consultation period. To ensure that you stay informed of proposed policy changes, please sign up for the web alert option. These alerts will be sent out to all subscribers whenever any new proposed policy changes are posted for public comment.

EMERGENCY RULEMAKING ACTIONS:

Insure Oklahoma Self-Funded/Self-Insured Plans — The proposed rules will update Insure Oklahoma policy to comply with Oklahoma Senate Bill 1323, which added language to Title 56 Oklahoma Statutes § 1010.1. The policy additions mirror the bill's language regarding self-funded/self-insured plans to address that qualified benefit plans may become a self-funded or self-insured benefit plan if certain criteria are met.

Anticipated Tribal Impact: Indirect; AI/ANs are exempted from co-insurance payments

Proposed Emergency Rule Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

15-day Public Comment Period: Jan. 3, 2023 – Jan. 18, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

OHCA Board Meeting: Mar. 22, 2023



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Requested Effective Date: Upon Governor's signature or the 45th day post submission of the rules (May 8, 2023)

Notification of Date of Service (NODOS) — The proposed rules will update policy regarding application procedures during the NODOS process. The current 5-day requirement for the hospital to file the electronic NODOS will remain in effect; however, after the electronic NODOS is filed, the applicant or someone acting on behalf of the applicant will have 40 days to submit a completed SoonerCare application instead of the current 15 days.

Anticipated Tribal Impact: Direct; ITU patient benefit coordinators will have more time to submit the completed application

Proposed Emergency Rule Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

15-day Public Comment Period: Jan. 3, 2023 – Jan. 18, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

OHCA Board Meeting: Mar. 22, 2023

Requested Effective Date: Upon Governor's signature or the 45th day post submission of the rules (May 8, 2023)

Transition to Managed Care — The Oklahoma Health Care Authority (OHCA) will seek approval to transition to a new health care model following the passage of SB 1337, the delivery system reform bill. SB 1337 codifies the system design for a transformed Medicaid program, which utilizes a value-based payment system and prioritizes health outcomes for SoonerCare members.

The legislation authorizes OHCA to award at least three statewide capitated contracts for both medical and dental managed care programs for pregnant women, children, deemed newborns, parent-caretaker relatives, and the expansion population for physical health services, dental, behavioral health services, and prescription drug services. It also authorizes OHCA to award a capitated contract for the Children's Specialty Plan for children in foster care, juvenile-justice involved children and children receiving adoption assistance. SB1337 allows OHCA to award an urban-region contract to a provider-led entity (PLE) if it otherwise meets all the Request for Proposal (RFP) requirements and agrees to expand to statewide coverage within five years. The American Indian/Alaska



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Native population is considered voluntary and will have the option of receiving services through a managed care plan or through the fee-for-service program operated by OHCA.

Following the request for proposals and in order to obtain authority to establish the managed care organization, the agency will seek to revise/add federal and state policy including: 1115(c) and 1915(b) waiver requests, Title XIX and XXI state plan amendments, and state rules.

The rule additions/revisions will include State-sanctions and complementary non-compliance remedies required of the medical contracted entities (CEs), inclusive of PLEs, and dental benefit managers (DBMs) and will define terms, processes, and regulations that were outlined in the SB1337 and the published RFP/Model Contract. Other rule additions will include, but are not limited to, managed care mandatory and voluntary populations (American Indian/Alaskan Native (AI/AN) members), processes for network adequacy, provider requirements, termination of contracts, transition of care policies, medical necessity, required notices and grievances and appeals. Revisions will also update the timeframe for the continuation of benefits pending appeals for all SoonerCare members.

Anticipated Tribal Impact: Direct; while AI/AN members are considered optional and ITUs will continue to bill through OHCA, there will be some members that will choose the new model and ITUs that may choose to contract with the managed care entities.

Proposed 1115(c) and/or 1915(b) Waiver Requests Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

30-day Public Comment Start Date: on or before Jan. 29, 2023

30-day Public Comment End Date: on or before Feb. 28, 2023

Requested Effective Date: Oct. 1, 2023

Proposed State Plan Amendment(s) Timeline:

60-day Tribal Consultation Period: TBD

Tribal partners will be provided a draft of the SPA(s) to begin the 60-day tribal consultation period at a future date.

Public Comment Period: TBD

Requested Effective Date: Oct. 1, 2023



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Proposed Emergency Rule Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

30-day Public Comment Start Date: on or before Jan. 29, 2023

30-day Public Comment End Date: on or before Feb. 28, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

OHCA Board Meeting: Mar. 22, 2023

Requested Effective Date: Upon Governor's signature or the 45th day post submission of the rules (May 8, 2023)

1115(c) SoonerCare Choice Demonstration — The State will request the Centers for Medicare and Medicaid Services (CMS) approval to update the 1115(c) Freedom of Choice waiver to include pregnant women with incomes between 134% and 185% of the federal poverty level (FPL). After Jan. 1, 2023, these members will no longer be excluded from the Demonstration since the State is expanding the income limit for the Title XIX pregnant women coverage group to 185% FPL (effectively 210% FPL once converted to MAGI with applicable disregards). The Agency will also request a modification to the Retroactive Eligibility waiver, extending the exclusion for pregnant women from a 60-day period beginning on the last day of pregnancy to 12 months beginning on the last day of pregnancy. After Jan. 1, 2023, these members will be afforded continuous coverage for 12 months postpartum. Further updates are to align with current practice which allows for tribal members covered by Indian Health Services (IHS) creditable health care to participate in the Demonstration. The Oklahoma Health Care Authority (OHCA) will request to remove this exclusion from the Demonstration's Special Terms and Conditions.

Anticipated Tribal Impact: Direct; more AI/AN pregnant members will be eligible with the new income limit, and IHS eligible AI/ANs will continue to participate in the demonstration.

Proposed 1115(c) and/or 1915(b) Waiver Requests Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

30-day Public Comment Start Date: on or before Jan. 29, 2023

30-day Public Comment End Date: on or before Feb. 28, 2023

Requested Effective Date: Jan. 1, 2023 or upon CMS approval

State Plan Personal Care Services for Expansion Adults, TEFRA Eligible Children and Certain MAGI Populations — The proposed rules will add new policy to delineate



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eligibility requirements, definitions, medical eligibility criteria for personal care, and the process for medical eligibility determinations. Additionally, rules will be added to reflect the current business practice for approving the TEFRA population and any EPSDT members who meet medical necessity to receive personal care services.

Anticipated Tribal Impact: Direct; AI/ANs receiving these services will be impacted.

Proposed Emergency Rule Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

15-day Public Comment Period: Jan. 3, 2023 – Jan. 18, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

OHCA Board Meeting: Mar. 22, 2023

Requested Effective Date: Upon Governor's signature or the 45th day post submission of the rules (May 8, 2023)

PERMANENT RULEMAKING ACTIONS:

The below timeline applies to all proposed permanent rulemaking actions:

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Behavioral Health Services — The proposed rules seek to revise inpatient behavioral health and residential substance use disorder (SUD) policy to clarify timely completion of the placement tool for SUD admission or extension request. The proposed revisions will also update service plan, documentation, and signature requirements. Furthermore, the proposed revisions will require providers to report to the Oklahoma Department of Human Services instances of child abuse/neglect in residential settings in accordance with state law. Lastly, revisions will make grammatical and formatting changes as needed.

Anticipated Tribal Impact: Direct; ITUs are reimbursed for SUD services



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Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Crisis Intervention Services (CIS) — The proposed rule changes seek to clarify CIS as the provision of these services is expanding in the State. The proposed changes will clearly define mobile versus on-site CIS and make other grammatical and formatting changes as needed.

Anticipated Tribal Impact: Direct; if ITUs provide this service then the clarification of service site will be applicable

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Physician Assistant (PA) Services — The proposed rule changes seek to review PA rule sections to ensure previous amendments to the Physician Assistant Practice Act made by the Legislature in 2020 are reflected in the rules. The proposed revisions will update the term "supervising" physician to "delegating" physician; remove the application to practice requirements and replace it with the practice agreement requirement; as well as, provide a timeframe of ten (10) business days for providers to submit any updated copy of the practice agreement due to changes. Other revisions will involve limited rewriting aimed at improving readability and overall flow of policy language.



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Anticipated Tribal Impact: Direct; ITUs that seek reimbursement for this provider type

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Opioid Treatment Program (OTP) Services — The proposed rule changes seek to revise OTP policy to update the phase requirements to align with federal regulations. Furthermore, revisions will clarify service plan signature requirements according to the member's age.

Anticipated Tribal Impact: Direct; ITUs that claim for this service

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Eliminate the Certificate of Medical Necessity (CMN) Form Requirement for Prior Authorization (PA) of Medical Supplies, Equipment, and Appliances — The Centers for Medicare and Medicaid Services (CMS) is discontinuing CMNs effective Jan. 1, 2023, for providers, suppliers, billers, and vendors who bill medical supplies, equipment, and appliances to Medicare. The Oklahoma Health Care Authority (OHCA) is following the lead of Medicare and eliminating the requirement to include a CMN form when requesting PAs of most medical supplies, equipment, and appliances covered by SoonerCare. All the other required documentation, which is listed in the PA guidelines for that service, will still be required to be submitted by the provider.



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Anticipated Tribal Impact: Direct; ITUs that claim for this service

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Outdated/Obsolete Policy Language Cleanup — The proposed rule changes will amend language to remove or update obsolete references. Additional revisions will combine sections of policy to remove the overabundant number of sections that are currently in Title 317. These changes are necessary to comply with Oklahoma Executive Order 2020-03.

Anticipated Tribal Impact: none

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

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OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Laboratory Services — The proposed rule changes will reorganize the existing laboratory policies and combine them into one centralized location. This will allow for better access to the policies and an easier understanding of services covered under the laboratory benefit. Furthermore, language will be put into policy that will clarify coverage of reference (outside) laboratories when an independent or hospital laboratory refers a service to another laboratory.

Anticipated Tribal Impact: Direct; ITUs that claim for this service

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023



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60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Oklahoma Department of Human Services ADvantage Program — The proposed rule changes will align policy with the recently approved 1915(c) ADvantage waiver amendment, which added assistive technology and remote support services. Assistive technology services include devices, controls and appliances specified in the member's person-centered service plan which enables them to increase their abilities to perform activities of daily living or to perceive, control or communicate with the environment in which they live. Remote support services involves monitoring of a waiver member by remote staff using audio or video equipment, allowing for live, two-way communication with them in their residence. Additionally, remote support allows for a member to choose the method of service delivery which best suits their needs.

Anticipated Tribal Impact: Direct; AI/ANs enrolled in the Advantage waiver

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Developmental Disability Services (DDS) — The proposed rule changes to the DDS policy will reflect amendments made to the Community Waiver, Homeward Bound Waiver, and In-Home Supports for Children and Adults Waivers. These amendments were recently approved by CMS and made effective Oct. 1, 2022.

Proposed revisions to the family support services policy will update coverage limitations for individual family training and group family training from \$5,500 to \$6,500, as well as, revoke outdated documentation requirements language. Other revisions will add new



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language to outline criteria for respite care providers and homemaker services providers. Additional revisions will add new language to clarify the termination process of remote support services as well as provide new criteria and explain the exceptions allowed when agency companion services are provided.

Revisions to the specialized foster care (SFC) section will add new language to outline new SFC standards and criteria. Other revisions will add optometry benefits, which will allow routine eye examination and purchase of corrective lenses. Further revisions add language to support the increase of the public transportation limit from \$5,000 to \$25,000. Additionally, revisions provide a new residential service option, Extensive Residential Supports (ERS) for members with the most extensive behavioral support needs.

Moreover, revisions will correct formatting and grammatical errors, as well as align policy with current business practices. Finally, revisions will update and remove outdated language and definitions, remove obsolete references, and revoke/combine sections to comply with Executive Order 2020-03, which requires state agencies to reduce unnecessary and outdated rules.

Anticipated Tribal Impact: Direct; AI/AN members enrolled in these waivers

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

1915C HCBS WAIVER UPDATES:

Homeward Bound Waiver — The Oklahoma Department of Human Services is seeking to amend the Homeward Bound Waiver by updating the incident management process to detail requirements for electronically reporting for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI



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report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Anticipated Tribal Impact: none; there are no ITUs contracted as Homeward Bound waiver providers.

Proposed Waiver Amendment Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023

Requested Effective Date: Jun. 19, 2023

Community Waiver — The Oklahoma Department of Human Services is seeking to amend the Community Waiver which serves individuals (ages 3 and up) with Intellectual Disabilities. The specific changes include increasing the number of individuals served in waiver years 2 through 5. Changes also include the addition of a new residential service, the Extensive Residential Supports service. This new service is designed to meet the needs of waiver members with significant challenging behavioral issues in a community setting. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, increasing the number of people who can be served in the waiver, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Anticipated Tribal Impact: none; there are no ITUs contracted as Community waiver providers.

Proposed Waiver Amendment Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023

Requested Effective Date: Jun. 19, 2023

In-Home Supports Waiver for Adults (IHSW-A) and In-Home Supports Waiver for Children (IHSW-C) — The Oklahoma Department of Human Services is seeking an amendment to the In-Home Supports Waiver for Adults which serves individuals with intellectual disabilities ages 18 and over and the In-Home Supports Waiver for Children



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which serves individuals with intellectual disabilities ages 3 through 17. The specific changes include increasing the number served in waiver years 1 through 5. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Anticipated Tribal Impact: none; there are no ITUs contracted for these waivers.

Proposed Waiver Amendment Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023

Requested Effective Date: Jun. 19, 2023

In-Home Supports Waiver for Children (IHSW-C) — The Oklahoma Department of Human Services is seeking an amendment to the In-Home Supports Waiver for Children which serves individuals with intellectual disabilities ages 3 through 17. The specific changes include increasing the number served in waiver years 1 through 5. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT) and occupational therapy (OT) services.

Anticipated Tribal Impact: none; there are no ITUs contracted as IHSW-C waiver providers.

Proposed Waiver Amendment Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023

Requested Effective Date: Jun. 19, 2023

Medically Fragile Program Renewal — The Oklahoma Health Care Authority (OHCA) is seeking to renew the Medically Fragile Waiver. The Medically Fragile program is a 1915(c) home and community-based alternative to placement in a hospital or skilled nursing facility to receive Medicaid-funded assistance for care. This program allows Medicaid



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eligible persons who meet the institutional level of care requirements to remain at home or in the residential setting of their choosing while receiving the necessary care. In the renewal request, the Medically Fragile Waiver will adopt several Appendix K flexibilities such as allowing case management and nursing services to be conducted via HIPAA compliant teleconference or video conference and allowing legal guardian, power of attorney, spouse, or authorized representative to provide personal care services as needed.

Additional revisions will include rewriting several performance measures to adequately meet the Centers for Medicare and Medicaid (CMS) compliance with Health and Welfare, Electronic Visit Verification and the HCBS Settings rule detailed in the Statewide Transition Plan.

Finally, language will be updated to reflect the current workflow practices of the Medically Fragile Waiver.

Anticipated Tribal Impacts: none; there are no ITUs contracted as Medically Fragile waiver providers.

Proposed Waiver Renewal Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023

Requested Effective Date: Jul. 1, 2023



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Tribal Consultation Meeting Agenda
11 am, January 3, 2023
Online Microsoft Teams Meeting

1. Welcome: Kathrine McCoy, Senior Coordinator of Tribal Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments
 - POLICY UPDATES
 - EMERGENCY RULEMAKING ACTIONS:
 - Insure Oklahoma Self-Funded/Self-Insured Plans
 - Notification of Date of Service (NODOS)
 - Transition to Managed Care
 - 1115(c) SoonerCare Choice Demonstration
 - State Plan Personal Care Services for Expansion Adults, TEFRA Eligible Children and Certain MAGI Populations
 - PERMANENT RULEMAKING ACTIONS:
 - Behavioral Health Services
 - Crisis Intervention Services (CIS)
 - Physician Assistant (PA) Services
 - Opioid Treatment Program (OTP) Services
 - Eliminate the Certificate of Medical Necessity (CMN) Form Requirement for Prior Authorization (PA) of Medical Supplies, Equipment, and Appliances
 - Outdated/Obsolete Policy Language Cleanup
 - Laboratory Services
 - Oklahoma Department of Human Services ADvantage Program
 - Developmental Disability Services (DDS)
 - 1915C HCBS WAIVER UPDATES:
 - Homeward Bound Waiver
 - Community Waiver
 - In-Home Supports Waiver for Adults (IHSW-A) and In-Home Supports Waiver for Children (IHSW-C)
 - In-Home Supports Waiver for Children (IHSW-C)



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- Medically Fragile Program Renewal
- 3. Other Business and Project Updates
 - PHE Unwinding – Dana Miller
 - Tribal Partner Traction Plan – Dana Miller and Patrick Schlect
 - AIDCoP – Stephen Weaver
- 4. Adjourn—Next Tribal Consultation Scheduled for 11 am, March 7, 2023.

Proposed Rule, State Plan, and Waiver Amendments

POLICY UPDATES:

To further the agency's commitment to meaningful consultation with Tribal partners, all proposed policy revisions will be provided at the start of the consultation when they are available. An I/T/U public notice advised of the below proposed rule, state plan, and waiver revisions was issued at least 60 days prior to their submission, but no less than 14 days (limited to abnormal circumstances). The agency will strive to keep Tribal partners abreast of any exigent circumstances that may arise and cause timeframes to be updated or shortened.

In addition, the agency's website houses a policy changes blog that is dedicated to Native American Consultation. This blog page allows for comments/questions from providers and members to be submitted to the Agency and become part of the official record. All comments received are considered during the policy making process. The policy updates that are presented during this Tribal Consultation meeting will be officially posted for I/T/U provider and member review during the consultation period. To ensure that you stay informed of proposed policy changes, please sign up for the web alert option. These alerts will be sent out to all subscribers whenever any new proposed policy changes are posted for public comment.

EMERGENCY RULEMAKING ACTIONS:

Insure Oklahoma Self-Funded/Self-Insured Plans — The proposed rules will update Insure Oklahoma policy to comply with Oklahoma Senate Bill 1323, which added language to Title 56 Oklahoma Statutes § 1010.1. The policy additions mirror the bill's language regarding self-funded/self-insured plans to address that qualified benefit plans may become a self-funded or self-insured benefit plan if certain criteria are met.



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Anticipated Tribal Impact: Indirect; AI/ANs are exempted from co-insurance payments

Proposed Emergency Rule Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

15-day Public Comment Period: Jan. 3, 2023 – Jan. 18, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

OHCA Board Meeting: Mar. 22, 2023

Requested Effective Date: Upon Governor's signature or the 45th day post submission of the rules (May 8, 2023)

Notification of Date of Service (NODOS) — The proposed rules will update policy regarding application procedures during the NODOS process. The current 5-day requirement for the hospital to file the electronic NODOS will remain in effect; however, after the electronic NODOS is filed, the applicant or someone acting on behalf of the applicant will have 40 days to submit a completed SoonerCare application instead of the current 15 days.

Anticipated Tribal Impact: Direct; ITU patient benefit coordinators will have more time to submit the completed application

Proposed Emergency Rule Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

15-day Public Comment Period: Jan. 3, 2023 – Jan. 18, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

OHCA Board Meeting: Mar. 22, 2023

Requested Effective Date: Upon Governor's signature or the 45th day post submission of the rules (May 8, 2023)

Transition to Managed Care — The Oklahoma Health Care Authority (OHCA) will seek approval to transition to a new health care model following the passage of SB 1337, the delivery system reform bill. SB 1337 codifies the system design for a transformed Medicaid program, which utilizes a value-based payment system and prioritizes health outcomes for SoonerCare members.

The legislation authorizes OHCA to award at least three statewide capitated contracts for both medical and dental managed care programs for pregnant women, children, deemed newborns, parent-caretaker relatives, and the expansion population for physical health



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services, dental, behavioral health services, and prescription drug services. It also authorizes OHCA to award a capitated contract for the Children’s Specialty Plan for children in foster care, juvenile-justice involved children and children receiving adoption assistance. SB1337 allows OHCA to award an urban-region contract to a provider-led entity (PLE) if it otherwise meets all the Request for Proposal (RFP) requirements and agrees to expand to statewide coverage within five years. The American Indian/Alaska Native population is considered voluntary and will have the option of receiving services through a managed care plan or through the fee-for-service program operated by OHCA.

Following the request for proposals and in order to obtain authority to establish the managed care organization, the agency will seek to revise/add federal and state policy including: 1115(c) and 1915(b) waiver requests, Title XIX and XXI state plan amendments, and state rules.

The rule additions/revisions will include State-sanctions and complementary non-compliance remedies required of the medical contracted entities (CEs), inclusive of PLEs, and dental benefit managers (DBMs) and will define terms, processes, and regulations that were outlined in the SB1337 and the published RFP/Model Contract. Other rule additions will include, but are not limited to, managed care mandatory and voluntary populations (American Indian/Alaskan Native (AI/AN) members), processes for network adequacy, provider requirements, termination of contracts, transition of care policies, medical necessity, required notices and grievances and appeals. Revisions will also update the timeframe for the continuation of benefits pending appeals for all SoonerCare members.

Anticipated Tribal Impact: Direct; while AI/AN members are considered optional and ITUs will continue to bill through OHCA, there will be some members that will choose the new model and ITUs that may choose to contract with the managed care entities.

Proposed 1115(c) and/or 1915(b) Waiver Requests Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

30-day Public Comment Start Date: on or before Jan. 29, 2023

30-day Public Comment End Date: on or before Feb. 28, 2023

Requested Effective Date: Oct. 1, 2023



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Proposed State Plan Amendment(s) Timeline:

60-day Tribal Consultation Period: TBD

Tribal partners will be provided a draft of the SPA(s) to begin the 60-day tribal consultation period at a future date.

Public Comment Period: TBD

Requested Effective Date: Oct. 1, 2023

Proposed Emergency Rule Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

30-day Public Comment Start Date: on or before Jan. 29, 2023

30-day Public Comment End Date: on or before Feb. 28, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

OHCA Board Meeting: Mar. 22, 2023

Requested Effective Date: Upon Governor's signature or the 45th day post submission of the rules (May 8, 2023)

1115(c) SoonerCare Choice Demonstration — The State will request the Centers for Medicare and Medicaid Services (CMS) approval to update the 1115(c) Freedom of Choice waiver to include pregnant women with incomes between 134% and 185% of the federal poverty level (FPL). After Jan. 1, 2023, these members will no longer be excluded from the Demonstration since the State is expanding the income limit for the Title XIX pregnant women coverage group to 185% FPL (effectively 210% FPL once converted to MAGI with applicable disregards). The Agency will also request a modification to the Retroactive Eligibility waiver, extending the exclusion for pregnant women from a 60-day period beginning on the last day of pregnancy to 12 months beginning on the last day of pregnancy. After Jan. 1, 2023, these members will be afforded continuous coverage for 12 months postpartum. Further updates are to align with current practice which allows for tribal members covered by Indian Health Services (IHS) creditable health care to participate in the Demonstration. The Oklahoma Health Care Authority (OHCA) will request to remove this exclusion from the Demonstration's Special Terms and Conditions.

Anticipated Tribal Impact: Direct; more AI/AN pregnant members will be eligible with the new income limit, and IHS eligible AI/ANs will continue to participate in the demonstration.

Proposed 1115(c) and/or 1915(b) Waiver Requests Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023



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30-day Public Comment Start Date: on or before Jan. 29, 2023

30-day Public Comment End Date: on or before Feb. 28, 2023

Requested Effective Date: Jan. 1, 2023 or upon CMS approval

State Plan Personal Care Services for Expansion Adults, TEFRA Eligible Children and Certain MAGI Populations — The proposed rules will add new policy to delineate eligibility requirements, definitions, medical eligibility criteria for personal care, and the process for medical eligibility determinations. Additionally, rules will be added to reflect the current business practice for approving the TEFRA population and any EPSDT members who meet medical necessity to receive personal care services.

Anticipated Tribal Impact: Direct; AI/ANs receiving these services will be impacted.

Proposed Emergency Rule Timeline:

60-day Tribal Consultation Period: Dec. 30, 2022 – Feb. 28, 2023

15-day Public Comment Period: Jan. 3, 2023 – Jan. 18, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

OHCA Board Meeting: Mar. 22, 2023

Requested Effective Date: Upon Governor's signature or the 45th day post submission of the rules (May 8, 2023)

PERMANENT RULEMAKING ACTIONS:

The below timeline applies to all proposed permanent rulemaking actions:

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Behavioral Health Services — The proposed rules seek to revise inpatient behavioral health and residential substance use disorder (SUD) policy to clarify timely completion of the placement tool for SUD admission or extension request. The proposed revisions will



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also update service plan, documentation, and signature requirements. Furthermore, the proposed revisions will require providers to report to the Oklahoma Department of Human Services instances of child abuse/neglect in residential settings in accordance with state law. Lastly, revisions will make grammatical and formatting changes as needed.

Anticipated Tribal Impact: Direct; ITUs are reimbursed for SUD services

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Crisis Intervention Services (CIS) — The proposed rule changes seek to clarify CIS as the provision of these services is expanding in the State. The proposed changes will clearly define mobile versus on-site CIS and make other grammatical and formatting changes as needed.

Anticipated Tribal Impact: Direct; if ITUs provide this service then the clarification of service site will be applicable

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Physician Assistant (PA) Services — The proposed rule changes seek to review PA rule sections to ensure previous amendments to the Physician Assistant Practice Act made by the Legislature in 2020 are reflected in the rules. The proposed revisions will update the term "supervising" physician to "delegating" physician; remove the application to practice



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requirements and replace it with the practice agreement requirement; as well as, provide a timeframe of ten (10) business days for providers to submit any updated copy of the practice agreement due to changes. Other revisions will involve limited rewriting aimed at improving readability and overall flow of policy language.

Anticipated Tribal Impact: Direct; ITUs that seek reimbursement for this provider type

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Opioid Treatment Program (OTP) Services — The proposed rule changes seek to revise OTP policy to update the phase requirements to align with federal regulations. Furthermore, revisions will clarify service plan signature requirements according to the member's age.

Anticipated Tribal Impact: Direct; ITUs that claim for this service

Proposed Permanent Rule Timeline:

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60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Eliminate the Certificate of Medical Necessity (CMN) Form Requirement for Prior Authorization (PA) of Medical Supplies, Equipment, and Appliances — The Centers for Medicare and Medicaid Services (CMS) is discontinuing CMNs effective Jan. 1, 2023, for providers, suppliers, billers, and vendors who bill medical supplies, equipment, and appliances to Medicare. The Oklahoma Health Care Authority (OHCA) is following the lead



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of Medicare and eliminating the requirement to include a CMN form when requesting PAs of most medical supplies, equipment, and appliances covered by SoonerCare. All the other required documentation, which is listed in the PA guidelines for that service, will still be required to be submitted by the provider.

Anticipated Tribal Impact: Direct; ITUs that claim for this service

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Outdated/Obsolete Policy Language Cleanup — The proposed rule changes will amend language to remove or update obsolete references. Additional revisions will combine sections of policy to remove the overabundant number of sections that are currently in Title 317. These changes are necessary to comply with Oklahoma Executive Order 2020-03.

Anticipated Tribal Impact: none

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

OHCA Board Meeting: Mar. 22, 2023

Proposed Effective Date: Sept. 14, 2023

Laboratory Services — The proposed rule changes will reorganize the existing laboratory policies and combine them into one centralized location. This will allow for better access to the policies and an easier understanding of services covered under the laboratory benefit. Furthermore, language will be put into policy that will clarify coverage of



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reference (outside) laboratories when an independent or hospital laboratory refers a service to another laboratory.

Anticipated Tribal Impact: Direct; ITUs that claim for this service

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

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Proposed Effective Date: Sept. 14, 2023

Oklahoma Department of Human Services ADvantage Program — The proposed rule changes will align policy with the recently approved 1915(c) ADvantage waiver amendment, which added assistive technology and remote support services. Assistive technology services include devices, controls and appliances specified in the member's person-centered service plan which enables them to increase their abilities to perform activities of daily living or to perceive, control or communicate with the environment in which they live. Remote support services involves monitoring of a waiver member by remote staff using audio or video equipment, allowing for live, two-way communication with them in their residence. Additionally, remote support allows for a member to choose the method of service delivery which best suits their needs.

Anticipated Tribal Impact: Direct; AI/ANs enrolled in the Advantage waiver

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

Medical Advisory Committee Meeting: Mar. 2, 2023

Public Hearing: Mar. 7, 2023

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Proposed Effective Date: Sept. 14, 2023

Developmental Disability Services (DDS) — The proposed rule changes to the DDS policy will reflect amendments made to the Community Waiver, Homeward Bound Waiver, and



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In-Home Supports for Children and Adults Waivers. These amendments were recently approved by CMS and made effective Oct. 1, 2022.

Proposed revisions to the family support services policy will update coverage limitations for individual family training and group family training from \$5,500 to \$6,500, as well as, revoke outdated documentation requirements language. Other revisions will add new language to outline criteria for respite care providers and homemaker services providers. Additional revisions will add new language to clarify the termination process of remote support services as well as provide new criteria and explain the exceptions allowed when agency companion services are provided.

Revisions to the specialized foster care (SFC) section will add new language to outline new SFC standards and criteria. Other revisions will add optometry benefits, which will allow routine eye examination and purchase of corrective lenses. Further revisions add language to support the increase of the public transportation limit from \$5,000 to \$25,000. Additionally, revisions provide a new residential service option, Extensive Residential Supports (ERS) for members with the most extensive behavioral support needs.

Moreover, revisions will correct formatting and grammatical errors, as well as align policy with current business practices. Finally, revisions will update and remove outdated language and definitions, remove obsolete references, and revoke/combine sections to comply with Executive Order 2020-03, which requires state agencies to reduce unnecessary and outdated rules.

Anticipated Tribal Impact: Direct; AI/AN members enrolled in these waivers

Proposed Permanent Rule Timeline:

Tribal Consultation Meeting: Jan. 3, 2023

60-day Tribal Consultation Period: Jan. 20, 2023 – Mar. 21, 2023

Public Comment Period: Feb. 1, 2023 – Mar. 3, 2023

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1915C HCBS WAIVER UPDATES:

Homeward Bound Waiver — The Oklahoma Department of Human Services is seeking to amend the Homeward Bound Waiver by updating the incident management process to detail requirements for electronically reporting for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Anticipated Tribal Impact: none; there are no ITUs contracted as Homeward Bound waiver providers.

Proposed Waiver Amendment Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023

Requested Effective Date: Jun. 19, 2023

Community Waiver — The Oklahoma Department of Human Services is seeking to amend the Community Waiver which serves individuals (ages 3 and up) with Intellectual Disabilities. The specific changes include increasing the number of individuals served in waiver years 2 through 5. Changes also include the addition of a new residential service, the Extensive Residential Supports service. This new service is designed to meet the needs of waiver members with significant challenging behavioral issues in a community setting. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, increasing the number of people who can be served in the waiver, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Anticipated Tribal Impact: none; there are no ITUs contracted as Community waiver providers.

Proposed Waiver Amendment Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023



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Requested Effective Date: Jun. 19, 2023

In-Home Supports Waiver for Adults (IHSW-A) and In-Home Supports Waiver for Children (IHSW-C) — The Oklahoma Department of Human Services is seeking an amendment to the In-Home Supports Waiver for Adults which serves individuals with intellectual disabilities ages 18 and over and the In-Home Supports Waiver for Children which serves individuals with intellectual disabilities ages 3 through 17. The specific changes include increasing the number served in waiver years 1 through 5. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT), occupational therapy (OT), and speech and nutrition services.

Anticipated Tribal Impact: none; there are no ITUs contracted for these waivers.

Proposed Waiver Amendment Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023

Requested Effective Date: Jun. 19, 2023

In-Home Supports Waiver for Children (IHSW-C) — The Oklahoma Department of Human Services is seeking an amendment to the In-Home Supports Waiver for Children which serves individuals with intellectual disabilities ages 3 through 17. The specific changes include increasing the number served in waiver years 1 through 5. Furthermore, the incident management process will be updated to detail requirements for electronic reporting requirements for four tiers of incidents. Other changes include allowing providers to obtain an FBI national background check instead of the OSBI report, updating language to reflect the new Developmental Disability Services (DDS) software, and adding the agency model for physical therapy (PT) and occupational therapy (OT) services.

Anticipated Tribal Impact: none; there are no ITUs contracted as IHSW-C waiver providers.

Proposed Waiver Amendment Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023



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Requested Effective Date: Jun. 19, 2023

Medically Fragile Program Renewal — The Oklahoma Health Care Authority (OHCA) is seeking to renew the Medically Fragile Waiver. The Medically Fragile program is a 1915(c) home and community-based alternative to placement in a hospital or skilled nursing facility to receive Medicaid-funded assistance for care. This program allows Medicaid eligible persons who meet the institutional level of care requirements to remain at home or in the residential setting of their choosing while receiving the necessary care. In the renewal request, the Medically Fragile Waiver will adopt several Appendix K flexibilities such as allowing case management and nursing services to be conducted via HIPAA compliant teleconference or video conference and allowing legal guardian, power of attorney, spouse, or authorized representative to provide personal care services as needed.

Additional revisions will include rewriting several performance measures to adequately meet the Centers for Medicare and Medicaid (CMS) compliance with Health and Welfare, Electronic Visit Verification and the HCBS Settings rule detailed in the Statewide Transition Plan.

Finally, language will be updated to reflect the current workflow practices of the Medically Fragile Waiver.

Anticipated Tribal Impacts: none; there are no ITUs contracted as Medically Fragile waiver providers.

Proposed Waiver Renewal Timeline:

60-day Tribal Consultation Period: Dec. 23, 2022 – Feb. 21, 2023

Public Comment Period: Jan. 5, 2023 – Feb. 6, 2023

Requested Effective Date: Jul. 1, 2023



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Tribal Consultation Meeting Attendees
11 am, January 3, 2023
Online Microsoft Teams Meeting

ONLINE: Tribal Partners	ONLINE: OHCA Staff
<ol style="list-style-type: none"> Annette D. Pratchard, Citizen Potawatomi Ben Barnes, Shawnee Tribe Brenda Teel, Chickasaw Nation Chancee L. Rowell, Choctaw Nation Deanna Holman, Indian Health Care Resource Center Denny MedicineBird, Cheyenne and Arapaho Tribe Emily Christie, Cherokee Nation Heather Griffin, Muscogee Nation Heidi M. Couch, Choctaw Nation Jason Green, Kickapoo Tribe Jason Loepp, Cherokee Nation Jerry Levi, Cheyenne and Arapaho Tribe Judy Parker, Chickasaw Nation LaDonna Roman Nose, Cheyenne and Arapaho Tribe Laramey Peugh, Chickasaw Nation Lindsay Messer, Wichita and Affiliated Tribe Lisa Bigbey, Sac and Fox Nation Marcos Baros, Cheyenne and Arapaho Tribe Mary Anderson, Cherokee Nation Melanie Fourkiller, Choctaw Nation Michelle Dennison, OKCIC Pam Benedict, Chickasaw Nation Robert Coffey, Iowa Nation Robin Parker, OKCIC Robyn Sunday-Allen, OKCIC Sandra Sealey, OCAO Sara Kimrey, Cherokee Nation Sheri Brown, Sac and Fox Nation Tenesha Washington, OKCIC Terry Withrow, Citizen Potawatomi Travis Scott, OCAO Twyla Blanchard, Absentee Shawnee Tribe Valentina Manwell, Kickapoo Tribe 	<ol style="list-style-type: none"> Beverly Couch Beverly Murray Brandon Keppner Brenda Nixon Brooke Grim Carley Fryrear Carolyn Reconnu-Shoffner Chris Dees Connie Cook Dana Miller Darrin Thompson David Ward Halley Kinder Harvey Reynolds Heather Cox Jaclyn Mullen Jennifer King John C Morton Johnney Johnson Josh Bouye Joshua DeBartolo Karen Beam Karla Selman Kasie McCarty Kathrine Mccoy Kimrey McGinnis Lisa Morgan Melissa Miller Michele Stafford Miranda Kieffer Pamela Jackson Patrick Schlecht Paula Root



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34. Wynona Coon, Absentee Shawnee Tribe 35. Yvonne Myers, Citizen Potawatomi	34. Rachel Peterson 35. Rhonda Tobler 36. Sandra Puebla 37. Sean Webster 38. Sherry Deangelis 39. Stephen L Weaver 40. Terry Cothran 41. Traylor Rains 42. Vanessa Contreras 43. Vickie Sams 44. Yolanda Downing
ONLINE: Other Attendees	
1. Adriana Worth, BIA 2. Nicolas Barton, SPTHB	

Total Attendees: 81



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NOTICE OF PUBLIC COMMENT PERIOD FOR AMENDMENT OF SOONERCARE SECTION 1115 DEMONSTRATION

Pursuant to the Code of Federal Regulations at Title 42 Sections 431.408 and 447.205, the Oklahoma Health Care Authority (OHCA) is required to provide public notice of its intent to submit an amendment to its 1115(a) Demonstration waiver.

The OHCA currently has an approved 1115 waiver that expires on Dec. 31, 2023. The OHCA provided public notice on Nov. 1, 2022 of its intent to renew the Demonstration under the existing Demonstration Special Terms and Conditions. Upon CMS approval of the State's renewal request, the Demonstration will be extended until Dec. 31, 2028.

These amendments are being requested separately because the requested effective date differs from the renewal effective date.

This notice provides details about the waiver amendment submission and serves to open the 30-day public comment period, which closes on Feb. 26, 2023. In addition to the 30-day public comment period, during which the public will be able to provide written comments to the OHCA.

Prior to finalizing the proposed waiver amendment application, the OHCA will consider all public comments received. The comments will be summarized and addressed in the final version submitted to CMS.

WAIVER AMENDMENT SUMMARY AND OBJECTIVES

Waiver Amendment Summary

With this amendment, the OHCA seeks the following modifications to the 1115(a) Demonstration Special Terms and Conditions (STCs), upon CMS approval through the end of the next waiver Demonstration period on December 31, 2028:

- Add Pregnant Women with incomes between 134 percent and 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL) under the Demonstration for the purpose of enrolling this Group in the SoonerCare fee-for-service Patient Centered Medical Home (PCMH) model.
- Extend the retroactive eligibility waiver exclusion for Pregnant Women with incomes up to 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL), from 60-days postpartum to 12-months postpartum.
- Add American Indian/Alaska Native (AI/AN) members with IHS creditable coverage under the Demonstration for the purpose of enrolling this Group on a voluntary basis in the SoonerCare Choice fee-for-service Patient Centered Medical Home (PCMH) model.
- Exclude individuals enrolled in risk-based managed care from the Demonstration, unless they are subject to the waiver of retroactive eligibility.

Waiver Amendment Objectives

The proposed amendment will allow the State to continue to advance its health system reform objectives for the covered populations, including:

- Provide each member with a medical home;
- Improve access to primary and preventive care services;
- Integrate IHS eligible beneficiaries and IHS and tribal providers into the SoonerCare delivery system;
- Optimize quality of care and associated health outcomes through effective care management; and
- Expand access to affordable health insurance for low income working adults and spouses not eligible for Medicaid.

FISCAL PROJECTIONS

The requested amendment does not change the current approved budget neutrality methodology and does not contemplate any changes to program eligibility, benefits or program financing that would require modifications to the existing model. The final allocation of expenditures between the 1115 Demonstration and the separate SoonerSelect 1915b waiver will be established in consultation with CMS.

The tables below present estimated enrollment (member months) and expenditures with and without the Demonstration. (The Adult expansion Group is included within TANF-urban and TANF-rural.)

Projected Enrollment (Member Months) and Expenditures: Without Waiver

Demonstration Year		29	30	31	32	33	Total
Calendar Year		2024	2025	2026	2027	2028	
Medicaid Per Capita TANF-Urban	Total	\$ 2,393,503,043	\$ 2,586,863,435	\$ 2,795,844,546	\$ 3,021,708,305	\$ 3,265,818,586	\$ 14,063,737,916
	PMPM	\$ 500.50	\$ 524.53	\$ 549.71	\$ 576.09	\$ 603.74	
	Member Months	4,782,187	4,931,793	5,086,078	5,245,191	5,409,281	
TANF-Rural	Total	\$ 1,497,510,465	\$ 1,614,919,681	\$ 1,741,534,124	\$ 1,878,075,511	\$ 2,025,322,143	\$ 8,757,361,923
	PMPM	\$ 507.65	\$ 532.02	\$ 557.56	\$ 584.32	\$ 612.37	
	Member Months	\$ 2,949,881	\$ 3,035,458	\$ 3,123,518	\$ 3,214,133	\$ 3,307,376	
ABD-Urban	Total	\$ 629,089,430	\$ 669,840,151	\$ 713,230,595	\$ 759,431,755	\$ 808,625,702	\$ 3,580,217,634
	PMPM	\$ 1,713.35	\$ 1,795.60	\$ 1,881.78	\$ 1,972.11	\$ 2,066.77	
	Member Months	\$ 367,168	\$ 373,046	\$ 379,018	\$ 385,086	\$ 391,251	
ABD-Rural	Total	\$ 369,040,856	\$ 382,821,617	\$ 397,116,980	\$ 411,946,162	\$ 427,329,097	\$ 1,988,254,712
	PMPM	\$ 1,368.01	\$ 1,433.67	\$ 1,502.49	\$ 1,574.61	\$ 1,650.19	
	Member Months	\$ 269,765	\$ 267,022	\$ 264,306	\$ 261,618	\$ 258,958	
TOTAL		\$ 4,889,143,794	\$ 5,254,444,884	\$ 5,647,726,245	\$ 6,071,161,733	\$ 6,527,095,529	\$ 28,389,572,185

Projected Expenditures: With Waiver

Demonstration Year		29	30	31	32	33	Total
Calendar Year		2024	2025	2026	2027	2028	
Medicaid Per Capita							
TANF-Urban		\$ 1,292,854,506	\$ 1,397,298,431	\$ 1,510,179,914	\$ 1,632,180,585	\$ 1,764,037,145	\$ 7,596,550,582
TANF-Rural		\$ 822,355,956	\$ 846,553,087	\$ 987,533,902	\$ 1,170,635,016	\$ 1,028,717,828	\$ 4,855,795,788
ABD-Urban		\$ 556,862,616	\$ 592,934,679	\$ 631,343,393	\$ 672,240,120	\$ 715,786,027	\$ 3,169,166,835
ABD-Rural		\$ 423,015,978	\$ 438,812,283	\$ 455,198,456	\$ 472,196,522	\$ 489,829,332	\$ 2,279,052,571
Medicaid Aggregate - WW only							
Non-Disabled Working Adults ESI		\$ 46,129,945	\$ 48,425,186	\$ 50,834,629	\$ 53,363,957	\$ 56,019,133	\$ 254,772,851
TEFRA Children		\$ 16,292,302	\$ 18,700,789	\$ 21,465,321	\$ 24,638,534	\$ 28,280,842	\$ 109,377,789
Full-Time College Students ESI		\$ 539,068	\$ 567,186	\$ 596,770	\$ 627,898	\$ 660,649	\$ 2,991,570
Non-Disabled Working Adults IP		\$ 589,041	\$ 618,349	\$ 649,116	\$ 681,413	\$ 715,318	\$ 3,253,237
Full-Time College Students IP		\$ 5,863	\$ 6,154	\$ 6,460	\$ 6,782	\$ 7,119	\$ 32,379
HAN Expenditures		\$ 12,533,288	\$ 13,042,771	\$ 13,572,964	\$ 14,124,711	\$ 14,698,885	\$ 67,972,619
HMP Expenditures		\$ 15,101,479	\$ 16,006,074	\$ 16,964,856	\$ 17,981,070	\$ 19,058,156	\$ 85,111,634
Medical Education Programs		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL		\$ 3,186,280,042	\$ 3,372,964,990	\$ 3,688,345,781	\$ 4,058,676,607	\$ 4,117,810,435	\$ 18,424,077,855

BENEFITS, COST SHARING AND HEALTH CARE DELIVERY SYSTEM

Eligibility Requirements and Benefit Coverage

The proposed amendment will expand Medicaid eligibility for full-scope pregnancy benefits by increasing the income standard from 133% of the Federal Poverty Level (FPL) to 185% FPL, or 210% once converted to MAGI and applying the applicable MAGI disregards. Additionally, the proposed revisions will extend Medicaid postpartum coverage from 60 days to 12 months.

Cost Sharing

The proposed amendment will have no impact on beneficiary cost sharing requirements.

DEMONSTRATION EVALUATION

Following approval of the SoonerCare renewal application and this amendment request, the OHCA will prepare and submit an Evaluation Design for CMS review and approval, in accordance with requirements and timelines specified by CMS.

The proposed design will include hypotheses related to evaluation of access, quality and cost effectiveness under the Demonstration. It specifically will address populations covered under the Demonstration (e.g., Medicaid-only aged, blind and disabled members) through a methodology that evaluates members receiving care coordination to a comparison group selected using a statistically valid matching methodology.

The proposed design will include hypotheses related to waiving of retroactive eligibility for a portion of the SoonerCare population. The design will be in accordance with CMS recommendations for evaluation of retroactive eligibility waivers.

PROPOSED AMENDMENTS

The 1115(a) Demonstration amendment will request to waive:

- *Comparability* to permit the State to offer a different benefit package to individuals enrolled in the SoonerCare fee-for-service Patient Centered Medical Home (PCMH) model.
- *Freedom of Choice* to permit the State to restrict Medicaid enrollees to receiving services through participating SoonerSelect MCEs and to permit the State to contract with a single MCE for the SoonerSelect Specialty Children's Plan.
- *Retroactive Eligibility* to permit the State to waive retroactive eligibility for Demonstration participants, with the exception of pregnant women (and during the 12-month postpartum period beginning on the last day of pregnancy), children described in section 1902(1)(4) of the Act, the Tax Equity and Fiscal Responsibility Act (TEFRA), and Aged, Blind, and Disabled (ABD) populations.

ADDITIONAL FEDERAL AND STATE AUTHORITIES

The OHCA seeks authority to increase the income limit for pregnant women and expand postpartum coverage from 60 days to 12 months within the Title XIX State Plan. Amendments were submitted to CMS on December 30, 2022.

ADDITIONAL INFORMATION AND COMMENTS

Interested persons may visit oklahoma.gov/ohca/policies-and-rules/public-notices to view a copy of the public notice(s) and location and times of public hearings and visit oklahoma.gov/ohca/policies-and-rules/proposed-changes to view a copy of the proposed Demonstration waiver renewal request, supplemental information, updates, and a link to provide public comments on the proposal. Persons wishing to present their views in writing or obtain copies of the proposed waiver may do so via mail by writing to: Oklahoma Health Care Authority, Federal Authorities Unit, 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma 73105, or by email at federal.authorities@okhca.org. Written comments or requests for copies of the proposed waiver will be accepted by contacting OHCA as indicated. Comments submitted through the OHCA policy blog will be available for review online at oklahoma.gov/ohca/policies-and-rules/proposed-changes. Other written comments are available upon request at federal.authorities@okhca.org. Comments will be accepted from Jan. 27, 2023 until Feb. 26, 2023

SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request

With this amendment, the OHCA seeks the following modifications to the 1115(a) Demonstration Special Terms and Conditions (STCs), upon CMS approval through the end of the next waiver Demonstration period on December 31, 2028:

- Add Pregnant Women with incomes between 134 percent and 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL) under the Demonstration for the purpose of enrolling this Group in the SoonerCare fee-for-service Patient Centered Medical Home (PCMH) model.
- Extend the retroactive eligibility waiver exclusion for Pregnant Women with incomes up to 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL), from 60-days postpartum to 12-months postpartum.
- Add American Indian/Alaska Native (AI/AN) members with IHS creditable coverage under the Demonstration for the purpose of enrolling this Group on a voluntary basis in the SoonerCare Choice fee-for-service Patient Centered Medical Home (PCMH) model.
- Exclude individuals enrolled in risk-based managed care from the Demonstration, unless they are subject to the waiver of retroactive eligibility.

Please view the waiver amendment document [here](#) and submit feedback via the comment box below.

Tribal Consultation Period: 12/29/2022 – 2/27/2023

Tribal Consultation Meeting: 01/03/2023

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Comments

No comments.
