



State Plan Amendment Rate Committee (SPARC)

Agenda

June 18, 2021

1:00 PM

OHCA Board Room
4345 N. Lincoln Blvd
Oklahoma City, OK

I. Welcome and Roll Call: **Chair, Josh Richards**

This meeting will occur at the OHCA building at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105. All Committee members will participate in person.

Committee Members:

- Josh Richards (Chair, OHCA)
- Melody Anthony (OHCA)
- Sandra Puebla (OHCA)
- Debra Montgomery (OHCA)
- Leigh Newby (OSDH)
- Melissa Miller (ODMHSAS)
- Steven Byrom (OKDHS)

Public access via Zoom:

https://okhca.zoom.us/webinar/register/WN_lj3On0ZKRNyuGzTG-DYhuA

II. Public Comments (2 minute limit): **Chair, Josh Richards**

III. Rate issues to be addressed: Presentation, discussion, and vote

- Regular Nursing Facility Rates
(Presented by **Fred Mensah**, OHCA)
- AIDS Rate
(Presented by **Fred Mensah**, OHCA)
- Regular ICF Rate
(Presented by **Fred Mensah**, OHCA)



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonercaare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

- D. Acute ICF Rate
(Presented by **Fred Mensah**, OHCA)
- E. NF Serving Vent Patients
(Presented by **Fred Mensah**, OHCA)
- F. Advantage Waiver Services Rate Increases
(Presented by **Kathleen Kelley**, OKDHS)
- G. Developmental Disabilities Services Increases
(Presented by **Mark Lewis**, OKDHS)
- H. Care Coordination Rate For CCBHC Drug and Specialty Court Referrals
(Presented by **Maggie Den Harder**, ODMHSAS)

IV. Adjournment: **Chair, Josh Richards**

FUTURE SPARC MEETING
September 7, 2021
11:00am



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4345 N. Lincoln Blvd.
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STATE PLAN AMENDMENT RATE COMMITTEE

REGULAR NURSING FACILITIES RATE INCREASE

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) Fee for Regular Nursing Facilities per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds which provides rate increases to facilities. Additionally, the change allows OHCA to calculate the annual reallocation of the pool for the “Direct Care” and “Other Cost” components of the rate as per the State Plan. This change will also adjust the base rate component to reflect the correct amount for durable medical equipment, supplies and appliances.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Regular Nursing Facilities calls for the establishment of a prospective rate which consists of four components. The current components are as follows:

- A. Base Rate Component is \$121.30 per patient day.
- B. A Pay for Performance (PFP) Component defined as the dollars earned under this performance program with average payment of \$5.00 per patient day.
- C. An “Other Cost” Component which is defined as the per day amount derived from dividing 30% of the pool of funds available after meeting the needs of the Base and PFP Components by the total estimated Medicaid days for the rate period. This component once calculated is the same for each facility.

A “Direct Care” Component which is defined as the per day amount derived from allocating 70% of the pool of funds available after meeting the needs of the Base and PFP Components to the facilities. This component is determined separately and is different for each facility. The method (as approved in the State Plan) allocates the 70% pool of funds to each facility (on a per day basis) based on their relative expenditures for direct care costs. The current

STATE PLAN AMENDMENT RATE COMMITTEE

combined pool amount for “Direct Care” and “Other Cost” components is \$250,302,699. The current Quality of Care (QOC) fee is \$13.15 per patient day.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**

There is no change in methodology; however, there is a rate change for Regular Nursing Facilities because of the required annual recalculation of the Quality of Care (QOC) fee and reallocation of the pool for “Direct Care” and “Other Cost” components of the rate as per the State Plan. This change will also adjust the base rate component to reflect the correct amount for durable medical equipment, supplies, and appliances. The new Base Rate Component will be \$123.22 per patient day. The new combined pool amount for “Direct Care” and “Other Cost” components will be \$251,196,155. The new Quality of Care (QOC) fee will be \$15.31 per patient day.

6. **BUDGET ESTIMATE.**

The estimated budget impact for SFY2022 will be an increase in the total amount of \$37,150,369; with \$11,802,672 in state share coming from the increased QOC Fee (which is paid by providers).

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Regular Nursing Facilities:

- An increase to the base rate component from \$121.30 per patient day to \$123.22 per patient day.

A change to the combined pool amount for “Direct Care” and “Other Cost” Components from \$250,302,699 to \$251,196,155 for the annual reallocation of the Direct Care Cost Component as per the State Plan.

9. **EFFECTIVE DATE OF CHANGE.**

July 1, 2021 contingent upon CMS approval.

STATE PLAN AMENDMENT RATE COMMITTEE

**ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) NURSING
FACILITIES RATE INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) Fee for nursing facilities serving residents with AIDS per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds which provides rate increases to the facilities. This change will also adjust the AIDS rate to reflect the correct amount for durable medical equipment, supplies and appliances.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for nursing facilities serving residents with AIDS requires the establishment of a prospective rate which is based on the reported allowable cost per day. The current rate for this provider type is \$215.42 per patient day. The Quality of Care (QOC) fee is \$13.15 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, there is a rate change for nursing facilities serving residents with AIDS as a result of the required annual recalculation of the Quality of Care (QOC) fee. This change will also adjust the rate to reflect the correct amount for durable medical equipment, supplies and appliances. The rate for this provider type will be \$224.05 per patient day. The recalculated Quality of Care (QOC) fee will be \$15.31 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY2022 will be an increase in the total amount of \$71,189; with \$22,617 in state share coming from the increased QOC Fee (which is paid by the facilities).



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7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for nursing facilities serving residents with AIDS:

An increase to the AIDS rate from \$215.42 per patient day to \$224.05 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2021 contingent upon CMS approval.

STATE PLAN AMENDMENT RATE COMMITTEE

**REGULAR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH
INTELLECTUAL DISABILITIES (ICF/IID) RATE INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) Fee for Regular ICF/IID Facilities per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds which provides rate increases to facilities.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Regular ICF/IID facilities requires the establishment of a prospective rate which is based on the reported allowable cost per day.

The current rate for this provider type is \$129.01 per patient day.

The Quality of Care (QOC) fee is \$7.64 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, there is a rate change for Regular ICF/IID facilities because of the annual recalculation of the Quality of Care (QOC) fee.

The proposed rate for this provider type is \$129.79 per patient day.

The recalculated Quality of Care (QOC) fee is \$7.89 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY2022 will be an increase in the total amount of \$159,822; with \$50,775 in state share coming from the increased QOC Fee (which is paid by providers).

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.



STATE PLAN AMENDMENT RATE COMMITTEE

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Regular ICF/IID facilities:

An increase in rate from \$129.01 per patient day to \$129.79 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2021 contingent upon CMS approval.

STATE PLAN AMENDMENT RATE COMMITTEE

**ACUTE (16 BED-OR-LESS) INTERMEDIATE CARE FACILITIES FOR
INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID) RATE
INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) Fee for Acute ICF/IID Facilities per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds which provides rate increases to facilities.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Acute ICF/IID facilities requires the establishment of a prospective rate which is based on the reported allowable cost per day.

The current rate for this provider type is \$164.20 per patient day.

The Quality of Care (QOC) fee is \$9.66 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, there is a rate change for Acute ICF/IID facilities as a result of the annual recalculation of the Quality of Care (QOC) fee.

The proposed rate for this provider type is \$164.62 per patient day.

The recalculated Quality of Care (QOC) fee is \$9.79 per patient.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY2022 will be an increase in the total amount of \$128,439; with \$40,805 in state share coming from the increased QOC Fee (which is paid by providers).

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.



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8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Acute ICF/IID facilities:

An increase in rate from \$164.20 per patient day to \$164.62 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2021 contingent upon CMS approval.

STATE PLAN AMENDMENT RATE COMMITTEE

**NURSING FACILITIES SERVING VENTILATOR PATIENT ADD-ON RATE
INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the add-on rate for Nursing Facilities serving ventilator dependent residents. This change will provide adequate funding to these facilities to enable them to procure medical equipment, supplies and appliances for ventilator dependent residents.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

Reimbursement for Nursing Facilities serving ventilator residents is limited to the average standard rate paid to Nursing Facilities plus an add-on rate. The add-on rate reflects the additional costs of meeting specialized care needs of ventilator residents. The current ventilator add-on rate is \$135.43 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, this rate increase is being implemented to provide adequate funding to Nursing Facilities serving ventilator patients to enable them to procure medical equipment, supplies and appliances for ventilator dependent residents. The new ventilator add-on rate will be \$186.64 per patient day.

6. BUDGET ESTIMATE.

There is no budget impact as the rate increase is funded with existing dollars.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

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8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Nursing Facilities serving ventilator patients:

An increase to the ventilator add-on rate from \$135.43 per patient day to \$186.64 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2021 contingent upon CMS approval.

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ADVANTAGE WAIVER SERVICES RATE INCREASES

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

Oklahoma Human Services (OHS) is seeking to implement a provider rate increase pursuant to 1915(C) HOME AND COMMUNITY-BASED SERVICES WAIVER INSTRUCTIONS AND TECHNICAL GUIDANCE APPENDIX K: EMERGENCY PREPAREDNESS AND RESPONSE.

On March 18, 2020, the President signed into law H.R. 6021, the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state and territory's Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act (the Act) effective January 1, 2020 through the last day of the calendar quarter in which the public health emergency declared by the Secretary of Health and Human Services for COVID-19, including any extensions, terminates.

To effectively respond to the COVID-19 outbreak, the state requires the flexibility to adjust provider rates to account for the increased risk factors associated with COVID-19, such as overtime costs, to ensure that essential services remain available for *ADvantage* waiver recipients. Oklahoma has deemed it necessary to reimburse providers with an additional retroactive add-on COVID-19 rate. This add-on payment will apply to all services in which face-to-face contact is essential for beneficiary health and safety. The amount of the retroactive add-on payment rate will be for the time period of October 1, 2020 through December 31, 2020 and will not exceed 20% of the provider's current rate. Oklahoma is proposing a retroactive COVID-19 add-on payment for the following services:

- Home Care Services
 - Registered Nurse Skilled Nursing – Home Health Setting
 - Registered Nurse Skilled Nursing – Extended State Plan
 - Licensed Practical Nursing – Home Health Setting
 - Licensed Practical Nursing – Extended State Plans

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- Personal Care Services
- Advanced Supportive/Restorative
- In-home Respite (less than 8 hours)
- In-home Extended Respite (8+ hours)
- Adult Day Health Services
 - Adult Day Health
 - Personal Care in Adult Day Health
- Assisted Living Services
 - Assisted Living Standard Tier
 - Assisted Living Intermediate Tier
 - Assisted Living High Tier
- Hospice Services
- Nursing Facility Respite Services

The COVID-19 pandemic has placed a great amount of financial strain on the provider community. Providers have experienced issues causing non-budgeted overtime costs, increased costs for personal protective equipment and a tightening labor market. The proposed rate increase seeks to temporarily provide additional compensation to providers during the public health emergency.

The services provided by these rates are available to recipients on the *ADvantage* home and community-based services waiver.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**

The current rate structure for services provided in the proposed rate changes are of two types:

- Utilizing the Medicaid Rate established for State Plan Services. Services of this type include:
 - Personal Care Services
 - Respite Services
 - Nursing Facility Respite Services
- Fixed and uniform rates established through the State Plan Amendment Rate Committee process. Services of this type include:
 - Nursing
 - Adult Day Health Care
 - Advanced Supportive/Restorative Assistance

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- Assisted Living Services
- Hospice Services

All services are in 15-minute units except In-home Extended Respite, Personal Care in Adult Day Health, Assisted Living (all tier levels), Hospice, and Nursing Facility Respite, which are all per-diem services.

The services, current service codes and rates are as follows:

| SERVICE DESCRIPTION | SERVICE CODE | Service Unit | Current Rate |
|--|---------------------|---------------------|---------------------|
| Registered Nurse Skilled Nursing – Home Health Setting | G0299 | 15 min | \$15.60 |
| Registered Nurse Skilled Nursing – Extended State Plan | G0299 TF | 15 min | \$15.60 |
| Licensed Practical Nursing – Home Health Setting | G0300 | 15 min | \$14.56 |
| Licensed Practical Nursing – Extended State Plan | G0300 TF | 15 min | \$14.56 |
| Personal Care Services | T1019 | 15 min | \$4.21 |
| Advanced/Supportive Restorative Assistance | T1019 TF | 15 min | \$4.52 |
| In-home Respite (less than 8 hours) | T1005 | 15 min | \$4.21 |
| In-home Extended Respite (8+ hours) | S9125 | Per day | \$175.55 |
| Adult Day Health Services | S5100 U1 | 15 min | \$2.08 |
| Personal Care in Adult Day Health | S5105 | Per day | \$8.27 |
| Assisted Living Services – Standard Tier | T2031 | Per day | \$48.99 |
| Assisted Living Services – Intermediate Tier | T2031 TF | Per day | \$66.11 |
| Assisted Living Services – High Tier | T2031 TG | Per day | \$92.47 |
| Hospice Services | S9126 | Per day | \$123.80 |
| Nursing Facility Respite Services | 120 | Per day | \$178.88 |

5. NEW METHODOLOGY OR RATE STRUCTURE.

The new rates are based on a 20% increase of existing rates.

| SERVICE DESCRIPTION | SERVICE CODE | Service Unit | Current Rate | Proposed Rate | Total Cost for 3 Months |
|--|---------------------|---------------------|---------------------|----------------------|--------------------------------|
| Registered Nurse Skilled Nursing – Home Health Setting | G0299 | 15 min | \$15.60 | \$18.72 | \$153,578.88 |

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| SERVICE DESCRIPTION | SERVICE CODE | Service Unit | Current Rate | Proposed Rate | Total Cost for 3 Months |
|--|--------------|--------------|--------------|---------------|-------------------------|
| Registered Nurse Skilled Nursing – Extended State Plan | G0299 TF | 15 min | \$15.60 | \$18.72 | \$131.04 |
| Licensed Practical Nursing – Home Health Setting | G0300 | 15 min | \$14.56 | \$17.47 | \$210,327.94 |
| Licensed Practical Nursing – Extended State Plan | G0300 TF | 15 min | \$14.56 | \$17.47 | \$646.46 |
| Personal Care Services | T1019 | 15 min | \$4.21 | \$5.05 | \$19,422,352.26 |
| Advanced/Supportive Restorative Assistance | T1019 TF | 15 min | \$4.52 | \$5.42 | \$224,564.45 |
| In-home Respite (less than 8 hours) | T1005 | 15 min | \$4.21 | \$5.05 | \$41,724.47 |
| In-home Extended Respite (8+ hours) | S9125 | Per day | \$175.55 | \$210.66 | \$9,269.04 |
| Adult Day Health Services | S5100 U1 | 15 min | \$2.08 | \$2.50 | \$431,198.98 |
| Personal Care in Adult Day Health | S5105 | Per day | \$8.27 | \$9.92 | \$2,490.92 |
| Assisted Living Services – Standard Tier | T2031 | Per day | \$48.99 | \$58.79 | \$0.00 |
| Assisted Living Services – Intermediate Tier | T2031 TF | Per day | \$66.11 | \$79.33 | \$29,590.84 |
| Assisted Living Services – High Tier | T2031 TG | Per day | \$92.47 | \$110.96 | \$3,245,364.11 |
| Hospice Services | S9126 | Per day | \$123.80 | \$148.56 | \$166,832.88 |
| Nursing Facility Respite Services | 120 | Per day | \$178.88 | \$214.66 | \$20,392.32 |

6. BUDGET ESTIMATE.

Oklahoma's FFY21 FMAP of 67.99% has been temporarily increased to 74.19% as a result of the FFCRA. OHS has elected to utilize this funding to temporarily increase rates supporting waived care for the three-month period beginning 10/01/2020 and ending on 12/31/2020.

The 20% retroactive temporary rate adjustment results in a total cost of \$23,958,465, which is an increase of \$4,170,414 over the current base rate. Of this amount, \$3,094,030 is Federal funding and \$1,076,384 is State funding.

OHS attests it has adequate funding to pay the state share of the projected increase in service costs related to the one-time rate adjustment of the listed services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The rate increase will have a positive impact on access to care as providers will be better able to meet increased costs resulting from the COVID-19 public health emergency.



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8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

Oklahoma Human Services requests the State Plan Amendment Rate Committee approve the proposed 20% retroactive rate increase for *ADvantage* waiver providers.

9. EFFECTIVE DATE OF CHANGE.

Retroactive for the time period beginning on October 1, 2020 and ending on December 31, 2020, contingent upon CMS approval.

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DEVELOPMENTAL DISABILITIES SERVICES INCREASES

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

Oklahoma Human Services (OHS) is seeking to implement a provider rate increase pursuant to 1915(C) HOME AND COMMUNITY-BASED SERVICES WAIVER INSTRUCTIONS AND TECHNICAL GUIDANCE APPENDIX K: EMERGENCY PREPAREDNESS AND RESPONSE.

On March 18, 2020, the President signed into law H.R. 6021, the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA **provides a temporary 6.2 percentage point increase to each qualifying state** and territory's Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act (the Act) effective beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency declared by the Secretary of Health and Human Services for COVID-192 , including any extensions, terminates.

To effectively respond to the COVID-19 outbreak the state requires the flexibility to adjust provider rates to account for the increased risk factors associated with COVID-19, overtime and to ensure that essential services remain available for service recipients. Oklahoma has deemed it necessary to reimburse providers with an additional retroactive add on COVID-19 rate. This add on payment will apply to all services in which face to face contact is essential for beneficiary health and safety. The amount of the retroactive add on payment rate will be for the time period of October 1, 2020 through December 31, 2020 and will not exceed 20% of the provider's current rate. Oklahoma is proposing a retroactive COVID-19 add on payment for the following services:

- Adult Day
- Agency Companion
- Daily Living Supports
- Extended Duty Nursing
- Group Home

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- Habilitation Training Specialist
- Homemaker
- Intensive Personal Supports
- Nursing
- Prevocational
- Respite
- Specialized Foster Care
- Supported Employment

The COVID-19 pandemic has placed a great amount of financial strain on the provider community. Providers have experienced lockdowns causing non-budgeted overtime costs; increased cost for personal protective equipment and a tightening labor market. The proposed rate increase seeks to temporarily provide additional compensation to providers during the public emergency.

The services provided by these rates are available to recipients on the Medicaid In Home Supports Waiver for Children, In-Home Supports Waiver for Adults, Homeward Bound Waiver, Community Waiver.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate structure for services provided in the proposed rate changes are fixed and uniform rates established through the State Plan Amendment Rate Committee process. The services, current service codes and rates are as follows:

| SERVICE DESCRIPTION | SERVICE CODE | SERVICE UNIT | CURRENT RATE |
|--|----------------|--------------|--------------|
| ADULT DAY CARE | S5100 | 15 Min | \$2.08 |
| AGENCY COMPANION – CLOSE | S5126 U1 | 1 Day | \$100.36 |
| AGENCY COMPANION - CLOSE - THERAPEUTIC LEAVE | S5126 U1 TV | 1 Day | \$100.36 |
| AGENCY COMPANION – ENHANCED | S5126 | 1 Day | \$130.52 |
| AGENCY COMPANION - ENHANCED - THERAPEUTIC LEAVE | S5126 TV | 1 Day | \$130.52 |
| AGENCY COMPANION - Pervasive Level | S5126 TF | 1 Day | \$142.74 |
| AGENCY COMPANION - Pervasive Level - THERAPEUTIC LEAVE | S5126 TF TV | 1 Day | \$142.74 |
| DAILY LIVING SUPPORTS | T2033 | 1 Day | \$160.16 |
| DAILY LIVING SUPPORTS – Telehealth | T2033 GT | 1 Day | \$160.16 |
| DAILY LIVING SUPPORTS - THER LEAVE | T2033 TV | 1 Day | \$160.16 |
| ES - CENTER BASED PREVOCAIONAL SVS | T2015 U1 | 1 Hour | \$5.20 |



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|---|-------------|---------|----------|
| ES - COMMUNITY BASED PREVOCATIONAL SERVICES | T2015 TF | 1 Hour | \$10.40 |
| ES - COMMUNITY BASED INDIVIDUAL SERVICES | T2015 U4 | 1 Hour | \$16.84 |
| ES - EMPLOYMENT SPECIALIST | T2019 | 15 Min | \$6.28 |
| ES - ENHANCED COMMUNITY BASED PREVOCATIONAL | T2015 | 1 Hour | \$13.85 |
| ES - JOB COACHING - GROUP OF 4-5 | T2019 TF | 15 Min | \$3.47 |
| ES - JOB COACHING - GROUP OF 2-3 | T2019 HQ | 15 Min | \$3.75 |
| ES - ENHANCED JOB COACHING SERVICES - GROUP OF 4-5 | T2019 TG | 15 Min | \$4.04 |
| ES - ENHANCED JOB COACHING SERVICES - GROUP OF 2-3 | T2019 TG-HQ | 15 Min | \$4.32 |
| ES - JOB COACHING INDIVIDUAL SERVICES | T2019 U4 | 15 Min | \$6.25 |
| ES - JOB COACHING INDIVIDUAL SERVICES - Telehealth | T2019 U4 GT | 15 Min | \$6.25 |
| ES - JOB STABILIZATION / EXTENDED SERVICES | T2019 U1 | 15 Min | \$1.44 |
| ES - PRE-VOC. HTS - SUPP. SUPPORTS | T2015 TG | 1 Hour | \$13.10 |
| GROUP HOME ALT. LIVING HOME, 4 BED | T1020 | 1 Day | \$303.68 |
| GROUP HOME COMM. LIVING HOME, 6 BED | T1020 | 1 Day | \$173.42 |
| GROUP HOME COMM. LIVING HOME, 7 BED | T1020 | 1 Day | \$148.72 |
| GROUP HOME COMM. LIVING HOME, 8 BED | T1020 | 1 Day | \$143.78 |
| GROUP HOME COMM. LIVING HOME, 9 BED | T1020 | 1 Day | \$127.66 |
| GROUP HOME COMM. LIVING HOME, 10 BED | T1020 | 1 Day | \$125.58 |
| GROUP HOME COMM. LIVING HOME, 11 BED | T1020 | 1 Day | \$114.14 |
| GROUP HOME COMM. LIVING HOME, 12 BED | T1020 | 1 Day | \$112.84 |
| GROUP HOME, 6 BED | T1020 | 1 Day | \$75.40 |
| GROUP HOME, 7 BED | T1020 | 1 Day | \$64.48 |
| GROUP HOME, 8 BED | T1020 | 1 Day | \$56.42 |
| GROUP HOME, 9 BED | T1020 | 1 Day | \$51.48 |
| GROUP HOME, 10 BED | T1020 | 1 Day | \$47.58 |
| GROUP HOME, 11 BED | T1020 | 1 Day | \$44.46 |
| GROUP HOME, 12 BED | T1020 | 1 Day | \$41.86 |
| HOMEMAKER | S5130 | 15 Min | \$4.00 |
| HOMEMAKER – EVV | S5130 32 | 15 Min | \$4.00 |
| HOMEMAKER RESPITE | S5150 | 15 Min | \$4.00 |
| HOMEMAKER RESPITE – EVV | S5150 32 | 15 Min | \$4.00 |
| HTS - HABILITATION TRAINING SPECIALIST | T2017 | 15 Min | \$4.21 |
| HTS - HABILITATION TRAINING SPECIALIST - EVV | T2017 32 | 15 Min | \$4.21 |
| HTS - HABILITATION TRAINING SPECIALIST - Telehealth | T2017 GT | 15 Min | \$4.21 |
| HTS - NO SUPV AGENCY - INDEPENDENT | T2017 U1 | 15 Min | \$1.90 |
| | | | |
| INTENSIVE PERSONAL SUPPORTS | T2017 TF | 15 Min | \$4.21 |
| NURSING EXTENDED DUTY | T1000 | 15 Min | \$6.76 |
| NURSING INTERMITTENT SKILLED | T1001 | 1 Visit | \$52.52 |
| NURSING - REGISTERED NURSE | G0299 | 15 Min | \$15.60 |
| NURSING - LICENSED PRACTICAL NURSE | G0300 | 15 min | \$14.56 |
| NURSING - LICENSED PRACTICAL NURSE - Telehealth | G0300 GT | 15 min | \$14.56 |



STATE PLAN AMENDMENT RATE COMMITTEE

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| RESPITE – MAXIMUM | S5151 | 1 Day | \$79.04 |
| RESPITE IN - AGENCY COMPANION - CLOSE | S5151 | 1 Day | \$123.24 |
| RESPITE IN - AGENCY COMPANION - ENHANCED | S5151 | 1 Day | \$153.40 |
| RESPITE IN - AGENCY COMPANION - Pervasive | S5151 | 1 Day | \$165.62 |
| RESPITE IN - GROUP HOME, 6 BED | S5151 | 1 Day | \$98.70 |
| RESPITE IN - GROUP HOME, 7 BED | S5151 | 1 Day | \$87.36 |
| RESPITE IN - GROUP HOME, 8 BED | S5151 | 1 Day | \$79.70 |
| RESPITE IN - GROUP HOME, 9 BED | S5151 | 1 Day | \$74.36 |
| RESPITE IN - GROUP HOME, 10 BED | S5151 | 1 Day | \$70.46 |
| RESPITE IN - GROUP HOME, 11 BED | S5151 | 1 Day | \$67.34 |
| RESPITE IN - GROUP HOME, 12 BED | S5151 | 1 Day | \$64.74 |
| RESPITE IN - COMMUNITY LIVING HOME, 6 BED | S5151 | 1 Day | \$196.30 |
| RESPITE IN - COMMUNITY LIVING HOME, 7 BED | S5151 | 1 Day | \$171.60 |
| RESPITE IN - COMMUNITY LIVING HOME, 8 BED | S5151 | 1 Day | \$166.66 |
| RESPITE IN - COMMUNITY LIVING HOME, 9 BED | S5151 | 1 Day | \$150.54 |
| RESPITE IN - COMMUNITY LIVING HOME, 10 BED | S5151 | 1 Day | \$148.46 |
| RESPITE IN - COMMUNITY LIVING HOME, 11 BED | S5151 | 1 Day | \$137.02 |
| RESPITE IN - COMMUNITY LIVING HOME, 12 BED | S5151 | 1 Day | \$135.72 |
| RESPITE, IN OWN HOME-CLOSE | S9125 TF | 1 Day | \$28.50 |
| RESPITE, IN OWN HOME-INTERMITTENT | S9125 U1 | 1 Day | \$19.00 |
| RESPITE, IN OWN HOME-MAXIMUM | S9125 | 1 Day | \$57.04 |
| SPECIALIZED FOSTER CARE ADULT-CLOSE | S5140 U1 | 1 Day | \$30.00 |
| SPECIALIZED FOSTER CARE ADULT-MAX. | S5140 | 1 Day | \$56.16 |
| SPECIALIZED FOSTER CARE CHILD-CLOSE | S5145 U1 | 1 Day | \$30.00 |
| SPECIALIZED FOSTER CARE CHILD-MAX. | S5145 | 1 Day | \$56.16 |

5. NEW METHODOLOGY OR RATE STRUCTURE.

The new rates are based on a 20% increase of existing rates

| SERVICE DESCRIPTION | SERVICE CODE | SERVICE UNIT | PROPOSED RATE | TOTAL COST 3 MTHS |
|--|--------------|--------------|---------------|-------------------|
| ADULT DAY CARE | S5100 | 15 Min | \$ 2.50 | \$ 160,040.92 |
| AGENCY COMPANION – CLOSE | S5126 U1 | 1 Day | \$ 120.43 | \$ 42,095.33 |
| AGENCY COMPANION - CLOSE - THERAPEUTIC LEAVE | S5126 U1 TV | 1 Day | \$ 120.43 | \$ 171.95 |
| AGENCY COMPANION – ENHANCED | S5126 | 1 Day | \$ 156.62 | \$ 156,458.64 |
| AGENCY COMPANION - ENHANCED - THERAPEUTIC LEAVE | S5126 TV | 1 Day | \$ 156.62 | \$ 1,129.32 |
| AGENCY COMPANION - Pervasive Level | S5126 TF | 1 Day | \$ 171.29 | \$ 110,083.55 |
| AGENCY COMPANION - Pervasive Level - THERAPEUTIC LEAVE | S5126 TF TV | 1 Day | \$ 171.29 | \$ 1,027.17 |
| DAILY LIVING SUPPORTS | T2033 | 1 Day | \$ 192.19 | \$ 4,907,150.21 |
| DAILY LIVING SUPPORTS – Telehealth | T2033 GT | 1 Day | \$ 192.19 | \$ - |



STATE PLAN AMENDMENT RATE COMMITTEE

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| DAILY LIVING SUPPORTS - THER LEAVE | T2033 TV | 1 Day | \$ 192.19 | \$ 16,526.43 |
| ES - CENTER BASED PREVOCAIONAL SVS | T2015 U1 | 1 Hour | \$ 6.24 | \$ 179,487.25 |
| ES - COMMUNITY BASED PREVOCAIONAL SERVICES | T2015 TF | 1 Hour | \$ 12.48 | \$ 90,663.29 |
| ES - COMMUNITY BASED INDIVIDUAL SERVICES | T2015 U4 | 1 Hour | \$ 20.21 | \$ 162,960.92 |
| ES - EMPLOYMENT SPECIALIST | T2019 | 15 Min | \$ 7.54 | \$ 1,016.42 |
| ES - ENHANCED COMMUNITY BASED PREVOCAIONAL | T2015 | 1 Hour | \$ 16.62 | \$ 23,266.69 |
| ES - JOB COACHING - GROUP OF 4-5 | T2019 TF | 15 Min | \$ 4.16 | \$ 771,552.43 |
| ES - JOB COACHING - GROUP OF 2-3 | T2019 HQ | 15 Min | \$ 4.50 | \$ 13,017.88 |
| ES - ENHANCED JOB COACHING SERVICES - GROUP OF 4-5 | T2019 TG | 15 Min | \$ 4.85 | \$ 69,899.62 |
| ES - ENHANCED JOB COACHING SERVICES - GROUP OF 2-3 | T2019 TG-HQ | 15 Min | \$ 5.18 | \$ 6,309.59 |
| ES - JOB COACHING INDIVIDUAL SERVICES | T2019 U4 | 15 Min | \$ 7.50 | \$ 119,208.63 |
| ES - JOB COACHING INDIVIDUAL SERVICES – Telehealth | T2019 U4 GT | 15 Min | \$ 7.50 | \$ 1,469.11 |
| ES - JOB STABILIZATION / EXTENDED SERVICES | T2019 U1 | 15 Min | \$ 1.73 | \$ 2,395.93 |
| ES - PRE-VOC. HTS - SUPP. SUPPORTS | T2015 TG | 1 Hour | \$ 15.72 | \$ 111,820.62 |
| GROUP HOME ALT. LIVING HOME, 4 BED | T1020 | 1 Day | \$ 364.42 | \$ 411,332.20 |
| GROUP HOME COMM. LIVING HOME, 6 BED | T1020 | 1 Day | \$ 208.10 | \$ 355,747.06 |
| GROUP HOME COMM. LIVING HOME, 7 BED | T1020 | 1 Day | \$ 178.46 | \$ 11,727.66 |
| GROUP HOME COMM. LIVING HOME, 8 BED | T1020 | 1 Day | \$ 172.54 | \$ - |
| GROUP HOME COMM. LIVING HOME, 9 BED | T1020 | 1 Day | \$ 153.19 | \$ - |
| GROUP HOME COMM. LIVING HOME, 10 BED | T1020 | 1 Day | \$ 150.70 | \$ 3,932.11 |
| GROUP HOME COMM. LIVING HOME, 11 BED | T1020 | 1 Day | \$ 136.97 | \$ 7,802.95 |
| GROUP HOME COMM. LIVING HOME, 12 BED | T1020 | 1 Day | \$ 135.41 | \$ 8,946.59 |
| GROUP HOME, 6 BED | T1020 | 1 Day | \$ 90.48 | \$ 387,700.31 |
| GROUP HOME, 7 BED | T1020 | 1 Day | \$ 77.38 | \$ 8,393.52 |
| GROUP HOME, 8 BED | T1020 | 1 Day | \$ 67.70 | \$ 113.58 |
| GROUP HOME, 9 BED | T1020 | 1 Day | \$ 61.78 | \$ - |
| GROUP HOME, 10 BED | T1020 | 1 Day | \$ 57.10 | \$ 13,342.73 |
| GROUP HOME, 11 BED | T1020 | 1 Day | \$ 53.35 | \$ 6,461.62 |
| GROUP HOME, 12 BED | T1020 | 1 Day | \$ 50.23 | \$ 22,895.19 |
| HOMEMAKER | S5130 | 15 Min | \$ 4.80 | \$ 20,052.89 |



STATE PLAN AMENDMENT RATE COMMITTEE

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|---|-------------|---------|-----------|-----------------|
| HOMEMAKER – EVV | S5130 32 | 15 Min | \$ 4.80 | \$ 33,682.23 |
| HOMEMAKER RESPITE | S5150 | 15 Min | \$ 4.80 | \$ 74,880.10 |
| HOMEMAKER RESPITE – EVV | S5150 32 | 15 Min | \$ 4.80 | \$ 9,994.71 |
| HTS - HABILITATION TRAINING SPECIALIST | T2017 | 15 Min | \$ 5.05 | \$ 5,020,392.07 |
| HTS - HABILITATION TRAINING SPECIALIST - EVV | T2017 32 | 15 Min | \$ 5.05 | \$ 870,282.69 |
| HTS - HABILITATION TRAINING SPECIALIST – Telehealth | T2017 GT | 15 Min | \$ 5.05 | \$ - |
| HTS - NO SUPV AGENCY – INDEPENDENT | T2017 U1 | 15 Min | \$ 2.28 | \$ - |
| HTS - SELF DIRECTED SERVICE | T2017 U1 TF | 15 Min | \$ 5.05 | \$ - |
| INTENSIVE PERSONAL SUPPORTS | T2017 TF | 15 Min | \$ 5.05 | \$ 195,429.91 |
| NURSING EXTENDED DUTY | T1000 | 15 Min | \$ 8.11 | \$ 151,482.33 |
| NURSING INTERMITTENT SKILLED | T1001 | 1 Visit | \$ 63.02 | \$ 62,985.41 |
| NURSING - REGISTERED NURSE | G0299 | 15 Min | \$ 18.72 | \$ 12,391.95 |
| NURSING - LICENSED PRACTICAL NURSE | G0300 | 15 min | \$ 17.47 | \$ 3,678.98 |
| NURSING - LICENSED PRACTICAL NURSE – Telehealth | G0300 GT | 15 min | \$ 17.47 | \$ 37.42 |
| RESPITE – MAXIMUM | S5151 | 1 Day | \$ 94.85 | \$ 71.10 |
| RESPITE IN - AGENCY COMPANION – CLOSE | S5151 | 1 Day | \$ 147.89 | \$ 52.79 |
| RESPITE IN - AGENCY COMPANION - ENHANCED | S5151 | 1 Day | \$ 184.08 | \$ 374.53 |
| RESPITE IN - AGENCY COMPANION - Pervasive | S5151 | 1 Day | \$ 198.74 | \$ 468.21 |
| RESPITE IN - GROUP HOME, 6 BED | S5151 | 1 Day | \$ 118.44 | \$ 105.69 |
| RESPITE IN - GROUP HOME, 7 BED | S5151 | 1 Day | \$ 104.83 | \$ - |
| RESPITE IN - GROUP HOME, 8 BED | S5151 | 1 Day | \$ 95.64 | \$ - |
| RESPITE IN - GROUP HOME, 9 BED | S5151 | 1 Day | \$ 89.23 | \$ - |
| RESPITE IN - GROUP HOME, 10 BED | S5151 | 1 Day | \$ 84.55 | \$ - |
| RESPITE IN - GROUP HOME, 11 BED | S5151 | 1 Day | \$ 80.81 | \$ - |
| RESPITE IN - GROUP HOME, 12 BED | S5151 | 1 Day | \$ 77.69 | \$ - |
| RESPITE IN - COMMUNITY LIVING HOME, 6 BED | S5151 | 1 Day | \$ 235.56 | \$ - |
| RESPITE IN - COMMUNITY LIVING HOME, 7 BED | S5151 | 1 Day | \$ 205.92 | \$ - |
| RESPITE IN - COMMUNITY LIVING HOME, 8 BED | S5151 | 1 Day | \$ 199.99 | \$ - |
| RESPITE IN - COMMUNITY LIVING HOME, 9 BED | S5151 | 1 Day | \$ 180.65 | \$ - |
| RESPITE IN - COMMUNITY LIVING HOME, 10 BED | S5151 | 1 Day | \$ 178.15 | \$ - |

STATE PLAN AMENDMENT RATE COMMITTEE

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| RESPIRE IN - COMMUNITY LIVING HOME, 11 BED | S5151 | 1 Day | \$ 164.42 | \$ - |
| RESPIRE IN - COMMUNITY LIVING HOME, 12 BED | S5151 | 1 Day | \$ 162.86 | \$ - |
| RESPIRE, IN OWN HOME-CLOSE | S9125 TF | 1 Day | \$ 34.20 | \$ - |
| RESPIRE, IN OWN HOME-INTERMITTENT | S9125 U1 | 1 Day | \$ 22.80 | \$ - |
| RESPIRE, IN OWN HOME-MAXIMUM | S9125 | 1 Day | \$ 68.45 | \$ - |
| SPECIALIZED FOSTER CARE ADULT-CLOSE | S5140 U1 | 1 Day | \$ 36.00 | \$ - |
| SPECIALIZED FOSTER CARE ADULT-MAX. | S5140 | 1 Day | \$ 67.39 | \$ 90,482.55 |
| SPECIALIZED FOSTER CARE CHILD-CLOSE | S5145 U1 | 1 Day | \$ 36.00 | \$ - |
| SPECIALIZED FOSTER CARE CHILD-MAX. | S5145 | 1 Day | \$ 67.39 | \$ 32,424.48 |

6. BUDGET ESTIMATE.

Oklahoma's FFY21 FMAP of 67.99% has been temporarily increased to 74.19% as a result of the FFCRA. OHS has elected to utilize a portion of this funding to retroactively increase rates supporting waived care from October 1, 2020 through December 31, 2020.

The 20% temporary increase has a total cost of \$14,765,417.49. Of this amount, \$10,954,463.24 is federal funding and \$3,810,954.25 in state funding.

OHS attests it has adequate funding to pay the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The rate increase will have a positive impact on access to care as providers are able to meet increased costs resulting from the COVID-19 public health emergency.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

OHS requests the State Plan Amendment Rate Committee approve the proposal to implement a 20% temporary rate increase to provide vendors financial relief during the public health emergency with a retroactive start date of October 1, 2020 and an ending date of December 31, 2020.

9. EFFECTIVE DATE OF CHANGE.

Retroactive to October 1, 2020 through December 31, 2020, contingent upon CMS approval.

STATE PLAN AMENDMENT RATE COMMITTEE

**CARE COORDINATION RATE FOR CCBHC DRUG AND SPECIALTY COURT
REFERRALS**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) seeks to implement a care coordination rate for drug and specialty court referrals received by Certified Community Behavioral Health Clinics (CCBHCs). The intent is to support service provision for pharmacological services when members are required to utilize or are otherwise accessing additional services from non-CCBHC providers. This rate was approved by CMS in the Oklahoma Medicaid State Plan in 2019.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

There is no established encounter rate for these services.

5. NEW METHODOLOGY OR RATE STRUCTURE.

The new encounter base rate is \$45.00 per encounter for at least 15 minutes of clinical staff time provided per calendar month to non-established clients.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2021 (6 months) is \$16,470 total/\$2,511 state share. The estimated budget impact for SFY2022 is \$45,900 total/\$6,997 state share. ODMHSAS attests that it has adequate funds to cover the state share of the projected cost of services per fiscal year.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The ODMHSAS has determined that this change will have a positive impact in that the encounter rate will support provision of vital services for non-established CCBHC members.



STATE PLAN AMENDMENT RATE COMMITTEE

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The ODMHSAS requests the State Plan Amendment Rate Committee approve the proposed encounter rate for care coordination of drug and specialty court referrals received by Certified Community Behavioral Health Clinics.

9. EFFECTIVE DATE OF CHANGE.

January 1, 2021