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OKLAHOMA HEALTH CARE AUTHORITY

SPARC Agenda
June 26, 2018
10:00 AM
OHCA Board Room

Rate issues to be addressed:

REGULAR NURSING FACILITIES RATE

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 OHCA to collect additional QOC fees from providers and match them with federal funds which provides rate increases to the facilities. Additionally this will allow OHCA to calculate the annual reallocation of the pool for the "Direct" and "Other Cost" components of the rate as per The State Plan.

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 $107.79 per patient day.
   B. A Focus on Excellence (FOE) Component defined by the points earned under this performance program ranging from $1.00 to $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 FOE Component by the total estimated Medicaid days for the rate period. This component once calculated is the same for each facility.
   D. 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 FOE 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 combined pool amount for "Direct Care" and "Other Cost" components is $160,636,876. The current Quality of Care (QOC) fee is $11.29 per patient day.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
There is no change in the methodology; however there is a proposed rate change for Regular Nursing facilities as a result of the required annual recalculation of the Quality of Care (QOC) fee and the annual reallocation of the pool for the "Direct" and "Other Cost" components of the rate as per The State Plan. The Base Rate Component will be $107.98 per patient day. The new combined pool amount for "Direct Care" and "Other Cost" components will be $158,938,847. The new Quality of Care (QOC) fee will be $11.48 per patient day.

6. **BUDGET ESTIMATE.**
The estimated budget impact for SFY2019 will be an increase in the total amount of $3,031,836; with $1,169,379 in state share coming from the increased QOC Fee (which is paid by the 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 in the base rate component from $107.79 per patient day to $107.98 per patient day.
   - A change in the combined pool amount for the "Other Cost" and "Direct Care" Components from $160,636,876 to $158,938,847 total dollars to account for decrease in Medicaid days and the annual reallocation of the Direct Care Cost Component as per the State Plan.

9. **EFFECTIVE DATE OF CHANGE.**
July 1, 2018

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) NURSING FACILITES RATES

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.

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 $200.65 per patient day. The Quality of Care (QOC) fee is $11.29 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. The rate for this provider type will be $201.32 per patient day. The recalculated Quality of Care (QOC) fee will be $11.48 per patient day.

6. **BUDGET ESTIMATE.**
   The estimated budget impact for SFY2019 will be an increase in the total amount of $6,603; with $2,547 in state share coming from the increased QOC Fee (which is paid by the facilities).

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 in the AIDS rate from $200.65 per patient day to $201.32 per patient day.

9. **EFFECTIVE DATE OF CHANGE.**
   July 1, 2018

FREESTANDING PSYCHIATRIC HOSPITALS RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   This change represents an Increase in the reimbursement rates for services provided by freestanding psychiatric hospitals paid using a prospective per diem methodology.

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) received $2,000,000 in funding from the Legislature through HB3707 to assist with restoring provider reimbursement rate reductions that were made in 2016. ODMHSAS is proposing that a portion of these funds be used to reinstate the 3% rate reduction that was made to freestanding psychiatric hospitals.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Inpatient hospital services provided in freestanding psychiatric hospitals are reimbursed using a prospective per diem methodology that is based on the median cost per day calculated from 1988 claims and trended uniform cost report data. The rates were last updated by a factor of -3% on 5/1/16.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   Rates for freestanding psychiatric hospitals in effect as of June 30, 2018 will be increased by 3 percent.

6. **BUDGET ESTIMATE.**
   Estimated cost to ODMHSAS for SFY2019 is $334,498 Total; $129,016 State share.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Agency has determined that this change will have a positive impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Agency requests the SPARC to approve the proposed reimbursement methodology for freestanding psychiatric hospitals by increasing the rates in effect as of June 30, 2018 by 3 percent.

9. **EFFECTIVE DATE OF CHANGE.**
   July 1, 2018

PSYCHOLOGISTS IN INDEPENDENT PRACTICE RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   This change represents an Increase in the reimbursement rates for services provided by Psychologists in Independent Practice.

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) received $2,000,000 in funding from the Legislature through HB3707 to assist with restoring provider reimbursement rate reductions that were made in 2016. ODMHSAS is proposing that a portion of these funds be used to increase reimbursement rates by 3% for services provided by psychologists in independent practice.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Psychologists in Independent Practice are currently reimbursed at payment rates equal to 87.07% of the CY2013 Medicare Physician Fee Schedule.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   Psychologists in Independent Practice will be reimbursed at 89.68% of the CY2013 Medicare Physician Fee Schedule.

6. **BUDGET ESTIMATE.**
   Estimated cost to ODMHSAS for SFY2019 is $212,195 Total dollars; $81,844 State share.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Agency has determined that this change will have a positive impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Agency requests the SPARC to approve the proposed reimbursement methodology for Psychologists in Independent Practice as 89.68% of the CY2013 Medicare Physician Fee Schedule.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2018

PSYCHOTHERAPY PROVIDED IN OUTPATIENT BEHAVIORAL HEALTH CLINICS RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   This change represents an Increase in the reimbursement rates for psychotherapy services (individual, group and family) provided by Behavioral Health Licensure Candidates and Licensed Behavioral Health Professionals in Outpatient Behavioral Health Clinics.

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) received $2,000,000 in funding from the Legislature through HB3707 to assist with restoring provider reimbursement rates that were reduced in 2016. ODMHSAS is proposing that a portion of these funds be used to increase reimbursement rates for psychotherapy services (individual, group and family) provided by Behavioral Health Licensure Candidates and Licensed Behavioral Health Professionals in Outpatient Behavioral Health Clinics by 3%.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Outpatient Behavioral Health Clinics are reimbursed at payment rates which in the aggregate equal 71.75% of the 2007 Medicare Physician Fee Schedule.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   ODMHAS proposes to increase the reimbursement rates for psychotherapy services provided by Behavioral Health Licensure Candidates and Licensed Behavioral Health Professionals in Outpatient Behavioral Health Clinics by 3%. With this increase, behavioral health clinics would continue to not exceed the upper limit of 71.75% of the 2007 Medicare Physician Fee Schedule.

6. **BUDGET ESTIMATE.**
   Estimated cost to ODMHSAS for SFY2019 is $3,826,697 Total; $1,475,957 State Share.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Agency has determined that this change will have a positive impact on access to care.

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

The Agency requests the SPARC to approve the proposed 3% increase to rates for psychotherapy services provided by Licensure Candidates and Licensed Behavioral Health Professionals in Outpatient Behavioral Health Clinics.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2018

ADVANTAGE WAIVER SERVICES RATES

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?**
   This is a proposal to increase the rate paid for services for recipients on the **AD*vantage* Waiver**. Rate increases for State Plan Personal Care and State Plan Skilled Nursing services are also included in this brief.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate structure for services for which a rate increase is being implemented is a fixed and uniform rate configuration established through the State Plan Amendment Rate Committee process. The services and current service codes and rates are as follows:

Service	Service Code	Current Rate
State Plan Personal Care	T1019	$3.78
State Plan Skilled Nursing	T1001	$47.20
ADvantage Personal Care	T1019	$3.78
Respite - In Home	T1005	$3.78
Respite - In Home Extended	S9125	$160.77
Advanced Supportive/Restorative	T1019-TF	$4.07
CM Standard	T1016	$13.75
Transitional CM Standard	T1016-U3	$13.75
CM Very Rural	T1016-TN	$19.69
Transitional CM Very Rural	T1016-TN-U3	$19.69
Adult Day Health	S5100-U1	$1.88
Adult Day Health - Therapies	S5105-TG	$10.50
Adult Day Health - Personal Care	S5105	$7.50
Hospice	S9126	$119.10
Registered Nurse - Home Health Setting	G0299	$13.50
Registered Nurse - Extended State Plan	G0299-TF	$13.50

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE – CONTINUED.

Service	Service Code	Current Rate
LPN - Home Health Setting	G0300	$13.50
LPN - Extended State Plan	G0300-TF	$13.50
RN Assessment/Evaluation	T1002	$13.50
Assisted Living - Standard	T2031	$44.01
Assisted Living - Intermediate	T2031-TF	$59.40
Assisted Living - High	T2031-TG	$83.09
Home Delivered Meals	S5170	$4.88
Personal Services Assistant	S5125	$3.20
Advanced Personal Services Assistant	S5125-TF	$3.84
Optional/Budget Expense	T2025	$0.97

5. NEW METHODOLOGY OR RATE STRUCTURE.

The table below indicates the services and per service rate increases proposed. All rates are per unit rates, unless otherwise indicated by an asterisk (*).

Service	Service Code	Current Rate	New Rate	% Increase
State Plan Personal Care	T1019	$3.78	$4.05	7%
State Plan Skilled Nursing	T1001	$47.20	$50.50	7%
ADvantage Personal Care	T1019	$3.78	$4.05	7%
Respite - In Home	T1005	$3.78	$4.05	7%
Respite - In Home Extended	S9125	$160.77	$168.80*	5%
Advanced Supportive/Restorative	T1019-TF	$4.07	$4.35	7%
CM Standard	T1016	$13.75	$14.70	7%
Transitional CM Standard	T1016-U3	$13.75	$14.70	7%
CM Very Rural	T1016-TN	$19.69	$21.05	7%
Transitional CM Very Rural	T1016-TN-U3	$19.69	$21.05	7%
Adult Day Health	S5100-U1	$1.88	$2.00	7%
Adult Day Health - Therapies	S5105-TG	$10.50	$11.25	7%
Adult Day Health - Personal Care	S5105	$7.50	$7.95	6%
Hospice	S9126	$119.10	$123.80*	4%
Registered Nurse - Home Health Setting	G0299	$13.50	$15.00	11%
Registered Nurse - Extended State Plan	G0299-TF	$13.50	$15.00	11%

*Per diem rate

5. NEW METHODOLOGY OR RATE STRUCTURE – CONTINUED.

Service	Service Code	Current Rate	New Rate	% Increase
LPN - Home Health Setting	G0300	$13.50	$14.00	4%
LPN - Extended State Plan	G0300-TF	$13.50	$14.00	4%
RN Assessment/Evaluation	T1002	$13.50	$15.00	11%
Assisted Living - Standard	T2031	$44.01	$47.10*	7%
Assisted Living - Intermediate	T2031-TF	$59.40	$63.55*	7%
Assisted Living - High	T2031-TG	$83.09	$88.90*	7%
Home Delivered Meals	S5170	$4.88	$5.15	5%
Personal Services Assistant	S5125	$3.20	$3.42	7%
Advanced Personal Services Assistant	S5125-TF	$3.84	$4.11	7%
Optional/Budget Expense	T2025	$0.97	$1.04	7%

*Per diem rate

6. BUDGET ESTIMATE.

The estimated annual AD*vantage* budget change is an increase in the amount of $10,186,341 total dollars; $3,832,101 state share paid by OKDHS.

The estimated annual State Plan budget change (includes both Personal Care and Skilled Nursing) is an increase in the amount of $397,352 total dollars; $149,484 state share paid by OKDHS.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

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

The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate increases.

9. EFFECTIVE DATE OF CHANGE.

The effective date of the rate change will be upon notification from the Centers for Medicare and Medicaid Services (CMS).

HABILITATION TRAINING SPECIALIST (HTS) / INTENSIVE PERSONAL SUPPORTS (IPS) 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?**
   This is a proposal to increase the rate paid for **Habilitation Training Specialist (HTS)** and **Intensive Personal Supports (IPS)** services used to provide direct care services to persons enrolled in the DDS waiver programs. HTS is available to service recipients on the Homeward Bound Waiver, Community Based Waiver, In-Home Supports Waiver for Adults, and In-Home Supports Waiver for Children. IPS is available to Homeward Bound and Community Based Waiver recipients.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   To receive DDS HTS/IPS Services, the service recipient must be eligible for the DDS Community waiver or the In-Home Supports Waiver for Adults or Children, or the Homeward Bound Waiver; meet the requirements for ICF/MR level of care; and be financially eligible for Medicaid at the ICF/MR eligibility standard. The service recipient must choose to have services in the community, rather than the ICF/MR. Services are authorized based on need as identified by the service recipient's Team and upon informed selection by the service recipient. Authorized services are listed as a component of the service recipient's annual plan of care.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The increased rate is requested to assure that access to HTS/IPS services is available and that providers are able to recruit and retain staff to deliver the care required by the service recipients. The Providers' costs for liability insurance, worker's compensation, health insurance, and the amount necessary to pay competitive wages have increased since the existing rate was established as supported by costs reports. The increased rate proposal represents an increase of $.27 (7%) to the current rate of $4.05 per 15-minute unit ($1.08 per hour) and is required for the rate to remain competitive. The increased rate will allow

Providers to increase the hourly wages and/or benefits paid to direct support staff who provide HTS/IPS services. The following table itemizes the recommended rate components on an **hourly** basis:

Description	Service Code
HTS – Habilitation Training Specialist (State Fund)	T2017 (SE)
HTS – Habilitation Training Specialist - Self Directed	T2017 U1 TF
IPS – Intensive Personal Support (State Fund)	T2017 TF (SE)

Current Rate $15.12 per hour ($3.78 per 15 minute)
New Rate $16.20 per hour ($4.05 per 15 minute) 7% increase

Direct Support Wages	$9.41
Direct Support Benefits – (28.65%)	$2.70
Direct Support Supervision ($43k + 28.65% / 20 to 1 ratio)	$1.40
Direct Support Training (100 Hours)	$0.58
All Other Expenses – (15%)	$2.11
Total	$16.20

Per 15 minute Unit $4.05

6. **BUDGET ESTIMATE.**
The estimated annual change is an increase in the amount of $7,560,000 total dollars; $2,844,072 state share paid by OKDHS.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
The Department of Human Services recommends the rate of $4.05 per 15-minute unit.

9. **EFFECTIVE DATE OF CHANGE.**
October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

HOMEMAKER 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?**
   This is a proposal to increase the rate paid for **Homemaker** services used to provide direct care services to persons enrolled in the DDS waiver programs. Homemaker is available to service recipients on the Homeward Bound Waiver, Community Based Waiver, In-Home Supports Waiver for Adults, and In-Home Supports Waiver for Children.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   To receive DDS Homemaker, the service recipient must be eligible for the DDS Community waiver or the In-Home Supports Waiver for Adults or Children, or the Homeward Bound Waiver; meet the requirements for ICF/MR level of care; and be financially eligible for Medicaid at the ICF/MR eligibility standard. The service recipient must choose to have services in the community, rather than the ICF/MR. Services are authorized based on need as identified by the service recipient's Team and upon informed selection by the service recipient. Authorized services are listed as a component of the service recipient's annual plan of care.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The increased rate is requested to assure that access to Homemaker services is available and that providers are able to recruit and retain staff to deliver the care required by the service recipients. The increased rate will allow Providers to increase the hourly wages and/or benefits paid to direct support staff who provide Homemaker services. The following table itemizes the recommended rate components on an **hourly** basis:

Homemaker (State Fund)	S5130 (SE)	
Homemaker Respite	S5150	
Current Rate $12.80 per hour ($3.20 per 15 minute)		
New Rate $15.40 per hour ($3.85 per 15 minute)		20% increase

Direct Support Wages	$9.00
Direct Support Benefits – (28.65%)	$2.58
Direct Support Supervision ($43k + 28.65% / 20 to 1 ratio)	$1.40
Direct Support Training (75 Hours)	$0.42
All Other Expenses – (15%)	$2.00
Total	$15.40
Per 15 minute Unit	$3.85

6. **BUDGET ESTIMATE.**
The estimated annual change is cost neutral. Other services that are more expensive are provided when Homemaker was not available. The increase in the rate will allow for better recruitment and retention of Homemaker staff.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
The Department of Human Services recommends the rate of $3.85 per 15-minute unit.

9. **EFFECTIVE DATE OF CHANGE.**
October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

DEVELOPMENTAL DISABILITIES SERVICES RATES

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?**
   This is a proposal to increase the rate paid for other **Waiver Services** using the same methodology proposed (or percentage) in increasing the **Habilitation Training Specialist (HTS)** and **Intensive Personal Supports (IPS).** The services are available to service recipients on the Homeward Bound Waiver, Community Based Waiver, In-Home Supports Waiver for Adults, and In-Home Supports Waiver for Children. IPS is available to Homeward Bound and Community Based Waiver recipients.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate structure for services for which a rate increase is being implemented is a fixed and uniform rate configuration established through the State Plan Amendment Rate Committee process. The services and current service codes and rates are as follows:

Decription	Service Code	Unit Rate
Adult Day Care	S5100	$1.88
DAILY LIVING SUPPORTS	T2033	$143.97
DAILY LIVING SUPPORTS - THER LEAVE	T2033 TV	$143.97
GROUP HOME		
6 BED	T1020	$67.79
7 BED	T1020	$57.90
8 BED	T1020	$50.66
9 BED	T1020	$46.32
10 BED	T1020	$42.70
11 BED	T1020	$40.05
12 BED	T1020	$37.63
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	$272.85
AGENCY COMPANION (Contractor) - CLOSE	S5126 U4	$90.23
THERAPEUTIC LEAVE	S5126 U4 TV	$90.23
AGENCY COMPANION (Contractor) - ENHANCED	S5126 TG	$117.49
THERAPEUTIC LEAVE	S5126 TG TV	$117.49
AGENCY COMPANION (Contractor) - PERVASIVE	S5136 TG	$128.34
THERAPEUTIC LEAVE	S5136 TG TV	$128.34

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE CONT'D.

Decription	Service Code	Unit Rate
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	$4.67
ES - CENTER BASED PREVOCATIONAL SVS - STATE FUND	T2015 U1 SE	$4.67
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	$9.34
ES - COMMUNITY BASED PREVOC SERVICES - STATE FUND	T2015 TF SE	$9.34
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	$11.77
ES - PRE-VOC. HTS - SUPP. SUPPORTS - STATE FUND	T2015 TG SE	$11.77
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	$12.47
ES - ENHANCED COMMUNITY BASED PREVOC - STATE FUND	T2015 SE	$12.47
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	$15.13
ES - COMMUNITY BASED INDIVIDUAL SERVICES - STATE FUND	T2015 U4 SE	$15.13
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	$1.29
ES - JOB COACHING SERVICE	T2019 TF	$3.12
ES - ENHANCED JOB COACHING SVS	T2019 TG	$3.63
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	$4.15
ES - JOB COACHING INDIVIDUAL SVS - STATE FUND	T2019 U4 SE	$4.15
ES - EMPLOYMENT SPECIALIST	T2019	$5.66
TRANSPORTATION - MILEAGE	S0215	$0.47
PROFESSIONAL INDIRECT SERV. (TRAVEL)	S0215 SE	$0.47
TRANSPORTATION - ADAPTED - NON_EMERGENCY VAN	A0130	$1.21
NURSING EXTENDED DUTY	T1000	$6.06
NURSING INTERMITTENT SKILLED	T1001	$47.20
SKILLED NURSING - RN	G0299	$13.50
SKILLED NURSING - LPN	G0300	$13.50
SPECIALIZED FOSTER CARE - ADULT	S5140	$50.00
SPECIALIZED FOSTER CARE - CHILD	S5145	$50.00

5. NEW METHODOLOGY OR RATE STRUCTURE.

The table below indicates the services and per service rate increase proposed:

Decription	Service Code	Current Unit Rate	NEW RATE	% INCREASE
Adult Day Care	S5100	$ 1.88	$2.00	6%
DAILY LIVING SUPPORTS	T2033	$ 143.97	$154.00	7%
DAILY LIVING SUPPORTS - THER LEAVE	T2033 TV	$ 143.97	$154.00	7%
GROUP HOME				
6 BED	T1020	$ 67.79	$72.50	7%
7 BED	T1020	$ 57.90	$62.00	7%
8 BED	T1020	$ 50.66	$54.25	7%
9 BED	T1020	$ 46.32	$49.50	7%
10 BED	T1020	$ 42.70	$45.75	7%
11 BED	T1020	$ 40.05	$42.75	7%
12 BED	T1020	$ 37.63	$40.25	7%
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	$ 272.85	$292.00	7%

5. NEW METHODOLOGY OR RATE STRUCTURE CONT'D.

Decription	Service Code	Current Unit Rate	NEW RATE	% INCREASE
AGENCY COMPANION (Contractor) - CLOSE	S5126 U4	$ 90.23	$96.50	7%
THERAPEUTIC LEAVE	S5126 U4 TV	$ 90.23	$96.50	7%
AGENCY COMPANION (Contractor) - ENHANCED	S5126 TG	$ 117.49	$125.50	7%
THERAPEUTIC LEAVE	S5126 TG TV	$ 117.49	$125.50	7%
AGENCY COMPANION (Contractor) - PERVASIVE	S5136 TG	$ 128.34	$137.25	7%
THERAPEUTIC LEAVE	S5136 TG TV	$ 128.34	$137.25	7%
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	$ 4.67	$5.00	7%
ES - CENTER BASED PREVOCATIONAL SVS - STATE FUND	T2015 U1 SE	$ 4.67	$5.00	7%
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	$ 9.34	$10.00	7%
ES - COMMUNITY BASED PREVOC SERVICES - STATE FUND	T2015 TF SE	$ 9.34	$10.00	7%
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	$ 11.77	$12.60	7%
ES - PRE-VOC. HTS - SUPP. SUPPORTS - STATE FUND	T2015 TG SE	$ 11.77	$12.60	7%
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	$ 12.47	$13.32	7%
ES - ENHANCED COMMUNITY BASED PREVOC - STATE FUND	T2015 SE	$ 12.47	$13.32	7%
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	$ 15.13	$16.20	7%
ES - COMMUNITY BASED INDIVIDUAL SERVICES - STATE FUND	T2015 U4 SE	$ 15.13	$16.20	7%
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	$ 1.29	$1.38	7%
ES - JOB COACHING SERVICE	T2019 TF	$ 3.12	$3.34	7%
ES - ENHANCED JOB COACHING SVS	T2019 TG	$ 3.63	$3.88	7%
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	$ 4.15	$4.44	7%
ES - JOB COACHING INDIVIDUAL SVS - STATE FUND	T2019 U4 SE	$ 4.15	$4.44	7%
ES - EMPLOYMENT SPECIALIST	T2019	$ 5.66	$6.04	7%
TRANSPORTATION - MILEAGE	S0215	$ 0.47	$0.50	6%
PROFESSIONAL INDIRECT SERV. (TRAVEL)	S0215 SE	$ 0.47	$0.50	6%
TRANSPORTATION - ADAPTED - NON_EMERGENCY VAN	A0130	$ 1.21	$1.30	7%
NURSING EXTENDED DUTY	T1000	$ 6.06	$6.50	7%
NURSING INTERMITTENT SKILLED	T1001	$ 47.20	$50.50	7%
SKILLED NURSING - RN	G0299	$ 13.50	$15.00	11%
SKILLED NURSING - LPN	G0300	$ 13.50	$14.00	4%
SPECIALIZED FOSTER CARE - ADULT	S5140	$ 50.00	$54.00	8%
SPECIALIZED FOSTER CARE - CHILD	S5145	$ 50.00	$54.00	8%

6. BUDGET ESTIMATE.

The estimated annual change is an increase in the amount of $12,300,816 total dollars; $4,627,567 state share paid by OKDHS.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

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

The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate increases.

9. EFFECTIVE DATE OF CHANGE.

October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

COMMUNITY LIVING GROUP HOME 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?**
   This is a proposal to increase the per diem paid for 6-Bed through 12-Bed Community Living Group Home services for adults in order to continue to provide specialized residential services to service recipients with a diagnosis of severe/profound mental retardation and complex physical needs. These services are available to recipients of the Homeward Bound Waiver or Community Waiver.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   To ensure the Community Living Group Home providers are able to recruit and retain staff to deliver the services, DDS proposes the following: a 33% increase over the existing rate of $125.45 for 6-Bed; a 18% increase over the existing rate of $121.35 for 7-Bed; a 33% increase over the existing rate of $103.74 for 8-Bed; a 26% increase of the existing rate of $97.46 for 9-Bed; a 31% increase over the existing rate of $92.16 for 10-Bed; a 26% increase over the existing rate of $92.16 for 11-Bed; a 25% increase over the existing rate of $87.09 for 12-Bed. These increases are required to provide salary equity in direct care staff in comparison to similar type service salaries. Reimbursements will be made up to 365 days per year (366 for leap years), but no payments will be made for leave days. It is projected that, on average, individuals will use 20 days per year for Therapeutic Leave, which will not be reimbursed on a daily basis. The occupancy factor built into the rates is considered full compensation for leave days.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The T1020 rate structure is as follows:

Size	Current Rate	Proposed Rate	% Increase
6-Bed	$125.45	$166.75	33%
7-Bed	$121.35	$143.00	18%
8-Bed	$103.74	$138.25	33%

Size	Current Rate	Proposed Rate	% Increase
9-Bed	$97.45	$122.75	26%
10-Bed	$92.16	$120.75	31%
11-Bed	$92.16	$109.75	26%
12-Bed	$87.09	$108.50	25%

Reimbursements will be made up to 365 days per year (366 for leap years), but no payments will be made for leave days. It is projected that, on average, individuals will use 20 days per year for Therapeutic Leave, which will not be reimbursed on a daily basis. The occupancy factor built into the rates is considered full compensation for leave days.

6. **BUDGET ESTIMATE.**
   The estimated annual change is an increase in the amount of $2,033,079 total dollars; $764,844 state share paid by OKDHS.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate increases.

9. **EFFECTIVE DATE OF CHANGE.**
   October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

RESPITE SERVICES 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?**
   This is a proposal to increase the rate paid for **Respite** per diem services used to provide services to persons enrolled in the DDS waiver programs. Respite is available to service recipients on the Homeward Bound Waiver, Community Based Waiver, In-Home Supports Waiver for Adults, and In-Home Supports Waiver for Children.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   To receive DDS Respite, the service recipient must be eligible for the DDS Community waiver or the In-Home Supports Waiver for Adults or Children, or the Homeward Bound Waiver. Respite services are provided for the relief of the primary caregiver. Services are authorized based on need as identified by the service recipient's Team and upon informed selection by the service recipient. Authorized services are listed as a component of the service recipient's annual plan of care.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The increased rate is developed by taking the increased per diem rates and adding $22.00 to the rate. This increase will cover the expenses that are allowed to be claimed for the cost of room and board expense associated with a Respite service, which is allowed in 42 CFR §441.310(a)(2) The following table itemizes the recommended rate at each **per diem** level:

Decription		Service Code	Current Unit Rate	NEW RATE	% INCREASE
RESPITE MAXIMUM		S5151	$ 50.00	$76.00	52%
RESPITE IN - GROUP HOME					
	6 BED	S5151	$ 68.04	$94.50	39%
	7 BED	S5151	$ 57.90	$84.00	45%
	8 BED	S5151	$ 50.66	$76.25	51%
	9 BED	S5151	$ 46.32	$71.50	54%
	10 BED	S5151	$ 42.70	$67.75	59%
	11 BED	S5151	$ 40.05	$64.75	62%
	12 BED	S5151	$ 37.63	$62.25	65%
RESPITE IN - COMMUNITY LIVING HOME					
	6 BED	S5151	$ 125.45	$188.75	50%
	7 BED	S5151	$ 121.35	$165.00	36%
	8 BED	S5151	$ 111.46	$160.25	44%
	9 BED	S5151	$ 103.74	$144.75	40%
	10 BED	S5151	$ 97.46	$142.75	46%
	11 BED	S5151	$ 92.16	$131.75	43%
	12 BED	S5151	$ 87.09	$130.50	50%
RESPITE IN - AGENCY COMPANION (Contractor) - CLOSE		S5151	$ 90.23	$118.50	31%
RESPITE IN - AGENCY COMPANION (Contractor) - ENHANCED		S5151	$ 117.49	$147.50	26%
RESPITE IN - AGENCY COMPANION (Contractor) - PERVASIVE				$159.25	New

6. **BUDGET ESTIMATE.**
   The estimated annual change is cost neutral. Other services that are more expensive are provided when Respite is not available. The increase in the rate will allow for better recruitment and retention of Respite Providers.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   A rate increase will stabilize existing programs enabling providing agencies and offset Room and Board Costs.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate increases.

9. **EFFECTIVE DATE OF CHANGE.**
   October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

VACCINATION RATE METHODOLOGY

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Method Change

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

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   Language is being added to the Oklahoma State Plan to clarify how vaccinations are priced when there is not a published Medicare price.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate methodology is to use Wholesale Acquisition Cost (WAC) that is also used for physician administered drugs.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The rate methodology is not changing; however language is being added to the Oklahoma State Plan to clarify this method. Vaccinations are reimbursed at a price equivalent to Medicare Part B, ASP + 6%. When ASP is not available, an equivalent price is calculated using Wholesale Acquisition Cost (WAC). If no pricing is available, the price will be calculated based on invoice cost.

6. **BUDGET ESTIMATE.**
   There will be no budget impact due to this is the rate method already being used.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Oklahoma Health Care Authority does not anticipate any 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 rate method change to price vaccinations using Wholesale Acquisition Cost (WAC).

9. **EFFECTIVE DATE OF CHANGE.**
   July 1, 2018