



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

June SPARC Agenda
June 20, 2019
10:00 AM
OHCA Board Room

Rate issues to be addressed:

1. Regular Nursing Facility Rates
2. AIDS Rate for Nursing Facilities
- 3a. TFC Rates
- 3b. ITFC Rates
4. DDS Waiver Companion Rate
5. DDS Waiver Rates
6. ADvantage Waiver Rates
7. ABA Rates

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 facilities. Additionally, the change allows OHCA to calculate the annual reallocation of the pool for “Direct Care” 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 \$108.12 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 Components 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 \$174,676,429. The current Quality of Care (QOC) fee is \$11.62 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 as a result 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. The new Base Rate Component will be \$108.31 per patient day. The new combined pool amount for “Direct Care” and “Other Cost” components will be \$186,146,037. The new Quality of Care (QOC) fee will be \$11.81 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY2020 will be an increase in the total amount of \$3,391,494; with \$1,183,292 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 to the base rate component from \$108.12 per patient day to \$108.31 per patient day.
- A change to the combined pool amount for “Direct Care” and “Other Cost” Components from \$174,676,429 to \$186,146,037 for the annual reallocation of the Direct Care Cost Component as per the State Plan.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2019, contingent upon CMS approval.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) NURSING FACILITIES 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 \$208.76 per patient day. The Quality of Care (QOC) fee is \$11.62 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 \$209.50 per patient day. The recalculated Quality of Care (QOC) fee will be \$11.81 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY2020 will be an increase in the total amount of \$7,299; with \$2,546 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 to the AIDS rate from \$208.76 per patient day to \$209.50 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2019, contingent upon CMS approval.

THERAPEUTIC FOSTER CARE (TFC) 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 rate was established over ten years ago and has been found to be inadequate for the Qualified Behavioral Health Aid I (QBHA I)/Treatment Parent Specialist (TPS) to recruit providers. This increase will account for over ten year's inflation without an increase.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate structure for TPS \$7.77 per quarter hour with up to 6 units provided each day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

The TPS rate was established in 2008 and has not been adjusted since and there is a need to increase the TPS salary to entice more people to become a TPS provider. This increase accounts for inflationary increase which will help bring new providers to serve children with increased therapeutic needs. It is proposed that the TPS rate should go from \$7.77 per 15 minute unit to \$9.81 per 15 minute unit with a maximum of 6 units per day.

6. BUDGET ESTIMATE.

DHS would like to propose the TPS rate increase from \$7.77 to \$9.81 for an SFY2020 and SFY20201 total cost of \$625,464, with an SFY2020 state match of \$218,225 and an SFY2021 state match of \$206,841. The state share will be paid by DHS with the current TFC budget.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

Increase in access to care

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

The Oklahoma Department of Human Services (DHS) request a rate change for QHBA I/TPS rate from \$7.77 per 15 minutes to \$9.81 per 15 minutes with a maximum of 6 units per day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2019 or upon CMS approval

INTENSIVE TREATMENT FAMILY CARE (ITFC) 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 proposal also builds in a structure to establish as rate for Qualified Behavioral Health Aid II (QHBA II)/Treatment Parent Specialist (TPS) providers that have additional training and certifications, serve children with more intense behavioral issues than TFC, and is a stay at home parent with a maximum of one child receiving services. This more intensive service will be called Intensive Treatment Family Care (ITFC).

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

This is a new rate.

5. NEW METHODOLOGY OR RATE STRUCTURE.

DHS has seen children who need therapeutic services in a home setting but have more intense needs and behaviors than those traditionally served by Therapeutic Foster Care (TFC) agencies. In order to adequately serve these children in a family setting the TPS provider needs more up front and ongoing training, be required to have not outside employment in order to garner full attention to this child, have a maximum of one child at a time, and pass a heightened screening and interview process. The TPS rate for services to these more intense children would have a rate of \$21.43 per 15 minute unit.

6. BUDGET ESTIMATE.

DHS would like to propose the TPS new rate to be established at \$21.43 per 15 minute unit with a 6 unit per day maximum for an SFY2020 total cost of \$1,731,183 with a state match of \$594,557 and an SFY2021 total cost of \$2,324,813 with a state match of \$768,816. The state share will be paid by DHS with the current TFC budget.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

Increase in access to care.

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

The Oklahoma Department of Human Services (DHS) request a new rate for Qualified Behavioral Health Aid II (QHBA II)/Treatment Parent Specialist (TPS) providers that have met the increased standards and stay at home full time and serve more challenging children with a rate of \$21.43 per 15 minute unit for a maximum of 6 units per day.

9. EFFECTIVE DATE OF CHANGE.

September 1, 2019 or upon CMS and Governor approval.

DEVELOPMENTAL DISABILITIES SERVICES PROCEDURE CODE
REVISION AND CORRECTION

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?

This is a proposal to correct and update the DDS Agency Companion procedure codes to reflect procedure code reassignment and current authorization practice. Procedure code S5136 (Companion Care, adult; per diem) was determined to be incorrectly assigned for the age group served. S5126 (Attendant care services; per diem) is being revised to reflect current levels of Agency Companion services provided.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate structure for services for which the Agency Companion procedure code is being corrected 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:

<u>Description</u>	<u>Service Code</u>	<u>Unit Rate</u>
AGENCY COMPANION – CLOSE (THER LEAVE)	S5126 U4 (TV)	\$96.50
AGENCY COMPANION – ENHANCED (THER LEAVE)	S5126 TG (TV)	\$125.50
AGENCY COMPANION – PERVASIVE (THER LEAVE)	S5136 TG (TV)	\$137.25

5. NEW METHODOLOGY OR RATE STRUCTURE.

The table below indicates the procedure code start dates and service revisions / procedure code reassignment proposed:

PROCEDURE CODE CORRECTION / REVISIONS:

<u>Description</u>	<u>Original Service Code</u>	<u>Correct Service Code</u>	<u>Start Date</u>
AGENCY COMPANION – CLOSE (THER LEAVE)	S5126 U4 (TV)	S5126 U1 (TV)	7/1/19
AGENCY COMPANION – ENHANCED (THER LEAVE)	S5126 TG (TV)	S5126 (TV)	7/1/19
AGENCY COMPANION – PERVASIVE (THER LEAVE)	S5136 TG (TV)	S5126 TF (TV)	7/1/19

6. BUDGET ESTIMATE.

No Budget Impact

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

No impact on access to care.

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 corrections and updates to the service codes identified in this Brief.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2019, or upon CMS approval.

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?

This is a proposal to increase the rate paid for other **Waiver Services**, as noted below. 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.

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 following represents all services for which DDS has established a fixed rated. The services and current service codes and rates are as follows:

<u>Description</u>	<u>Service Code</u>	<u>Unit Rate</u>
ADULT DAY CARE	S5100	\$2.00
HTS - HABILITATION TRAINING SPECIALIST	T2017	\$4.05
INTENSIVE PERSONAL SUPPORTS	T2017 TF	\$4.05
HTS – HABILITATION TRAINING SPECIALIST-SELF DIRECTED	T2017 U1 TF	\$4.05
DAILY LIVING SUPPORTS (THER LEAVE)	T2033 (TV)	\$154.00
HOMEMAKER	S5130	\$3.85
HOMEMAKER RESPITE	S5150	\$3.85
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	\$16.20
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	\$5.00
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	\$10.00
ES - EMPLOYMENT SPECIALIST	T2019	\$6.04
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	\$13.32
ES - ENHANCED JOB COACHING SVS	T2019 TG	\$3.88
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	\$4.44
ES - JOB COACHING SERVICE	T2019 TF	\$3.34
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	\$1.38

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

<u>Description</u>	<u>Service Code</u>	<u>Unit Rate</u>
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	\$12.60
AGENCY COMPANION – CLOSE (THER LEAVE)	S5126 U1 (TV)	\$96.50
AGENCY COMPANION – ENHANCED (THER LEAVE)	S5126 (TV)	\$125.50
AGENCY COMPANION – PERVASIVE (THER LEAVE)	S5126 TF (TV)	\$137.25
TRANSPORTATION MILEAGE	S0215	\$0.50
PROFESSIONAL INDIRECT SERVICE - TRAVEL	S0215 SE	\$0.50
TRANSPORATION – ADAPTED –NON EMERGENCY	A0130	\$1.30
NURSING EXTENDED DUTY	T1000	\$6.50
NURSING INTERMITTENT SKILLED	T1001	\$50.50
SKILLED NURSING – RN	G0299	\$15.00
SKILLED NURSING – LPN	G0300	\$14.00
SPECIALIZED FOSTER CARE – ADULT	S5140	\$54.00
SPECIALIZED FOSTER CARE – CHILD	S5145	\$54.00
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	\$292.00
GROUP HOME, 6 BED	T1020	\$72.50
GROUP HOME, 7 BED	T1020	\$62.00
GROUP HOME, 8 BED	T1020	\$54.25
GROUP HOME, 9 BED	T1020	\$49.50
GROUP HOME, 10 BED	T1020	\$45.75
GROUP HOME, 11 BED	T1020	\$42.75
GROUP HOME, 12 BED	T1020	\$40.25
GROUP HOME COMM. LIVING HOME, 6 BED	T1020	\$166.75
GROUP HOME COMM. LIVING HOME, 7 BED	T1020	\$143.00
GROUP HOME COMM. LIVING HOME, 8 BED	T1020	\$138.25
GROUP HOME COMM. LIVING HOME, 9 BED	T1020	\$122.75
GROUP HOME COMM. LIVING HOME, 10 BED	T1020	\$120.75
GROUP HOME COMM. LIVING HOME, 11 BED	T1020	\$109.75
GROUP HOME COMM. LIVING HOME, 12 BED	T1020	\$108.50
RESPIRE IN - GROUP HOME, 6 BED	S5151	\$94.90
RESPIRE IN - GROUP HOME, 7 BED	S5151	\$84.00
RESPIRE IN - GROUP HOME, 8 BED	S5151	\$76.25
RESPIRE IN - GROUP HOME, 9 BED	S5151	\$71.50
RESPIRE IN - GROUP HOME, 10 BED	S5151	\$67.75

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

<u>Description</u>	<u>Service Code</u>	<u>Unit Rate</u>
RESPIRE IN - GROUP HOME, 11 BED	S5151	\$64.75
RESPIRE IN - GROUP HOME, 12 BED	S5151	\$62.25
RESPIRE IN - COMMUNITY LIVING HOME, 6 BED	S5151	\$188.75
RESPIRE IN - COMMUNITY LIVING HOME, 7 BED	S5151	\$165.00
RESPIRE IN - COMMUNITY LIVING HOME, 8 BED	S5151	\$160.25
RESPIRE IN - COMMUNITY LIVING HOME, 9 BED	S5151	\$144.75
RESPIRE IN - COMMUNITY LIVING HOME, 10 BED	S5151	\$142.75
RESPIRE IN - COMMUNITY LIVING HOME, 11 BED	S5151	\$131.75
RESPIRE IN - COMMUNITY LIVING HOME, 12 BED	S5151	\$130.50
RESPIRE MAXIMUM	S5151	\$76.00
RESPIRE IN-AGENCY COMPANION – CLOSE	S5151	\$118.50
RESPIRE IN-AGENCY COMPANION – ENHANCED	S5151	\$147.50
RESPIRE IN-AGENCY COMPANION – PERVASIVE	S5151	\$159.25
HTS - HABILITATION TRAINING SPECIALIST	T2017 SE	\$4.05
INTENSIVE PERSONAL SUPPORTS	T2017 TF SE	\$4.05
HOMEMAKER	S5130 SE	\$3.85
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4 SE	\$16.20
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1 SE	\$5.00
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF SE	\$10.00
ES - ENHANCED COMMUNITY BASED PREVOC	T2015 SE	\$13.32
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4 SE	\$4.44
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG SE	\$12.60
FAMILY COUNSELING - GROUP	90853 U1	\$5.53
FAMILY COUNSELING - W/O CLIENT	90846	\$16.58
FAMILY COUNSELING - W/ CLIENT	90847	\$16.58
OCCUPATIONAL THERAPY	G0152	\$20.00
PHYSICAL THERAPY	G0151	\$20.00
PSYCHIATRY SERVICES (PHYSICIAN)	90832	\$50.00
PSYCHOLOGICAL - COGNITIVE/BEHAVIOR TREATMENT - GROUP	90853	\$10.37
PSYCHOLOGICAL SERVICES - THERAPY	H0004	\$20.73
PSYCHOLOGICAL SERVICES - SCREENING	T1023	\$20.73
SPEECH/LANGUAGE SERVICES	G0153	\$18.79

STATE PLAN AMENDMENT RATE COMMITTEE

5. NEW METHODOLOGY OR RATE STRUCTURE.

This is an across the board rate increase of 4% for all services that DDS has established a fixed rate. The table below indicates the services and per service rate increase proposed:

<u>Description</u>	<u>Service Code</u>	<u>Current Unit Rate</u>	<u>New Rate</u>	<u>% Increase</u>
ADULT DAY CARE	S5100	\$2.00	\$2.08	4%
HTS - HABILITATION TRAINING SPECIALIST	T2017	\$4.05	\$4.21	4%
INTENSIVE PERSONAL SUPPORTS	T2017 TF	\$4.05	\$4.21	4%
HTS – HABILITATION TRAINING SPECIALIST-SELF DIRECTED	T2017 U1 TF	\$4.05	\$4.21	4%
DAILY LIVING SUPPORTS (THER LEAVE)	T2033 (TV)	\$154.00	\$160.16	4%
HOMEMAKER	S5130	\$3.85	\$4.00	4%
HOMEMAKER RESPITE	S5150	\$3.85	\$4.00	4%
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	\$16.20	\$16.84	4%
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	\$5.00	\$5.20	4%
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	\$10.00	\$10.40	4%
ES - EMPLOYMENT SPECIALIST	T2019	\$6.04	\$6.28	4%
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	\$13.32	\$13.85	4%
ES - ENHANCED JOB COACHING SVS	T2019 TG	\$3.88	\$4.04	4%
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	\$4.44	\$4.62	4%
ES - JOB COACHING SERVICE	T2019 TF	\$3.34	\$3.47	4%
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	\$1.38	\$1.44	4%
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	\$12.60	\$13.10	4%
AGENCY COMPANION – CLOSE (THER LEAVE)	S5126 U1 (TV)	\$96.50	\$100.36	4%
AGENCY COMPANION – ENHANCED (THER LEAVE)	S5126 (TV)	\$125.50	\$130.52	4%
AGENCY COMPANION – PERVASIVE (THER LEAVE)	S5126 TF (TV)	\$137.25	\$142.74	4%
TRANSPORTATION MILEAGE	S0215	\$0.50	\$0.52	4%
PROFESSIONAL INDIRECT SERVICE - TRAVEL	S0215 SE	\$0.50	\$0.52	4%
TRANSPORATION – ADAPTED –NON EMERGENCY	A0130	\$1.30	\$1.35	4%
NURSING EXTENDED DUTY	T1000	\$6.50	\$6.76	4%
NURSING INTERMITTENT SKILLED	T1001	\$50.50	\$52.52	4%
SKILLED NURSING – RN	G0299	\$15.00	\$15.60	4%
SKILLED NURSING – LPN	G0300	\$14.00	\$14.56	4%
SPECIALIZED FOSTER CARE – ADULT	S5140	\$54.00	\$56.16	4%
SPECIALIZED FOSTER CARE – CHILD	S5145	\$54.00	\$56.16	4%
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	\$292.00	\$303.68	4%
GROUP HOME, 6 BED	T1020	\$72.50	\$75.40	4%
GROUP HOME, 7 BED	T1020	\$62.00	\$64.48	4%
GROUP HOME, 8 BED	T1020	\$54.25	\$56.42	4%
GROUP HOME, 9 BED	T1020	\$49.50	\$51.48	4%
GROUP HOME, 10 BED	T1020	\$45.75	\$47.58	4%
GROUP HOME, 11 BED	T1020	\$42.75	\$44.46	4%
GROUP HOME, 12 BED	T1020	\$40.25	\$41.86	4%
GROUP HOME COMM. LIVING HOME, 6 BED	T1020	\$166.75	\$173.42	4%

STATE PLAN AMENDMENT RATE COMMITTEE

5. NEW METHODOLOGY OR RATE STRUCTURE (CONT'D)

<u>Description</u>	<u>Service Code</u>	<u>Current Unit Rate</u>	<u>New Rate</u>	<u>% Increase</u>
GROUP HOME COMM. LIVING HOME, 7 BED	T1020	\$143.00	\$148.72	4%
GROUP HOME COMM. LIVING HOME, 8 BED	T1020	\$138.25	\$143.78	4%
GROUP HOME COMM. LIVING HOME, 9 BED	T1020	\$122.75	\$127.66	4%
GROUP HOME COMM. LIVING HOME, 10 BED	T1020	\$120.75	\$125.58	4%
GROUP HOME COMM. LIVING HOME, 11 BED	T1020	\$109.75	\$114.14	4%
GROUP HOME COMM. LIVING HOME, 12 BED	T1020	\$108.50	\$112.84	4%
RESPIRE IN - GROUP HOME, 6 BED	S5151	\$94.90	\$98.70	4%
RESPIRE IN - GROUP HOME, 7 BED	S5151	\$84.00	\$87.36	4%
RESPIRE IN - GROUP HOME, 8 BED	S5151	\$76.25	\$79.30	4%
RESPIRE IN - GROUP HOME, 9 BED	S5151	\$71.50	\$74.36	4%
RESPIRE IN - GROUP HOME, 10 BED	S5151	\$67.75	\$70.46	4%
RESPIRE IN - GROUP HOME, 11 BED	S5151	\$64.75	\$67.34	4%
RESPIRE IN - GROUP HOME, 12 BED	S5151	\$62.25	\$64.74	4%
RESPIRE IN - COMMUNITY LIVING HOME, 6 BED	S5151	\$188.75	\$196.30	4%
RESPIRE IN - COMMUNITY LIVING HOME, 7 BED	S5151	\$165.00	\$171.60	4%
RESPIRE IN - COMMUNITY LIVING HOME, 8 BED	S5151	\$160.25	\$166.66	4%
RESPIRE IN - COMMUNITY LIVING HOME, 9 BED	S5151	\$144.75	\$150.54	4%
RESPIRE IN - COMMUNITY LIVING HOME, 10 BED	S5151	\$142.75	\$148.46	4%
RESPIRE IN - COMMUNITY LIVING HOME, 11 BED	S5151	\$131.75	\$137.02	4%
RESPIRE IN - COMMUNITY LIVING HOME, 12 BED	S5151	\$130.50	\$135.72	4%
RESPIRE MAXIMUM	S5151	\$76.00	\$79.04	4%
RESPIRE IN-AGENCY COMPANION – CLOSE	S5151	\$118.50	\$123.24	4%
RESPIRE IN-AGENCY COMPANION – ENHANCED	S5151	\$147.50	\$153.40	4%
RESPIRE IN-AGENCY COMPANION – PERVASIVE	S5151	\$159.25	\$165.62	4%
HTS - HABILITATION TRAINING SPECIALIST	T2017 SE	\$4.05	\$4.21	4%
INTENSIVE PERSONAL SUPPORTS	T2017 TF SE	\$4.05	\$4.21	4%
HOMEMAKER	S5130 SE	\$3.85	\$4.00	4%
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4 SE	\$16.20	\$16.84	4%
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1 SE	\$5.00	\$5.20	4%
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF SE	\$10.00	\$10.40	4%
ES - ENHANCED COMMUNITY BASED PREVOC	T2015 SE	\$13.32	\$13.85	4%
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4 SE	\$4.44	\$4.62	4%
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG SE	\$12.60	\$13.10	4%
FAMILY COUNSELING - GROUP	90853 U1	\$5.53	\$5.75	4%
FAMILY COUNSELING - W/O CLIENT	90846	\$16.58	\$17.24	4%
FAMILY COUNSELING - W/ CLIENT	90847	\$16.58	\$17.24	4%
OCCUPATIONAL THERAPY	G0152	\$20.00	\$20.80	4%
PHYSICAL THERAPY	G0151	\$20.00	\$20.80	4%
PSYCHIATRY SERVICES (PHYSICIAN)	90832	\$50.00	\$52.00	4%
PSYCHOLOGICAL -COGNITIVE/BEHAVIOR TREATMENT - GROUP	90853	\$10.37	\$10.78	4%
PSYCHOLOGICAL SERVICES - THERAPY	H0004	\$20.73	\$21.56	4%
PSYCHOLOGICAL SERVICES - SCREENING	T1023	\$20.73	\$21.56	4%
SPEECH/LANGUAGE SERVICES	G0153	\$18.79	\$19.54	4%

6. BUDGET ESTIMATE.

The estimated annual change is an increase for SFY2020 in the total amount of \$9,863,029, with \$3,351,457 in state share; and an increase for SFY2021 in the total amount of \$13,150,705, with \$4,607,221 in state share. The Department of Human Services attests that it has adequate funds to cover the state share of the projected cost of services.

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 4% rate increase on all DDS waiver services in which DDS has established the fixed rate.

9. EFFECTIVE DATE OF CHANGE.

October 1, 2019, or upon CMS approval.

ADvantage WAIVER & STATE PLAN PERSONAL CARE
SERVICE RATES 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 personal care services for recipients on the ***ADvantage Waiver*** and ***State Plan Personal Care*** programs.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate structure for State Plan Personal Care 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 current rate structure for *ADvantage* Waiver services for which a rate increase is being implemented is a fixed and uniform rate configuration established through waiver requirements as noted below and the State Plan Amendment Rate Committee process.

- Assisted Living Services are configured based on a modifier of the State Plan Personal Care Rate equivalent to 11.636, 15.702, and 21.964 for Standard, Intermediate and High tier levels, respectively.
 - These rates are consistent with the mandated 4% increase.
- CD-PASS rates for Personal Services Assistance and Advanced Personal Services Assistance are set within 80% to 95 % of the corresponding rates for Personal Care Services and Advanced Supportive/Restorative Services, respectively.
 - These rates are consistent with the mandated 4% increase.

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STATE PLAN AMENDMENT RATE COMMITTEE

The service codes and current rates are listed below:

State Plan Service	Service Code	Unit Type	Current Rate
Personal Care Assistant	T1019	¼ hour	\$4.05
State Plan Skilled Nursing Assessment	T1001	Visit	60.00

<i>ADvantage Waiver Services</i>	Service Code	Unit Type	Current Rate
Personal Care Assistant	T1019	¼ hour	\$4.05
Advanced Supportive/Restorative	T1019-TF	¼ hour	4.35
Respite - In Home	T1005	¼ hour	4.05
Respite - In Home Extended	S9125	Daily	168.80
CM Standard	T1016	¼ hour	14.70
Transitional CM Standard	T1016-U3	¼ hour	14.70
CM Very Rural	T1016-TN	¼ hour	21.05
Transitional CM Very Rural	T1016-TN-U3	¼ hour	21.05
Adult Day Health	S5100-U1	¼ hour	2.00
Adult Day Health - Therapies	S5105-TG	Episode	11.25
Adult Day Health - Personal Care	S5105	Episode	7.95
Adult Day Health – Laundry	S5105-U1	Episode	7.50
Assisted Living - Standard	T2031	Daily	47.10
Assisted Living - Intermediate	T2031-TF	Daily	63.55
Assisted Living - High	T2031-TG	Daily	88.90
Self-Directed – Personal Services Assistant	S5125	¼ hour	3.42
Self-Directed – Advanced Personal Services Assistant	S5125-TF	¼ hour	4.11
Physical Therapy	G0151	¼ hour	20.00
Occupational Therapy	G0152	¼ hour	20.00
Skilled Nursing Home Health Setting RN	G0299	¼ hour	15.00
Skilled Nursing Home Health Setting LPN	G0300	¼ hour	14.00
Extended State Plan Skilled Nursing RN	G0299-TF	¼ hour	15.00
Extended State Plan Skilled Nursing RN	G0300-TF	¼ hour	14.00
RN Assessment Evaluation	T1002	¼ hour	15.00

STATE PLAN AMENDMENT RATE COMMITTEE

5. NEW METHODOLOGY OR RATE STRUCTURE.

State Plan Service	Service Code	Unit Type	New Rate
Personal Care Assistant	T1019	¼ hour	\$4.21
State Plan Skilled Nursing Assessment	T1001	Visit	62.40

<i>ADvantage Waiver Services</i>	Service Code	Unit Type	New Rate
Personal Care Assistant	T1019	¼ hour	4.21
Advanced Supportive/Restorative	T1019-TF	¼ hour	4.52
Respite - In Home	T1005	¼ hour	4.21
Respite - In Home Extended	S9125	Daily	175.55
CM Standard	T1016	¼ hour	15.29
Transitional CM Standard	T1016-U3	¼ hour	15.29
CM Very Rural	T1016-TN	¼ hour	21.89
Transitional CM Very Rural	T1016-TN-U3	¼ hour	21.89
Adult Day Health	S5100-U1	¼ hour	2.08
Adult Day Health - Therapies	S5105-TG	Episode	11.70
Adult Day Health - Personal Care	S5105	Episode	8.27
Adult Day Health – Laundry	S5105-U1	Episode	7.80
Assisted Living - Standard	T2031	Daily	48.99
Assisted Living - Intermediate	T2031-TF	Daily	66.11
Assisted Living - High	T2031-TG	Daily	92.47
Self-Directed – Personal Services Assistant	S5125	¼ hour	3.56
Self-Directed – Advanced Personal Services Assistant	S5125-TF	¼ hour	4.27
Physical Therapy	G0151	¼ hour	20.80
Occupational Therapy	G0152	¼ hour	20.80
Skilled Nursing Home Health Setting RN	G0299	¼ hour	15.60
Skilled Nursing Home Health Setting LPN	G0300	¼ hour	14.56
Extended State Plan Skilled Nursing RN	G0299-TF	¼ hour	15.60
Extended State Plan Skilled Nursing RN	G0300-TF	¼ hour	14.56
RN Assessment Evaluation	T1002	¼ hour	15.60

6. BUDGET ESTIMATE.

The estimated change for State Plan Personal Care services for SFY2020 is an increase in the total amount of \$185,081, with \$62,891 in state share; and an SFY2021 increase in the total amount of \$246,775 total dollars, with \$80,843 in state share.

The estimated annual change for the *ADvantage* Waiver for SFY2020 is an increase in the total amount of \$4,479,449, with \$1,522,117 in state share; and an SFY2021 increase in the total amount of \$5,972,599 total dollars, with \$1,956,623 in state share.

The Department of Human Services attests that it has adequate funds to cover the state share of the projected cost of services.

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, 2019, or upon CMS approval.

APPLIED BEHAVIORAL ANALYSIS (ABA) RATES

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

Establish New Rate

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

Increase

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

The Oklahoma Health Care Authority is requesting the establishment of rates for Applied Behavioral Analysis (ABA) services.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

Currently ABA services are not covered.

5. NEW METHODOLOGY OR RATE STRUCTURE.

ABA will be using an existing rate methodology that is used for physician services. The payment amount for each service paid under the fee schedule is the product of a uniform relative value unit (RVU) for each service and the Medicare conversion factor (CF). The Medicare CF converts the relative values into payment amount. CMS updates the RVU and CF annually. The current proposed rates are as follows:

Code	Description	2019 CMS Intermediary Rate for Oklahoma
97151	Behavioral identification assessment by qualified health professional, each 15 minutes	\$23.55
97153	Adaptive behavior treatment by protocol administered by technician under direction of qualified health care professional to one patient, each 15 minutes	\$17.35
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes	\$23.55
97156	Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present, each 15 minutes	\$23.55

6. BUDGET ESTIMATE.

The estimated budget impact for SFY2020 and SFY20201 will be an increase in the total amount of \$11,455,015; with \$3,996,655 in state share in SFY2020 and \$3,788,173 in state share in SFY2021.

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 rates for Applied Behavioral Analysis (ABA) services:

- Procedure Code 97151: \$23.55/15 minutes
- Procedure Code 97153: \$17.35/15 minutes
- Procedure Code 97155: \$23.55/15 minutes
- Procedure Code 97156: \$23.55/15 minutes

9. EFFECTIVE DATE OF CHANGE.

July 1, 2019