

**MEDICAL ADVISORY COMMITTEE MEETING**  
**Draft Meeting Minutes**  
**March 25, 2010**

**Members attending:** Ms. Bates, Dr. Bourdeau, Dr. Cavallaro, Dr. Crawford, Ms. Patti Davis, Ms. Sherry Davis, Ms. Dyson, Mr. Goforth, Dr. Grogg, Ms. Harrison, Ms. Holliman, Dr. Kasulis, Mr. Gerald Duehning for Mr. Machtolff, Dr. McNeill, Dr. Post, Dr. Edd Rhoades for Dr. Cline, Dr. Rhynes, Mr. Roye, Dr. Simon, Ms. Slatton-Hodges for Commissioner White, Dr. Strom-Aulgur, Mr. Tallent, Mr. Unruh, Dr. Wells

**Members absent:** Ms. Bellah, Ms. Case, Dr. Ogle, Dr. Woodward, Dr. Wright

**I. Welcome, Roll Call, and Public Comment Instructions**

Dr. Crawford welcomed the committee members and called the meeting to order. Roll call established the presence of a quorum. Dr. Crawford introduced 2 new members to the committee: Ms. Jinneh Dyson representing NAMI-OK and Mr. Larry Roye representing the medical equipment suppliers. There were 7 individuals signed in for public comment. Dr. Crawford asked the clinicians, Mr. Roye, and Ms. Patti Davis to stay for the sub-committee.

**Public Comments:**

Phillip Budd, Psy.D., SNU, discussed the issue of master's level therapists being providers under Medicaid and being able to bill independently. He addressed the level of training that the master's level clinicians receive as compared to the Ph.D. level and determined they were equivalent in clinical coursework vs. Ph.D. which has a higher level of research courses. In the 2009 OHCA Annual Report Behavioral Health Services in Medicaid there were 6301 children seen by Psychologists vs. 48,813 seen by masters' level clinicians. In conclusion, master's level clinicians provide services, do a quality job and there is no reason not to provide them the opportunity to bill independently.

Dr. Hugh Clark, Executive Director of the National Association of Social Workers, Oklahoma Chapter, began by stating that LCSWs are trained to perform behavioral health assessments in clinical training. They must complete 4000 hours of clinical supervision after receiving the master's in social work before they can be licensed at the clinical level. Dr. Clark also discussed the education and clinical requirements for LCSWs. These individuals are trained in assessments, clinical methodology, knowledge of diagnostic tools such as DSM IV and the personal environment tool. NASW-OK commits to collaborate with OHCA to provide the best possible care and behavioral health services to those individuals in need.

Dr. Laura Boyd representing the Oklahoma Therapeutic Foster Care Association spoke of the history of the licensed behavioral health professionals and reviewed the access maps which were provided. The maps show clustering of both psychologists and Licensed Behavioral Health Professionals within the metropolitan area but the service in the rural areas diminishes except for the masters' level clinicians. There are currently 519 licensed psychologists and 5,495 masters level behavioral health professionals in Oklahoma. Demands for services have escalated within the last 2-3 years due to economic issues, teen drug abuse, domestic abuse, etc. and the general population is shown to have at least one major depressive episode for every 1-in-4 or 5 individuals. OHCA has worked hard to create medical home PCPs and a piece of this incentive is to perform a broad-based screening and referral to a mental health assessment and there needs to be appropriate providers in place for these referrals. This rule change needs to take place in order to provide adequate coverage.

Paul Davis, Director of Public Policy of the Mental Health Association of Tulsa discussed the association's support of the rule change. He stated that it comes down to consumer choice and access and by making this change will increase both.

Sally Westfall, President of the Western Oklahoma Diabetes Educators spoke to the 40% reduction in diabetes supplies and the mandate to use generic supplies and meters. Ms. Westfall stated that generic brands do not follow the strict quality requirements that brand names do, as they are held to higher standards. The use of generic brands will cause an increase in hospitalizations and an increase in mortality. The FDA wants to tighten the standards for blood glucose monitoring. She suggested that OHCA look at alternatives to saving, such as increasing co-pays for diabetes supplies, but not by using generic monitoring strips.

Ms. Maria Tucker gave her time to speak to Diane Brown who is a certified diabetes educator. Ms. Brown read a letter received from Sharon Domek, a registered nurse and certified diabetes educator who works with her husband, Dr. David Domek, a Pediatric Endocrinologist and Geneticist at Integris. The letter addressed the change to generic for diabetic supplies. The letter also addressed many issues such as: one meter does not fit everyone individuals' need; blood sample size, using alternative sites for testing; and ease of use; however, the critical concern is meter accuracy. The accuracy of the meter is key in determining the appropriate insulin dose. Current trends in diabetes management are multiple daily injections or an insulin pump. OHCA needs to carefully consider the possible consequences of imposing such restrictions on meters and strips. Ms. Domek's letter suggested reviewing the Yellow Springs Instrumentation Data for Meters, and the Clarke Error Grid findings which are industry standards. Using test strips and meters which do not live up to standards puts patients at risk and will increase the hospitalizations and emergency room visits negating the cost savings hoped to be obtained. Ms. Domek can be reached at 405-945-4525 M-Th, [sdomek@sbcglobal.net](mailto:sdomek@sbcglobal.net).

Susan Mitchell, R.N., Clinical Nurse Specialist and a certified Diabetes Educator with 26 years of experience also spoke to the diabetes supplies change to generic. Ms. Mitchell currently works for a company who is collaborating with NuView (formerly the Oklahoma League for the Blind) in educating the blind or low-seeing individuals. She expressed concern regarding the change as it will not allow access to much needed supplies such as a talking meter. She stated that she carefully reviews each meter and strips to determine which would be best for each individual patient and this change will not allow this access. She asked that OHCA reconsider this change.

**II. Approval of minutes of the January 21, 2010 Medical Advisory Committee Meeting**  
Dr. Grogg made the motion to approve the minutes as presented. Ms Holliman seconded. Motion passed.

**III. MAC Member Comments/Discussion**

Dr. Lynn Mitchell informed the committee that she had contacted Dr. Paul Wright regarding his question as why there are no generic, long-acting pain medications on tier one. The telephone call included herself, Dr. Nancy Nesser, and Dr. Paul Wright.

**IV. Legislative Update, Nico Gomez, Deputy Chief Executive Officer**

Mr. Gomez reviewed the Legislative Update document provided at the meeting and discussed a number of bills that OHCA is tracking (approx. 100). Of the 2 OHCA request bills SB1349, creation of an obesity program, will not be heard and SB1836 regarding the

Health Information Infrastructure Advisory Board went to committee. The April deadlines are April 1<sup>st</sup> – reporting House Bills and Joint Resolutions from Senate Committees; April 8<sup>th</sup> – report Senate Bills and Joint Resolutions and April 22<sup>nd</sup> for Third Reading of Bills and Joint Resolutions in the opposite chamber. Sine Die is Friday, May 28<sup>th</sup>. He also reviewed the handout on national health care reform and its impact on OHCA's programs.

**V. Financial Report: Carrie Evans, Chief Financial Officer**

Ms. Evans reviewed the Financial Report for the five months ended January 31, 2010. For more detailed information see MAC information packet. February was on budget; however, March will be \$20-\$25 million over. There were no questions from members.

**VI. Budget Discussion, Mike Fogarty, Chief Executive Officer**

Mr. Fogarty thanked the MAC members for their attendance and gave a brief synopsis of the Board actions on the rate cuts. He stated that the rate cuts were made only to balance the budget and hopefully when revenues are better they can be re-instated. Mr. Fogarty also briefly discussed the Health Reform bill.

**VII. Program Operations & Benefits Update: Becky Pasternik-Ikard, Chief Operating Officer**

Ms. Pasternik-Ikard reviewed the SoonerCare Programs for February 2010, the SoonerCare Enrollment Figures Trend document, the Insure Oklahoma FastFacts for March 2010, and the SoonerCare Program Operations Report for March 2010 covering the new 1915c Home and Community Based Waivers, the existing HCBW waivers, Patient-Centered Medical Home 2009 Year in Review and Living Choice. For more detailed information see report included in MAC information packet.

**VIII. Provider Services Support Update: Paul Keenan, MD, Chief Medical Officer**

Dr. Keenan reviewed the Provider FastFacts for February 2010. He stated enrolled providers remain stable at this time. For more detail see MAC information packet.

**XI. Action Items: Traylor Rains, Policy Development Coordinator**

**OHCA Initiated**

**10-08 Insure Oklahoma Expansion** - Rules are revised to expand the Insure Oklahoma ESI and IP programs. Expansions include incorporating Oklahoma children through 18 years of age whose household income is from 185 up to and including 300% of the Federal Poverty Level. The inclusion of children into the program will be phased in over a period of time as determined by the OHCA. In addition, revisions will expand the current Insure Oklahoma ESI and IP program guidelines to include employees and working adults whose family income does not exceed 250% of the Federal Poverty Level. The increase from 200 to 250% of the FPL will be phased in over a period of time as determined by the OHCA. These revisions comply with Sections 1009.2 and 1010.1 of Title 56 of Oklahoma Statutes. This expansion to the Insure Oklahoma program will help increase access to health care for Oklahomans thereby reducing the amount of uncompensated care provided by health care providers.

**Budget Impact** - The expansion and inclusion of children into the Insure Oklahoma program will be provided from the unused funds from the HEEIA Revolving Fund, not to exceed \$8,000,000.

**10-09 Purchasing Rules** - OHCA contract and purchasing rules are revised to better coordinate and comply with new purchasing rules and regulations from the Oklahoma Department Central Services (DCS). Proposed revisions will: (1) incorporate updated procedures corresponding to higher purchasing thresholds; (2) allow OHCA subject matter experts to make purchases in house without DCS approval, pursuant to 74 Okla. Stat. § 85.5(T);

(3) provide for the appeals process on these purchases to be handled by OHCA; (4) remove unnecessary language; and (5) update policy to reflect changes in the internal purchasing manual. These revisions are needed to provide consistency and clarity within agency rules.

**Budget Impact** – Budget Neutral

**10-13 Medically Fragile Waiver** - The Medically Fragile program is a Home and Community Based Services Waiver used to finance non-institutional long-term care services for individuals requiring skilled nursing or hospital level of care. Individuals must be at least 19 years of age, have a chronic medical condition which results in prolonged dependency on medical care for which daily skilled intervention is necessary and is characterized by one or more of the following: (1) a life threatening condition characterized by reasonably frequent periods of acute exacerbation which requires frequent medical supervision and/or physician consultation and which, in the absence of such supervision or consultation, would require hospitalization; (2) the individual requires frequent time consuming administration of specialized treatments which are medically necessary; (3) the individual is dependent on medical technology such that without the technology, a reasonable level of health could not be maintained. The initial waiver population is expected to be primarily individuals with medical needs exceeding the service capabilities of the ADvantage Waiver and children aging out of the TEFRA program.

**Budget Impact** - \$2,938,918 total annual; \$734,729 state dollars annually

**10-14 Health Access Networks** - Rules are being issued to establish provider requirements and billing guidelines for Health Access Networks. Health Access Networks are non-profit administrative entities designed to work with SoonerCare Primary Care Providers and other providers to restructure and improve the access, quality, and continuity of care for SoonerCare Choice members. The use of Health Access Networks is a limited pilot program with the purpose of enhancing the development of comprehensive medical homes for Oklahoma SoonerCare choice members.

**Budget Impact** - \$3.3 million total annual; \$825,000 state dollars annually

**10-15 Licensed Behavioral Health Professionals & Psychologist Rules** – Rules are being revised to allow direct reimbursement to licensed masters level behavioral health professionals who, under current rules, are only allowed to provide services in agency settings. By allowing direct contracting with these providers it will increase specialist access, decrease use of ER and inpatient psych, and increase crisis intervention. This revision will also divert psychiatric residential treatment center usage due to LBHPs being more accessible throughout the state. Additionally, psychologist rules are revised to update provider requirements, terminology and to require prior authorization of services for all services provided except the initial assessment and/or crisis intervention.

**Budget Impact** – SFY '11 \$156,144; SFY'12 Cost Savings \$5,111,520 (RTC diversion)

***Dr. Bourdeau stated that having the masters level behavioral health professionals provide services and bill was not the problem. The Data Entry Requirements are the issue. The Psychologists feel that these requirements will add additional time and work. Ms. Debbie Spaeth, Director of Behavioral Health Services at OHCA spoke to this concern. She stated that the data core elements were developed by SAMHSA and that most of the information to be entered is already required. After intense discussion about the collection of data Ms. Spaeth asked that the attending licensure and professional associations be polled as to their view of the authorization and data entry requirements. All polled, Social Work Licensure, Therapeutic Foster Care, Advanced Practice Nurses, Oklahoma Counseling Association, Oklahoma Substance Abuse Services Alliance and the Oklahoma Association for Marriage and Family Therapists, had no opposition to the authorization and data entry requirements.***

***Dr. Bourdeau made the motion to separate the contracting of master's level LBHP from the requirements for all Behavioral Health professionals to obtain the authorization and data entry. Dr. Grogg seconded the motion. Motion passed. Chairman Crawford stated that the contracting section will be known as 10-15A and will be voted en bloc with the other rules. The authorization and data entry requirements will be known as 10-15B.***

***Ms. Carrie Slatton-Hodges made the motion to approve 10-15B Data Entry Requirements and Ms. Cathy Bates seconded the motion. Dr. Crawford then called for a poll of the committee for the Data Entry Requirements 10-15B.***

***Voting for the approval of 10-15B: Ms. Bates, Dr. Cavallaro, Dr. Crawford, Ms. Patti Davis, Ms. Sherry Davis, Ms. Dyson, Mr. Goforth, Ms. Harrison, Ms. Holliman, Dr. Kasulis, Mr. Duehning, Dr. Rhoades, Mr. Roye, Dr. Simon, Ms. Slatton-Hodges, Dr. Strom-Aulgur, Mr. Tallent, Mr. Unruh, Dr. Wells***

***Voting against the approval of 10-15B: Dr. Bourdeau, Dr. Grogg, Dr. McNeil, Dr. Post, and Dr. Rhynes***

**10-16 Estate Recovery Fair Hearings** – Rules are revised to remove policy directing OKDHS to conduct the fair hearings in the estate recovery process for individuals in nursing facilities, ICF/MR or other medical institutions. Current policy conflicts with the Agency's enabling statutes which provide that the OHCA shall conduct the hearings.

**Budget Impact** – Budget Neutral

**10-18 Assessments by Certified Alcohol Drug Counselors** - Rules are revised to reflect behavioral health assessments may only be provided by licensed behavioral health professionals effective July 1, 2010. Currently, bachelor level Certified Alcohol and Drug Counselors (CADCs) may perform substance abuse assessments in accordance with their Licensure Act. Due to accreditation standard requirements for Assessments, all outpatient agencies are required to conduct full bio-psycho-social assessments by a licensed Masters level professional. As a result, ODMHSAS and OHCA collaboratively agreed to restrict the realm of behavioral health assessments to licensed behavioral health professionals and disallow the use of CADCs for substance abuse assessments. **Budget Impact** - Budget Neutral

***The committee voted en bloc on rules 10-8, 10-9, 10-13, 10-14, 10-15A, 10-16, 10-18 Motion to approve rules as presented made by Mr. Tallent. Motion to second made by Dr. Rhynes. Motion passed.***

X. **New Business** - None

XI. **Adjourn** – 3:20 p.m.