OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
January 8, 2015 at 1:00 P.M.
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
Oklahoma City, OK

A G E N D A

Items to be presented by Ed McFall, Chairman

1. Call to Order / Determination of Quorum

2. Action Item – Approval of the December 11, 2014 OHCA Board Meeting Minutes

Item to be presented by Nico Gomez, Chief Executive Officer

3. Discussion Item – Chief Executive Officer's Report

   a) Oklahoma Health Improvement Plan (OHIP) Update – Julie Cox-Kain, Deputy Secretary of Health & Human Services & Senior Commissioner for the State Department of Health

   b) All Stars Introduction
      - 3rd Quarter Supervisor for 2014 – Susan Lowrey, Behavioral Health Provider Audit Supervisor, Behavioral Health Provider Audits (Kelly Shropshire)
      - September – Karen Beam, Medical Administrative Nurse, Medical Professional Services (Sylvia Lopez)
      - October – Maggie Salazar, Provider Representative II, Provider Services (Kevin Rupe)
      - November – Melinda Snowden, Community Relations Coordinator, Communications, Outreach & Reporting (Ed Long)

   c) Financial Update – Carrie Evans, Chief Financial Officer

   d) Medicaid Director's Update – Kevin Rupe, Chief Operation Officer

      1) Hepatitis C Treatment Update – Nancy Nesser, Pharmacy Director

Item to be presented by Hillary Winn, Program Manager of Community Relations

4. Discussion Item – Community Relations Update

Item to be presented by Connie Steffee, Reporting & Statistics Director

5. Discussion Item – Presentation of the 2014 Oklahoma Health Care Authority Annual Report

Item to be presented by Nicole Nantois, Chief of Legal Services

6. Announcements of Conflicts of Interest Panel Recommendations for All Action Items Regarding This Board Meeting.

Item to be presented by Cindy Roberts, Deputy CEO – Planning, Policy & Integrity Division

7. Action Item- a) Consideration and Vote upon a Declaration of a Compelling Public Interest for the Promulgation of the Emergency Rule in action item 7(b) in accordance with 75 Okla. Stat. § 253.

   Action Item b) – Consideration and Vote of Agency Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act. The Agency Requests the Adoption of the Following Emergency Rules:

   The following emergency rules HAVE NOT previously been approved by the Board.

   DHS Initiated Rule:

   A. Amending agency rules at OAC 317:40-5-3, 317:40-5-5, 317:40-5-6, 317:40-5-11, 317:40-5-13, 317:40-5-40 and revoking agency rules at OAC 317:40-5-4, 317:40-5-9, 317:40-5-10 to comply with 29 CFR 552.109 regarding domestic service employees employed by third-party employers, or employers other than the individual receiving services, or his or her family, or household. The regulation precludes third party employers from claiming the companion exemption.
   Budget Impact: Budget Neutral

   (Reference WF # 14-23)

Item to be presented by Nancy Nesser, Pharmacy Director

8. Action Item - Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.

   a) Consideration and vote to add Harvoni® (Ledipasvir/Sofosbuvir), Zubsolv® (Buprenorphine/ Naloxone Tablets) and Bunavail™ (Buprenorphine/Naloxone Buccal Films) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Chairman McFall

9. Discussion Item – Proposed Executive Session as Recommended by the Chief of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B) (1), (4), (7) and (9).

   a) Discussion of Pending Litigation, Investigations and Claims

      - Stripling v. OHCA
      - Pecha v. OHCA

10. New Business

11. ADJOURNMENT

NEXT BOARD MEETING
February 12, 2015
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
Oklahoma City, OK

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
December 11, 2014
Held at the Oklahoma Health Care Authority
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on December 10, 2014, 10:30 a.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on December 4, 2014, 4:00 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman McFall called the meeting to order at 1:02 p.m.

BOARD MEMBERS PRESENT: Chairman McFall, Vice-Chairman Armstrong, Member Bryant, Member Nuttle, Member Robison

BOARD MEMBERS ABSENT: Member McVay, Member Case

OTHERS PRESENT:

Crystal Hooper, OHCA
Leon Bragg, OHCA
Tewanna Edwards, OHA
Jimmy Durant, SSA
Craig Jones, OHA
Becky Moore, OAHCP
Kevin Morse, Cubist
Jim Fowler, AstraZeneca
Melanie Lawrence, OHCA
Mary Dimery, OHCA
Ashley Neel, OMES
Phil Woodward, OPHA
Melani Maxwell, PPOK

OTHERS PRESENT:

Terry Cothran, COP
Rick Snyder, OHA
Princiss Rockmore, OHCA
David Dude, American Cancer Society
Kenneth Lamp, Cubist
Judy Goforth Parker, Chickasaw Nation
Sherris Harris Ososanya
Kara Kearns, OHCA
Charles Brodt, HP
Ben Luschen, e-Capitol
Mary Brinkley, LeadingAge OK
Sandra Harrison, OHA

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARY SCHEDULED BOARD MEETING HELD NOVEMBER 13, 2014.

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION: Vice-Chairman Armstrong moved for approval of the November 13, 2014 board meeting minutes as published. The motion was seconded by Member Nuttle.

FOR THE MOTION: Chairman McFall, Member Robison, Member Bryant

ABSENT: Member McVay, Member Case

ITEM 3 / CHIEF EXECUTIVE OFFICER'S REPORT
Nico Gomez, Chief Executive Officer

Mr. Gomez thanked Dr. Parker, who is representing Chickasaw Nation, for the treat they handed out.

He also stated that Medicaid Chip Payment Access Commission (MACPAC) visited OHCA in November to learn about our value-based care delivery system and payment reform within our state and looks forward to their report in the next few months.

Mr. Gomez briefly discussed the Executive Leadership Program and mentioned that we will probably come back and have the participating employees to present their ideas at a future board meeting.

3a. FINANCIAL UPDATE
Carrie Evans, Chief Financial Officer

Ms. Evans reported on the financial transactions through the month of October and noted that we are under budget with a $12 million positive state variance and the agency is under budget in program spending by $8.6 million state dollars and under budget in administration by $0.9 million. She stated that the agency is running over budget in drug rebates, taxes and fees, and overpayments and settlements. Looking ahead for November, Ms. Evans predicts the agency will continue to run slightly under budget. For more detailed information, see Item 3a in the board packet.

3b. MEDICAID DIRECOR'S UPDATE
Marlene Asmussen, Population Care Management Director

Ms. Asmussen provided an update for September and noted that the overall SoonerCare enrollment is staying steady and up. There is a slight discrepancy in the monthly averages from last year compared to this year. The physician and hospital categories are higher last year than this year due to both provider groups having re-certifications in state fiscal year 2013 which led to large decreases. Many times we have providers that contract for one time encounters. For more detailed information, see Item 3b in the board packet.

3b.1 POPULATION CARE MANAGEMENT UPDATE
Marlene Asmussen, Population Care Management Director

Ms. Asmussen provided an overview of the Population Care Management department which includes the Case Management unit, Health Management Program, Chronic Care unit and the Behavioral Health unit. For more detailed information, see Item 3b.1 in the board packet.

3c. OKLAHOMA HOSPITAL ASSOCIATION PRESENTION ON TRANSFORMING HEALTH CARE
Craig Jones, OHA President

Mr. Jones presented 'Transforming Health Care: A Proposal for Oklahoma's Future' which highlighted the case for change, payment and delivery system reforms and broadening coverage in Oklahoma. Also included was a time frame for implementation of the proposals. For more detailed information and the full presentation, see Item 3c in the board packet.

ITEM 4 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTIONITEMS
Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

ITEM 5 / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT.
Cindy Roberts, Deputy CEO – Planning, Policy & Integrity Division

Ms. Roberts asked that Item 5B be removed from the agenda for further review and will continue with Item 5A.

A. Amending agency rules at OAC 317:40-1-1 to implement policy changes recommended during the Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) annual policy review process. Home and Community-Based Services (HCBS) Waiver's rules for persons with intellectual disabilities or certain persons with related conditions are amended to: (1) include timeframes for how long psychological evaluations are considered valid to determine eligibility for DDS HCBS Waiver services; (2) include timeframes for reporting any address changes or other contact information to DHS; and (3) provide timeframes when an individual is removed from the Request for Waiver Services List when the individual fails to respond or does not provide DHS requested information.
Budget Impact: Budget Neutral
(Reference WF # 14-34)

MOTION: Member Bryant moved for the declaration of emergency for Item 5A as published. The motion was seconded by Member Robison.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Nuttle

ABSENT: Member McVay, Member Case

MOTION: Member Nuttle moved for the approval of Item 5A as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Robison

ABSENT: Member McVay, Member Case

ITEM 6 / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLAHOMA STATUTES 5030.3.

Nancy Nesser, Pharmacy Director

a) Consideration and vote to add Sivextro™ (Tedizolid), Dalvance™ (Dalbavancin), and Orbactiv™ (Oritavancin) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION: Vice-Chairman Armstrong moved for approval of Item 6a as published. The motion was seconded by Member Nuttle.

FOR THE MOTION: Chairman McFall, Member Robison, Member Bryant

ABSENT: Member McVay, Member Case

ITEM 7 / COSIDERATION AND VOTE UPON THE OKLAHOMA HEALTH CARE AUTHORITY BOARD MEETING DATES, TIMES AND LOCATIONS FOR CALENDAR YEAR 2015

MOTION: Member Robison moved for approval of Item 7 as published. The motion was seconded by Vice-Chairman Armstrong.

FOR THE MOTION: Chairman McFall, Member Nuttle, Member Bryant

ABSENT: Member McVay, Member Case

ITEM 8 / NEW BUSINESS

There was no new business.

ITEM 9 / ADJOURNMENT

MOTION: Vice-Chairman Armstrong moved for approval for adjournment. The motion was seconded by Member Bryant.

FOR THE MOTION: Chairman McFall, Member Robison, Member Nuttle

ABSENT: Member McVay, Member Case

Meeting adjourned at 2:05 p.m., 12/11/2014

NEXT BOARD MEETING
January 8, 2015
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
OKC, OK

Lindsey Bateman
Board Secretary

Minutes Approved: _____

*Initials:*_____

OKLAHOMA HEALTH IMPROVEMENT PLAN

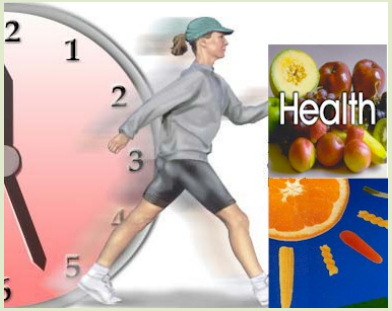
OKLAHOMA STATE DEPARTMENT OF HEALTH · 2014

Oklahoma Health Improvement Plan (OHIP)

In 2008, the Oklahoma Legislature passed SJR-41 requiring the State Board of Health to develop a comprehensive health improvement plan for the "general improvement of the physical, mental and social wellbeing of all people in Oklahoma through a high functioning public health system."

http://www.ok.gov/health2/documents/OHIP-PLAN.pdf

2010 – 2014 OHIP FLAGSHIP ISSUES
SUCCESSES & CHALLENGES



Tobacco

- Adult smoking decreased from 26.1% (2011) to 23.7% (2013) of the population. Oklahoma is currently ranked 45th in the US.
- Adolescent smoking has decreased from 20.2% in 2009 to 15.1% in 2013.
- More than 80% of Oklahoma children attend schools with 24/7 tobacco free policies.

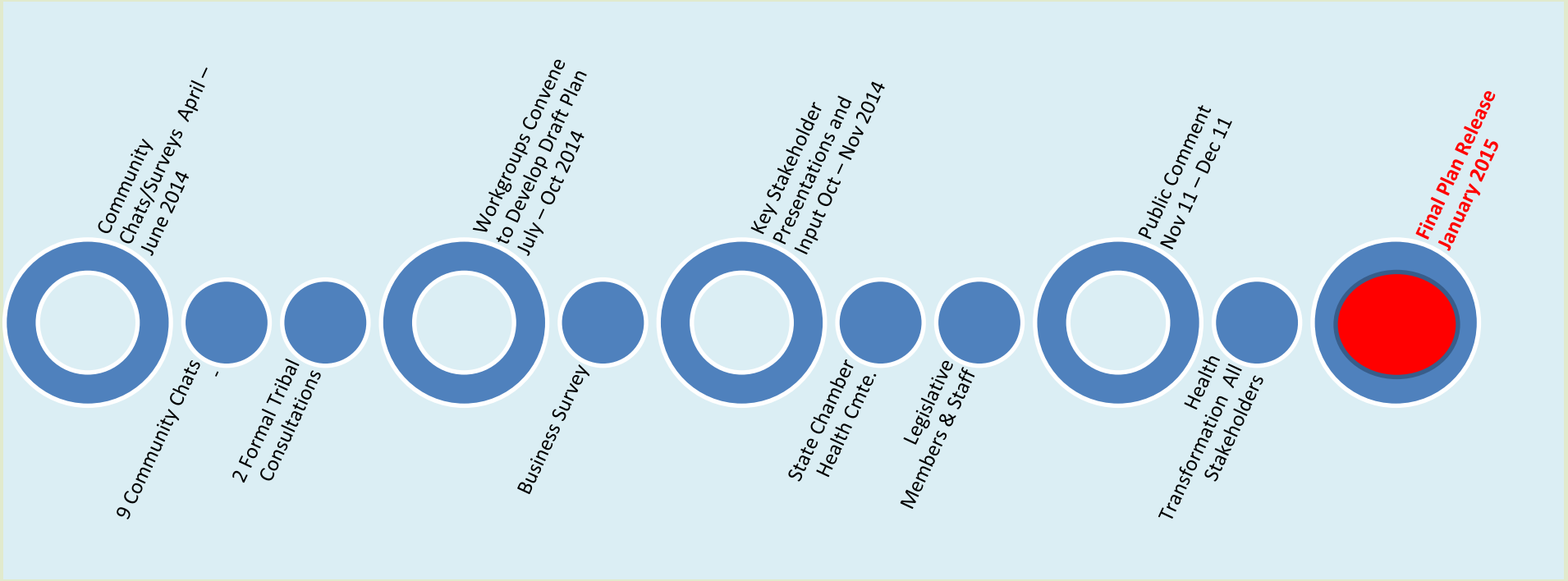
Obesity

- Percent of public high school students who are obese decreased from 17% (2011) to 11.8% (2013).
- Oklahoma adult obesity prevalence is 32.5% (2013). Oklahoma is currently ranked 44th in the US.

Child Health

- Currently at 6.8/1,000 live births, infant mortality has dropped 21% since 2007.
- Only 8.4% of Oklahoma babies were born with low birth weight, though prevalence in the African American population is 14%.

OHIP Update Timeline/Milestones



General Community Chats: 406
General 176
African American: 65
Hispanic: 82
Tribal: 83

Tribal Consultations:
Tahlequah- April 7 (36)
Little Axe- June 16 (47)

Online Surveys: 131
English – 108
Spanish – 23

Business Surveys: 751
Online Survey – 665
Telephone Poll – 78
In-depth Interviews - 8

State Chamber
Health Committee

Legislative Briefing
Select Members

Health Transformation
All Stakeholder Mtg. - ~50

COMMUNITY CHAT FEEDBCK

General

Access
- Healthy Foods
- Physical Activity
- Health Services
- Health Education

Community
- Economic Development
- Education
- Transportation

Behavioral Health

African-American

- Community Focus
- Safety
- Outlets for Physical Activity
- Economic Development
- Education
- Prevention

Hispanic

- Family Focus
- Health Education
- Economic Development
- Youth as Key Family Member

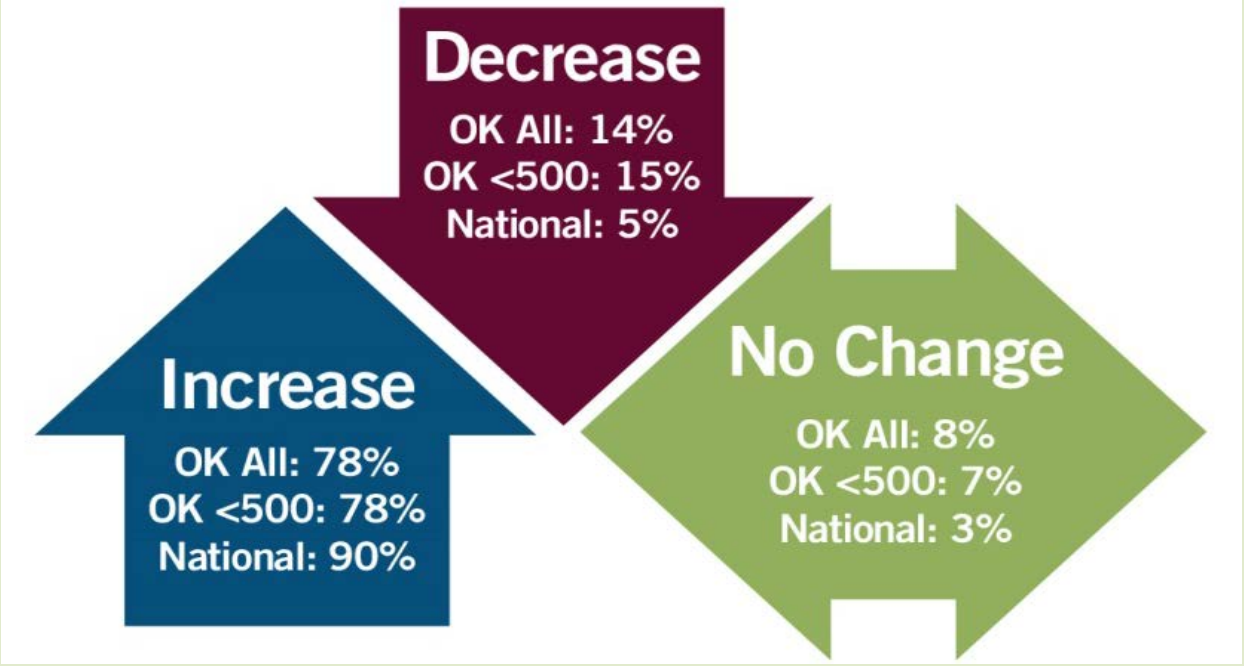
Tribal

- Inter-Government Collaboration
- Mind, Body, Spirit
- Health Literacy
- Chronic Disease
- Data

Key Findings

Health Premium Change at Last Renewal

Premiums are on the rise, but compared to national results[1] fewer respondents reported increases and more reported decreases.



[1] National Small Business Association 2014 Small Business Health Care Survey

KEY FINDINGS

Impacts of Healthcare Costs on Business

The costs of healthcare impact businesses in many ways.

43%	Less profit available for general business growth
39%	Held off on salary increases for employees
31%	Increased medical plan deductible
26%	Increased employee share of medical premiums
22%	Held off on hiring new employees
17%	Increased prices
17%	Hired more part-time vs. full-time employees
17%	Switched health insurance carriers
17%	Delayed purchase of new equipment
13%	Held off on implementing growth strategies
12%	Reduced employee benefits
6%	Reduced hours of existing employees
3%	Reduced workforce/laid off employees

KEY FINDINGS

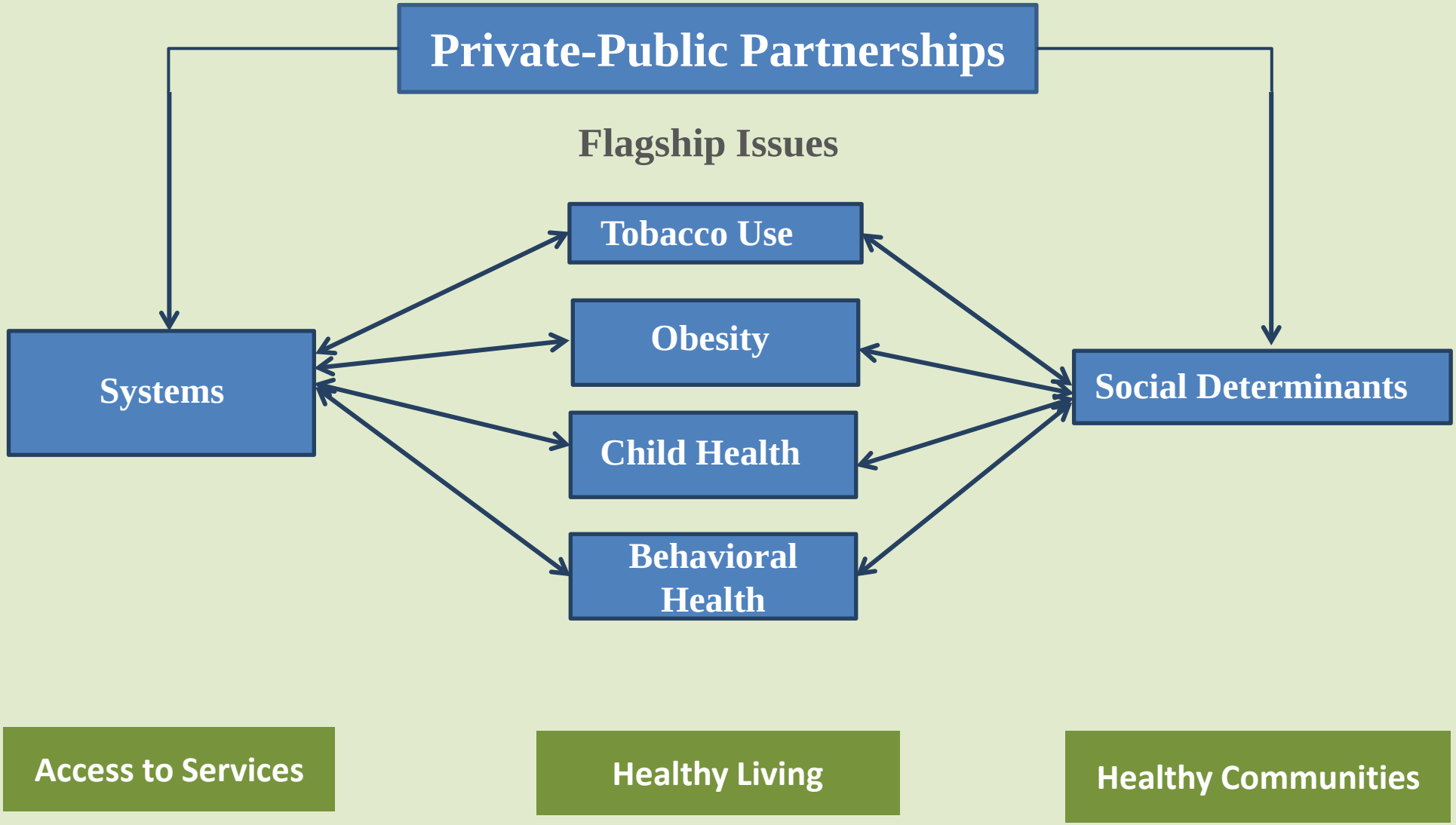
Effect of Employee Health Status and Employee Health Challenges on Business

About half of respondents report employee health affects their business.

Employee Health Challenges Reported by Survey Respondents	
Making positive healthy lifestyle choices	82%
Losing weight	69%
Seeing doctor for preventive care	48%
Quitting tobacco	46%
Reducing stress	46%
Access to healthcare	30%
Caring for sick children/spouse	24%
Substance abuse and addiction	22%
Caring for elderly or sick parents	21%
Mental health issues	14%
Prenatal care	2%

OHIP Business Survey
Key Findings

- The health status of Oklahoman's is impacting the bottom line of business
- Private-public efforts are necessary to improve health, including tools and opportunities to create healthy work environments
- Key health risk behaviors should be prioritized and addressed by the State of Oklahoma:
  - *"Oklahoma has some real challenges that make it hard for us to achieve an impact on the health of our employees. For example, the state is tobacco friendly, and many of our employees use tobacco products."*
- Insure Oklahoma is well liked as a support for small business but could be modified to better address business needs:
  - Reduce administrative burden
  - Long term sustainability
  - Better access to coverage for Oklahoma workers


Private-Public Partnerships
Flagship Issues
Tobacco Use
Obesity
Child Health
Behavioral Health
Systems
Social Determinants
Access to Services
Healthy Living
Healthy Communities

KEY OHIP 2020 GOALS – FLAGSHIP ISSUES

Tobacco	• Extend Secondhand Smoke Protections in Public Places • Prevent Youth Initiation Using Evidence Based Practices
Obesity	• Accelerate Growth in Certified Healthy Oklahoma Program • Health Where We Live, Work, Play and Learn
Children's Health	• Improve Access to Primary Care Physicians for Preventive Services • Reduce Unintentional Childhood Deaths
Behavioral Health	• Integrate Behavioral and Physical Health Care • Decrease Substance Abuse Disorders • Decrease Number of Oklahomans with Untreated Mental Illness

KEY OHIP 2020 GOALS – SYSTEMS ISSUES

Economic Development

- LINK TO STATE GOALS
  - Job Creation
  - Small Business Support

Education

- LINK TO STATE GOALS
  - Increase Educational Attainment
  - Increase Job Skills

Private Public Partnership (P3)

- Create Opportunities for Business Support with Health Issues Through P3
- Develop Proposed Health Investment Portfolio /Investment Trust

Health Transformation

- Workforce
- Efficiency & Effectiveness
- Health Information Technology
- Health Finance

OHIP Health Transformation
Chair: Julie Cox-Kain, Dep. Secretary of HHS, OSDH

Strategies

- Promoting and pursuing value-based health models across systems that will accelerate health improvement and yield a return on investment, including the use of a "health in all policies" approach.
- The State of Oklahoma should lead the health transformation effort by evolving existing investments in health to value-based models, including the use of new healthcare payment models, evidence based public health investments, and pursuing partnerships with private investors that yield long term social and health outcome improvements (i.e., social impact bonds).
- Achieve measurable results across the four health transformation domains.

SMART Objectives

1. **CORE Measure**: Reduce heart disease deaths by 11% by 2020.
2. Oklahoma's ranking on the Commonwealth Fund Scorecard on State Health System Performance will improve from the bottom quartile in 2014 to the third quartile by 2020.

Four Health Transformation Domains

Health Efficiency & Effectiveness	Health Information Technology	Health Workforce	Health Finance

Health Efficiency and Effectiveness
Vice Chair: Becky Pasternik-Ikard, OHCA

Strategies

- Improve the quality and availability of health care via care coordination
- Prioritize outcome-driven care
- Use of Clinical Preventive Services (CPS) to reduce the need for emergency care
- Use of Patient-Centered Medical Homes to improve health outcomes
- Support practice facilitation in order to train providers to achieve (NQF) Goals

SMART Objectives

1. **CORE Measure**: Reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1836.2 in 2012 to 1468.96 in 2019.
2. Reduce by 20% the rate, per 1,000 population, of hospital emergency room visits from 488 in 2011 to 390 visits in 2019.

Health IT
Vice Chair: Dr. David Kendrick, OU Informatics

Strategies

- Increase adoption of Electronic Health Records (EHR), HIE, and achievement of Meaningful Use (MU)
- Facilitate Health Information Exchange (HIE)
- Extend participation in voluntary multi-payer claims databases

SMART Objectives

1. By 2020, improve safety, quality, and convenience of care for each Oklahoman by ensuring that treating providers access a multi-sourced comprehensive medical record on 30% of patients they treat who have data available from other sources.
2. By 2020, improve health and reduce costs of care for Oklahomans by ensuring that population-level multi-sourced comprehensive health data is used to support the public health, quality improvement, and value-based payment models for a majority of Oklahomans.

Health Workforce
Vice Chair: Deidre Myers, Dep. Secretary of Workforce, ODOC

Strategies

- Develop detailed MOAs to establish and adopt minimum data sets
- Identify and recommend new strategies to train, recruit and retain health professionals
- Increase opportunities for professional development for health professionals on health system transformation
- Assess current barriers to health workforce flexibility and optimization
- Resource value-based health models, such as the Patient-Centered Medical Home

SMART Objectives

1. By October 2016, statewide health workforce efforts are being coordinated through a single, centralized entity.
2. By January 2016, identify and quantify labor demand and program supply for 20 critical health care occupations.
3. By October 2019, supply gaps for identified 20 critical health occupations are reduced by more than 10%.
4. By November 2019, at least five recommended policies and programs that support and retain an optimized health workforce have been implemented.

Health Finance
Vice Chair: Dr. Joe Cunningham, BCBSOK

Strategies

- Pursue the use of premium assistance programs, such as Insure Oklahoma or tribal sponsored premium coverage programs
- Explore opportunities to use waivers
- Increase the percentage of health care spending in the State that is contracted under value-based payment models
- Use payment models that adequately incentivize and support high-quality team-based care
- Align health system incentives

SMART Objectives

1. Decrease the rate of uninsured individuals in Oklahoma from 17% in 2013 to 12% in 2019 (2013 Uninsured total estimated by Milliman, Inc. as 645,000).
2. **CORE Measure:** By 2020, limit annual state-purchased health care cost growth, through both the Medicaid Program and the State Employee Group Insurance Plan (EGID), to 2% less than the projected national health expenditures average annual percentage growth rate as set by CMS (Estimated baseline for annual state-purchased health care cost growth: 5.11%).

STATE INNOVATION MODEL (SIM) GRANT

- SIM is a public and private sector collaboration to transform the state's delivery system, it is NOT Medicaid expansion nor Medicaid managed care
- SIM is not designed to reduce the number of uninsured nor create programs directed at the uninsured
- SIM is based on the premise that state innovation with broad stakeholder input and engagement, including multi-payer models, will accelerate delivery system transformation to provide better care at lower costs
- Center for Medicare and Medicaid Innovation (CMMI) awarded OHIP (Oklahoma State Department of Health as fiduciary/administrative agency) $2 million for a one-year project period beginning February 1, 2015.
- SIM should facilitate the design, implementation, and evaluation of community-centered health systems that can deliver significantly improved cost, quality, and population health performance results for all state residents

OKLAHOMA STATE INNOVATION MODEL GRANT (OSIM)

OSIM GOALS

- Coordination of public health & healthcare
- Improvement of population health outcomes
- Alignment of clinical & population health measures
- Multi-payer value-based purchases
- Address health disparities (rural, socioeconomic, race/ethnicity, behavioral health)

OSIM OUTCOME MEASURES

- Tobacco Use Assessment & Tobacco Cessation Interventions
- Adult & Youth Obesity
  - Physical Activity
  - Fruit & Vegetable Consumption
  - Food Desert/Food Availability
- Adult Diabetes
- Adult Hypertension

OSIM Partners (36 Total)

36 Initial OSIM Partners	
Blue Cross Blue Shield of Oklahoma (BCBSOK)	Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
Boeing	Oklahoma Employment Security Commission (OESC)
Cherokee Nation	Oklahoma Family Network (OFN)
Chickasaw Nation	Oklahoma Health Care Authority (OHCA)
Choctaw Nation	Oklahoma Hospital Association (OHA)
CommunityCare of Oklahoma	Oklahoma Mercy Health Care System
Coordinated Care Oklahoma (CCO)	Oklahoma Nurses Association (ONA)
Devon Energy	Oklahoma Primary Care Association (OPCA)
Governor's Council for Workforce & Economic Development	Oklahoma State Medical Association (OSMA)
INTEGRIS Health	OMES Employees Group Insurance Division (EGID)
Leading Age Oklahoma	OSU Center for Health Sciences
Muscogee Creek Nation	OSU Center for Rural Health
MyHealth Access Network	OSU Physicians
Oklahoma Academy of Family Physicians (OAFP)	OU Health Sciences Center
Oklahoma American Academy of Pediatrics (OKAAP)	OU Physicians
Oklahoma Association of Health Plans (OAHP)	OU School of Community Medicine
Oklahoma Department of Commerce	Saint Francis Health System
Oklahoma Department of Human Services (OKDHS)	State Chamber of Oklahoma

QUESTIONS

FINANCIAL REPORT

For the Five Months Ended November 30, 2014
Submitted to the CEO & Board

- Revenues for OHCA through November, accounting for receivables, were **$1,729,736,026** or **1% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$1,654,177,682 or 1.8% under** budget.
- The state dollar budget variance through November is a **positive $14,101,252.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Medicaid Program Variance		9.5
Administration		2.4
Revenues:		
Drug Rebate		(.2)
Taxes and Fees		2.3
Overpayments/Settlements		.1
Total FY 15 Variance	**$**	**14.1**

ATTACHMENTS

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
Fiscal Year 2015, For the Five Months Ended November 30, 2014

REVENUES	FY15 Budget YTD	FY15 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 449,834,829	$ 449,834,829	$ -	0.0%
Federal Funds	991,572,063	972,632,920	(18,939,143)	(1.9)%
Tobacco Tax Collections	18,704,841	21,012,645	2,307,804	12.3%
Quality of Care Collections	32,329,408	31,927,156	(402,252)	(1.2)%
Prior Year Carryover	61,029,661	61,029,661	-	0.0%
Federal Deferral - Interest	94,309	94,309	-	0.0%
Drug Rebates	68,628,577	68,080,719	(547,858)	(0.8)%
Medical Refunds	18,844,207	19,622,052	777,845	4.1%
Supplemental Hospital Offset Payment Program	97,592,168	97,592,168	-	0.0%
Other Revenues	7,872,522	7,909,567	37,045	0.5%
TOTAL REVENUES	**$ 1,746,502,585**	**$ 1,729,736,026**	**$ (16,766,559)**	**(1.0)%**

EXPENDITURES	FY15 Budget YTD	FY15 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 23,750,978**	**$ 21,245,848**	**$ 2,505,130**	**10.5%**
ADMINISTRATION - CONTRACTS	**$ 51,427,655**	**$ 47,835,998**	**$ 3,591,657**	**7.0%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	16,255,995	15,440,140	815,856	5.0%
Acute Fee for Service Payments:				
Hospital Services	375,131,901	370,191,214	4,940,687	1.3%
Behavioral Health	8,528,899	8,243,542	285,357	3.3%
Physicians	208,013,720	202,189,946	5,823,774	2.8%
Dentists	57,733,970	56,517,701	1,216,270	2.1%
Other Practitioners	17,908,271	17,428,112	480,158	2.7%
Home Health Care	8,661,016	8,519,120	141,896	1.6%
Lab & Radiology	33,520,732	33,867,112	(346,380)	(1.0)%
Medical Supplies	16,718,967	16,429,713	289,254	1.7%
Ambulatory/Clinics	52,242,431	52,697,640	(455,209)	(0.9)%
Prescription Drugs	194,798,903	187,373,218	7,425,684	3.8%
OHCA Therapeutic Foster Care	852,235	844,047	8,189	1.0%
Other Payments:				
Nursing Facilities	242,692,852	240,591,638	2,101,214	0.9%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	25,544,345	25,225,725	318,619	1.2%
Medicare Buy-In	56,492,027	55,103,433	1,388,594	2.5%
Transportation	29,929,934	30,150,190	(220,256)	(0.7)%
Money Follows the Person-OHCA	432,679	265,877	166,801	0.0%
Electonic Health Records-Incentive Payments	7,740,070	7,740,070	-	0.0%
Part D Phase-In Contribution	31,594,639	31,293,505	301,134	1.0%
Supplemental Hospital Offset Payment Program	224,983,892	224,983,892	-	0.0%
Total OHCA Medical Programs	**1,609,777,478**	**1,585,095,836**	**24,681,642**	**1.5%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	**$ 1,685,045,493**	**$ 1,654,177,682**	**$ 30,867,811**	**1.8%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ 61,457,092**	**$ 75,558,344**	**$ 14,101,252**	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
Fiscal Year 2015, For the Five Months Ended November 30, 2014

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	$ 15,502,432	$ 15,433,889	$ -	$ 62,292	$ -	$ 6,251	$ -
Inpatient Acute Care	447,817,674	255,159,223	202,786	1,618,044	180,456,312	531,186	9,850,122
Outpatient Acute Care	146,131,251	112,434,976	17,335	1,699,041	30,134,190	1,845,708	
Behavioral Health - Inpatient	24,214,017	5,051,240	-	116,765	13,847,473		5,198,538
Behavioral Health - Psychiatrist	3,738,219	3,192,302	-	-	545,917	-	-
Behavioral Health - Outpatient	11,958,476	-	-	-	-	-	11,958,476
Behavioral Health Facility- Rehab	105,148,413	-	-	-	-	38,067	105,148,413
Behavioral Health - Case Management	8,579,437	-	-	-	-	-	8,579,437
Behavioral Health - PRTF	37,084,605	-	-	-	-	-	37,084,605
Residential Behavioral Management	9,486,302	-	-	-	-	-	9,486,302
Targeted Case Management	26,854,411	-	-	-	-	-	26,854,411
Therapeutic Foster Care	844,047	844,047	-	-	-	-	-
Physicians	227,337,359	199,598,809	24,209	2,444,026	-	2,566,928	22,703,388
Dentists	56,525,443	56,512,476	-	7,742	-	5,225	-
Mid Level Practitioners	1,465,525	1,456,454	-	8,316	-	754	-
Other Practitioners	16,012,923	15,782,778	185,985	42,019	-	2,141	-
Home Health Care	8,523,585	8,510,589	-	4,465	-	8,531	-
Lab & Radiology	34,621,624	33,642,242	-	754,512	-	224,870	-
Medical Supplies	16,544,085	15,253,858	1,129,806	114,372	-	46,049	-
Clinic Services	51,988,317	48,849,577	-	287,910	-	88,823	2,762,007
Ambulatory Surgery Centers	3,845,464	3,748,484	-	86,223	-	10,756	-
Personal Care Services	5,305,869	-	-	-	-	-	5,305,869
Nursing Facilities	240,591,638	151,386,908	89,202,748	-	-	1,982	-
Transportation	29,993,293	28,863,105	1,100,039	-	-	30,150	-
GME/IME/DME	37,603,503	-	-	-	-	-	37,603,503
ICF/IID Private	25,225,725	20,665,099	4,560,626	-	-	-	-
ICF/IID Public	30,266,719	-	-	-	-	-	30,266,719
CMS Payments	86,396,938	86,116,460	280,479	-	-	-	
Prescription Drugs	191,090,789	186,608,309	-	3,717,571	-	764,909	-
Miscellaneous Medical Payments	156,897	148,370	-	-	-	8,527	-
Home and Community Based Waiver	78,210,365	-	-	-	-	-	78,210,365
Homeward Bound Waiver	37,741,975	-	-	-	-	-	37,741,975
Money Follows the Person	6,301,006	265,877	-	-	-	-	6,035,129
In-Home Support Waiver	10,683,211	-	-	-	-	-	10,683,211
ADvantage Waiver	69,216,640	-	-	-	-	-	69,216,640
Family Planning/Family Planning Waiver	3,588,825	-	-	-	-	-	3,588,825
Premium Assistance*	17,327,709	-	-	17,327,709	-	-	-
Electronic Health Records Incentive Payments	7,740,070	7,740,070	-	-	-	-	-
Total Medicaid Expenditures	**$ 2,131,664,779**	**$ 1,257,265,139**	**$ 96,704,013**	**$ 28,291,009**	**$ 224,983,892**	**$ 6,180,858**	**$ 518,277,934**

* Includes $17,194,543.34 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
Fiscal Year 2015, For the Five Months Ended November 30, 2014

REVENUE		FY15 Actual YTD
Revenues from Other State Agencies	$	213,112,195
Federal Funds		330,168,068
TOTAL REVENUES	**$**	**543,280,263**

EXPENDITURES		Actual YTD
Department of Human Services		
Home and Community Based Waiver	$	78,210,365
Money Follows the Person		6,035,129
Homeward Bound Waiver		37,741,975
In-Home Support Waivers		10,683,211
ADvantage Waiver		69,216,640
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public		30,266,719
Personal Care		5,305,869
Residential Behavioral Management		7,287,712
Targeted Case Management		22,037,004
Total Department of Human Services		**266,784,624**
State Employees Physician Payment		
Physician Payments		22,703,388
Total State Employees Physician Payment		**22,703,388**
Education Payments		
Graduate Medical Education		211,228
Graduate Medical Education - Physicians Manpower Training Commission		2,172,666
Indirect Medical Education		31,865,924
Direct Medical Education		3,353,685
Total Education Payments		**37,603,503**
Office of Juvenile Affairs		
Targeted Case Management		1,083,673
Residential Behavioral Management		2,198,590
Total Office of Juvenile Affairs		**3,282,263**
Department of Mental Health		
Case Management		8,579,437
Inpatient Psychiatric Free-standing		5,198,538
Outpatient		11,958,476
Psychiatric Residential Treatment Facility		37,084,605
Rehabilitation Centers		105,148,413
Total Department of Mental Health		**167,969,470**
State Department of Health		
Children's First		654,439
Sooner Start		1,010,797
Early Intervention		1,595,393
Early and Periodic Screening, Diagnosis, and Treatment Clinic		886,282
Family Planning		(35,853)
Family Planning Waiver		3,611,584
Maternity Clinic		16,750
Total Department of Health		**7,739,391**
County Health Departments		
EPSDT Clinic		328,455
Family Planning Waiver		13,094
Total County Health Departments		**341,549**
State Department of Education		**81,651**
Public Schools		**1,402,250**
Medicare DRG Limit		**4,500,000**
Native American Tribal Agreements		**519,724**
Department of Corrections		**613,325**
JD McCarty		**4,736,798**
Total OSA Medicaid Programs	**$**	**518,277,934**
OSA Non-Medicaid Programs	**$**	**32,773,825**
Accounts Receivable from OSA	**$**	**7,771,496**

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
Fiscal Year 2015, For the Five Months Ended November 30, 2014

REVENUES		FY 15 Revenue
SHOPP Assessment Fee	$	97,494,858
Federal Draws		142,145,109
Interest		61,333
Penalties		35,977
State Appropriations		(15,200,000)
TOTAL REVENUES	$	224,537,277

EXPENDITURES	Quarter	Quarter		FY 15 Expenditures
Program Costs:	7/1/14 - 9/30/14	10/1/14 - 12/31/14		
Hospital - Inpatient Care	92,872,986	87,583,326	$	180,456,311
Hospital -Outpatient Care	15,052,817	15,081,373	$	30,134,190
Psychiatric Facilities-Inpatient	6,919,304	6,928,169	$	13,847,473
Rehabilitation Facilities-Inpatient	272,784	273,133	$	545,917
Total OHCA Program Costs	115,117,891	109,866,001	$	224,983,892
Total Expenditures			$	224,983,892

CASH BALANCE		
	$	(446,615)

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
Fiscal Year 2015, For the Five Months Ended November 30, 2014

REVENUES	Total Revenue	State Share
Quality of Care Assessment	$ 31,911,177	$ 31,911,177
Interest Earned	15,979	15,979
TOTAL REVENUES	**$ 31,927,156**	**$ 31,927,156**

EXPENDITURES	FY 15 Total $ YTD	FY 15 State $ YTD	Total State $ Cost
Program Costs			
Nursing Facility Rate Adjustment	$ 87,681,416	$ 31,547,774	
Eyeglasses and Dentures	115,411	41,532	
Personal Allowance Increase	1,405,920	505,850	
Coverage for Durable Medical Equipment and Supplies	1,129,806	406,504	
Coverage of Qualified Medicare Beneficiary	430,315	154,827	
Part D Phase-In	280,479	280,479	
ICF/IID Rate Adjustment	2,230,662	802,592	
Acute Services ICF/IID	2,329,964	838,321	
Non-emergency Transportation - Soonerride	1,100,039	395,794	
Total Program Costs	**$ 96,704,013**	**$ 34,973,673**	**$ 34,973,673**
Administration			
OHCA Administration Costs	$ 213,391	$ 106,695	
DHS-Ombudsmen	85,376	85,376	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	**$ 298,767**	**$ 192,071**	**$ 192,071**
Total Quality of Care Fee Costs	**$ 97,002,780**	**$ 35,165,744**	
TOTAL STATE SHARE OF COSTS			**$ 35,165,744**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 245: Health Employee and Economy Improvement Act Revolving Fund
Fiscal Year 2015, For the Five Months Ended November 30, 2014

REVENUES	FY 14 Carryover	FY 15 Revenue	Total Revenue
Prior Year Balance	$ 13,950,701	$ -	$ 7,160,577
State Appropriations	-	-	-
Tobacco Tax Collections	-	17,282,743	17,282,743
Interest Income	-	130,361	130,361
Federal Draws	160,262	11,463,492	11,463,492
All Kids Act	(6,697,761)	47,335	47,335
TOTAL REVENUES	**$ 7,413,202**	**$ 28,923,931**	**$ 36,037,173**

EXPENDITURES		FY 14 Expenditures	FY 15 Expenditures	Total $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 17,063,169	$ 17,063,169
	College Students		133,166	47,913
	All Kids Act		131,375	131,375
Individual Plan				
	SoonerCare Choice		$ 60,096	$ 21,623
	Inpatient Hospital		1,595,438	574,038
	Outpatient Hospital		1,678,722	604,004
	BH - Inpatient Services-DRG		113,999	41,017
	BH -Psychiatrist		-	-
	Physicians		2,437,878	877,148
	Dentists		7,123	2,563
	Mid Level Practitioner		7,847	2,823
	Other Practitioners		41,349	14,877
	Home Health		4,465	1,606
	Lab and Radiology		747,773	269,049
	Medical Supplies		105,988	38,134
	Clinic Services		285,618	102,765
	Ambulatory Surgery Center		80,493	28,961
	Prescription Drugs		3,667,193	1,319,456
	Miscellaneous Medical		-	-
	Premiums Collected		-	(212,460)
Total Individual Plan			**$ 10,833,980**	**$ 3,685,606**
	College Students-Service Costs		**$ 129,134**	**$ 46,463**
	All Kids Act- Service Costs		**$ 186**	**$ 67**
Total OHCA Program Costs			**$ 28,291,009**	**$ 20,974,592**
Administrative Costs				
	Salaries	$ 30,565	$ 523,203	$ 553,768
	Operating Costs	125,839	266,755	392,594
	Health Dept-Postponing	-	-	-
	Contract - HP	96,221	347,146	443,367
Total Administrative Costs		**$ 252,625**	**$ 1,137,103**	**$ 1,389,728**
Total Expenditures				**$ 22,364,320**
NET CASH BALANCE		**$ 7,160,577**		**$ 13,672,853**

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
Fiscal Year 2015, For the Five Months Ended November 30, 2014

REVENUES	FY 15 Revenue	State Share
Tobacco Tax Collections	$ 344,821	$ 344,821
TOTAL REVENUES	**$ 344,821**	**$ 344,821**

EXPENDITURES	FY 15 Total $ YTD	FY 15 State $ YTD	Total State $ Cost
Program Costs			
SoonerCare Choice	$ 6,251	$ 1,575	
Inpatient Hospital	531,186	133,806	
Outpatient Hospital	1,845,708	464,934	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	1,982	499	
Physicians	2,566,928	646,609	
Dentists	5,225	1,316	
Mid-level Practitioner	754	190	
Other Practitioners	2,141	539	
Home Health	8,531	2,149	
Lab & Radiology	224,870	56,645	
Medical Supplies	46,049	11,600	
Clinic Services	88,823	22,374	
Ambulatory Surgery Center	10,756	2,709	
Prescription Drugs	764,909	192,681	
Transportation	30,150	7,595	
Miscellaneous Medical	8,527	2,149	
Total OHCA Program Costs	$ 6,142,791	$ 1,547,370	
OSA DMHSAS Rehab	$ 38,067	$ 9,589	
Total Medicaid Program Costs	$ 6,180,858	$ 1,556,959	
TOTAL STATE SHARE OF COSTS			**$ 1,556,959**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

SoonerCare Programs

November 2014 Data for January 2015 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System			Monthly Enrollment Average SFY2014	Enrollment November 2014	Total Expenditures November 2014	Average Dollars Per Member Per Month November 2014
SoonerCare Choice Patient-Centered Medical Home			559,363	**541,261**	**$142,020,032**	
	Lower Cost	*(Children/Parents; Other)*		494,352	$102,349,245	$207
	Higher Cost	*(Aged, Blind or Disabled; TEFRA; BCC)*		46,909	$39,670,787	$846
SoonerCare Traditional			196,936	**237,089**	**$180,791,280**	
	Lower Cost	*(Children/Parents; Other)*		126,130	$42,217,967	$335
	Higher Cost	*(Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)*		110,959	$138,573,312	$1,249
SoonerPlan*			48,266	**41,979**	**$370,623**	$9
Insure Oklahoma			23,567	**17,326**	**$5,297,754**	
	Employer-Sponsored Insurance		14,795	12,764	$3,340,444	$262
	*Individual Plan**		8,772	4,562	$1,957,310	$429
TOTAL			**828,131**	**837,655**	**$328,479,689**	

The enrollment totals above include all members enrolled during the report month; therefore, some members may not have expenditure data.
Custody expenditures are excluded. Non-member specific expenditures of $21,245,415 are excluded.

Effective July 2014, members with other forms of credible health insurance coverage were no longer eligible for Choice PCMH.

*In January 2014, SoonerPlan's qualifying income guidelines decreased from 185% to 133% of FPL and Insure Oklahoma IP's qualifying income guidelines decreased from 200% to 100% of FPL.

Net Enrollee Count Change from Previous Month Total	1,336

New Enrollees	13,840

Members that have not been enrolled in the past 6 months.

Dual Enrollees & Long-Term Care Members (subset of data above)

Medicare and SoonerCare		Monthly Average SFY2014	Enrolled November 2014
Dual Enrollees		**109,653**	**110,976**
	Child	*192*	185
	Adult	*109,461*	110,791

		Monthly Average SFY2014	Enrolled November 2014	FACILITY PER MEMBER PER MONTH
Long-Term Care Members		**15,358**	**15,178**	**$3,476**
	Child	63	57	
	Adult	15,295	15,121	

Child is defined as an individual under the age of 21.

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts		Monthly Average SFY2014	Enrolled November 2014
Total Providers		**38,330**	**41,174**
	In-State	29,277	30,549
	Out-of-State	9,053	10,625

Provider Network includes providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types, and specialties.

Program	% of Capacity Used
SoonerCare Choice	43%
SoonerCare Choice I/T/U	19%
Insure Oklahoma IP	1%

Select Provider Type Counts	*In-State*		*Totals*	
	Monthly Average SFY2014	*Enrolled November 2014**	Monthly Average SFY2014	Enrolled November 2014
Physician	*8,452*	*9,041*	*13,597*	15,293
Pharmacy	*936*	*892*	*1,266*	1,172
Mental Health Provider	*4,864*	*4,516*	*4,902*	4,570
Dentist	*1,069*	*1,100*	*1,206*	1,257
Hospital	*183*	*191*	*685*	916
Optometrist	*565*	*609*	*594*	644
Extended Care Facility	*356*	*349*	356	349

Above counts are for specific provider types and are not all-inclusive.

Total Primary Care Providers**	*5,410*	*5,899*	7,011	7,848
Patient-Centered Medical Home	*2,099*	*2,323*	2,188	2,431

**Including Physicians, Physician Assistants and Advance Nurse Practitioners.

*Items shaded above represent a 10% or more increase (green) or decrease (red) from the previous fiscal year's average.

Hepatitis C Coverage Update

Oklahoma Health Care Authority
December 2014

Utilization of Sovaldi™ (Sofosbuvir), Olysio™ (Simeprevir) and Harvoni® (Sofosbuvir/Ledipasvir)

Comparison of Pre and Post Prior Authorization Implementation
(Prior Authorization Implemented 07/01/2014)

Time Frame	Total Members	Total Claims	Total Cost	Cost/ Claim	Cost/ Day	Total Units	Total Days
Dec 1, 2013-Jun 30, 2014	190	529	$15,394,545.19	$29,101.22	$1,039.33	14,812	14,812
Jul 1, 2014-Dec 17, 2014	112	255	$7,412,746.62	$29,069.59	$1,038.20	7,140	7,140
Total	**239***	**784**	**$22,807,291.81**	**$29,090.93**	**$1,038.96**	**21,952**	**21,952**

*Total number of unduplicated members.

- 161 members have completed hepatitis C therapy
- 36 members did not finish hepatitis C therapy (all of these started therapy prior to implementation of prior authorization
- 42 members are still currently taking a hepatitis C therapy regimen
- 5 members have been denied for continuation of treatment due to noncompliance
- A total of 630 prior authorization requests have been submitted for hepatitis C medications, 77 of these were denied
- All members who started therapy after the prior authorization and College of Pharmacy management went into effect have been compliant except one. All members who started after July 1st are monitored closely for compliance by the College of Pharmacy.

Care Management Referrals

When a prior authorization is submitted a prescriber or pharmacy can recommend referral of the member to the care management program. Care management nurses will contact the patient and provide support to the member to follow the treatment regimen as prescribed. The nurse will contact the member regularly during their hepatitis C treatment and will continue to follow the patient for up to 12 weeks after the completion of therapy to encourage follow up with lab work to ensure the virus has been cleared. Twenty-eight members utilizing hepatitis C therapies have been referred to the care management program.

Utilization Details of Hepatitis C Medications: 12/01/2013 to 12/17/2014

Product Utilized	Total Claims	Total Members	Total Cost	Cost/ Day	Cost/ Claim
Sofosbuvir Products					
Sovaldi 400mg Tablet	691	221	$20,426,820.30	$1,055.76	$29,561.25
Simeprevir Products					
Olysio 150mg Capsule	72	28	$1,681,897.60	$834.27	$23,359.69
Sofosbuvir/Ledipasvir Products					
Harvoni 400mg-90mg Tablet	21	17	$698,573.91	$1,188.05	$33,265.42
Total	**784**	**239***	**$22,807,291.81**	**$1,038.96**	**$29,090.93**

*Total number of unduplicated members.

Community Relations Board Presentation

Hillary Winn, MPA
Community Relations Manager
January 8, 2015

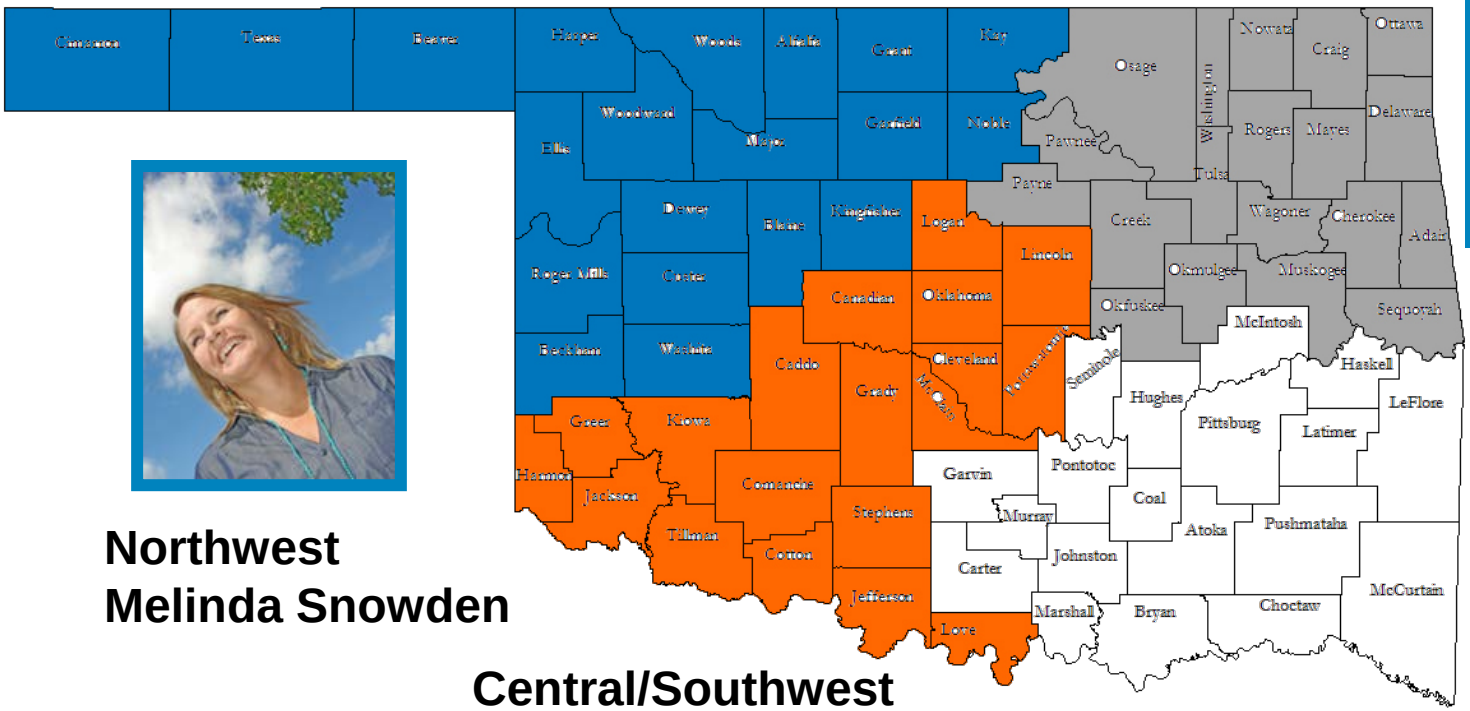
Oklahoma HealthCare Authority

COMMUNITY RELATIONS

- Identifies a wide range of issues internally and externally
- Ensures bi-directional communication
- Works with local partners to identify local solutions

Oklahoma HealthCare Authority

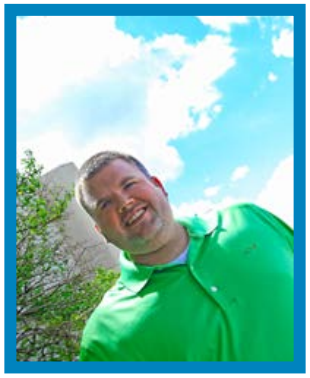
COORDINATORS AND AREAS



Northwest
Melinda Snowden

Northeast
Shana Netherlain

Central/Southwest
Corey Burnett



Southeast
Linda Ehrhardt

CONNECTING WITH COMMUNITIES

- Serve on over 100 Coalitions
- Participate in Strategic Planning Committees
- Local level agencies/organizations
- Non-traditional partners
- Tribal programs
- Health Fairs

Oklahoma HealthCare Authority

COMMUNITY FORUMS

2014 Forums

- Muskogee
- Clinton
- Guthrie
- Ponca City
- Guymon

FORUM FEEDBACK

"Grateful to OHCA for coming into our community to share information about services provided and to answer questions face-to-face."

–Trish, SoonerCare Member Parent

"This was a wonderful venue to address concerns and questions at the local level."

– James, Case Manager/Provider

Oklahoma HealthCare Authority

COMMUNICATE AND CLARIFY

- Community Relations Newsletter
- Email alerts and correspondence
- Connect member/partner questions to internal units
- SoonerCare2014 Inbox
- Collaborate with Office of Public Information

Oklahoma HealthCare Authority

UNIQUE LOCALIZED CHALLENGES

Northwest:

-SoonerRide

-Refugee Population

Central/Southwest:

-Eligibility/benefit questions from free clinics

Southeast:

-Lack of internet and smart phone access in rural areas

Northeast:

-Extremely limited providers in some areas

-Providers and members crossing state lines

CREATIVE PARTNERING IN 2014

- Boys and Girls Club Videos
- OCCY Access to Care—Texas County
- Pharmacy Bags
- Insure Oklahoma Outreach
- Local Libraries
- Schools—Well-child visit outreach
- OHCA Strategic Planning Conference Off-Sites

CONTACT

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Community Relations Manager

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Oklahoma HealthCare Authority

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 40. DEVELOPMENTAL DISABILITIES SERVICES
SUBCHAPTER 5. MEMBER SERVICES

317:40-5-3. Agency companion services

(a) Agency companion services (ACS)are:

(1) ~~are~~ provided by agencies that have a provider agreement with the Oklahoma Health Care Authority (OHCA);

(2) ~~provide a~~ provided by independent contractors of the provider agency and provide a shared living arrangement developed to meet the specific needs of the member that includes ~~a live-in companion providing~~ supervision, supportive assistance, and training in daily living skills, and integrates the member into the shared experiences of a family ~~provided~~ in a ~~shared~~ home owned or rented by the ~~member,~~ companion~~, or in a mutually rented or owned home~~;

(3) ~~are~~ available to members 18 years of age or older who are eligible for services through Community or Homeward Bound Waivers. Persons under ~~the age of~~ 18 years of age may be served with approval from the ~~DDSD~~ Oklahoma Department of Human Services Developmental Disabilities Services (DDS) director or designee;

(4) ~~are~~ based on the member's need for residential services per ~~OAC~~ Oklahoma Administrative Code(OAC) 340:100-5-22 and support as described in the member's Individual Plan (Plan), per OAC 340:100-5-50 through 340:100-5-58.

(b) An agency companion:

(1) must ~~be employed by or~~ have an approved home profile per OAC 317:40-5-3 and contract with a provider contract with a provider agency approved by ~~the Oklahoma Department of Human Services Developmental Disabilities Services Division (DDSD)~~DDS;

(2) may provide companion services for one member. Exceptions to serve as companion for two members may be approved by the ~~DDSD~~ DDS director or designee. Exceptions may be approved when members have an existing relationship and to separate them would be detrimental to their well being and the companion demonstrates the skill and ability required to serve as companion for two members;

(3) household is limited to one individual companion provider. Exceptions for two individual companion providers in a household who each provide companion services to different members may be approved by the ~~DDSD~~ DDS director or designee;

(4) may not provide companion services to more than two members at any time;

(5) household may not serve more than three members through

any combination of companion or respite services;

(6) may not have employment, volunteer activities, or personal commitments that prevent the companion from fulfilling his or her responsibilities to the member per OAC 317:40-5.

~~(A) Employment as an agency companion is the companion's primary employment.~~

~~(B) The companion may not have other employment when approved to serve two members regardless of the levels of support required by the members.~~

~~(C)~~ (A) The companion may have ~~other~~ employment when the:

(i) ~~the Team~~ personal support team (Team) documents and addresses all related concerns in the member's Plan;

(ii) ~~the other~~ employment is approved in advance by the ~~DDSD~~ DDS area manager or designee; and

(iii) ~~the~~ companion's employment does not require on-call duties and occurs during time the member is engaged in outside activities such as school, employment or other routine scheduled meaningful activities; and

(iv) ~~the~~ companion provides assurance the employment is such that the member's needs will be met by the companion should the member's outside activities be disrupted.

~~(D)~~(B) If, after receiving approval for ~~other~~ employment, authorized ~~DDSD~~ DDS staff determines the ~~other~~ employment interferes with the care, training, or supervision needed by the member, the companion must terminate, within 30 calendar days:

(i) ~~the other~~ his or her employment; or

(ii) his or her ~~employment~~ contract as an agency companion.

~~(E)~~(C) Homemaker, habilitation training specialist, and respite services are not provided for the companion to maintain other employment.

(c) Each member may receive up to 60 days per year of therapeutic leave without reduction in the agency companion's ~~salary~~ payment.

(1) Therapeutic leave:

(A) is a SoonerCare payment made to the contract provider to enable the member to retain services; and

(B) is claimed when the:

(i) ~~the~~ member does not receive ACS for 24 consecutive hours due to:

(I) a visit with family or friends without the companion;

(II) vacation without the companion; or

(III) hospitalization, regardless of whether the companion is present; or

(ii) ~~the~~ companion uses authorized respite time;

(C) is limited to no more than 14 consecutive, calendar days per event, not to exceed 60 days per Plan of Care (POC) year; and

(D) cannot be ~~accrued~~ carried over from one ~~Plan of Care (POC)~~ POC year to the next.

(2) The therapeutic leave daily rate is the same amount as the ACS per diem rate except for the pervasive rate ~~which~~ that is paid at the enhanced agency companion per diem rate.

(3) The provider agency pays the agency companion the ~~salary that~~ payment he or she would earn if the member were not on therapeutic leave.

(d) The companion may receive a combination of hourly or daily respite per POC year equal to 660 hours ~~for respite for the companion~~.

(e) Habilitation Training Specialist (HTS) services:

(1) may be approved by the ~~DDSD~~ DDS director or designee when providing ACS with additional support represents the most cost-effective placement for the member when there is an ongoing pattern of not:

(A) sleeping at night; or

(B) working or attending employment, educational, or day services ~~with documented and continuing efforts by the Team~~;

(2) may be approved when a time-limited situation exists in which the ~~ACS~~ companion provider is unable to provide ACS, and the provision of HTS will maintain the placement or provide needed stability for the member, and must be reduced when the situation changes;

(3) must be reviewed annually or more frequently as needed, which includes a change in agencies or individual companion providers~~.~~; and

(4) must be documented by the Team and the Team must continue efforts to resolve the need for HTS.

~~(f) The agency receives a provider rate based on the agency's service model. The AC rate for the:~~

~~(1) employer model includes funding for the provider agency for the provision of benefits to the companion; or~~

~~(2) contractor model does not include funding for the provider agency for the provision of benefits to the companion.~~

~~(g)~~ (f) The agency receives a ~~provider~~ daily rate based on the member's level of support. Levels of support for the member and corresponding payment are:

(1) determined by authorized ~~DDSD~~ DDS staff ~~in accordance with~~ per levels described in (A) through(D); and
(2) re-evaluated when the member has a change in agency companion providers ~~which~~ that includes a change in agencies or individual companion providers.

(A) **Intermittent level of support**. Intermittent level of support is authorized when the member:

(i) requires minimal physical assistance with basic daily living skills, such as bathing, dressing, and eating;

(ii) may be able to spend short periods of time unsupervised inside and outside the home; and

(iii) requires assistance with medication administration, money management, shopping, housekeeping, meal preparation, scheduling appointments, arranging transportation or other activities.

(B) **Close level of support**. Close level of support is authorized when the member requires:

(i) ~~requires~~ regular, frequent and sometimes constant physical assistance and support to complete daily living skills, such as bathing, dressing, eating, and toileting;

(ii) ~~requires~~ extensive assistance with medication administration, money management, shopping, housekeeping, meal preparation, scheduling appointments, arranging transportation or other activities; and

(iii) ~~requires~~ assistance with health, medication, or behavior interventions that may include the need for specialized training, equipment, and diet.

(C) **Enhanced level of support**. Enhanced level of support is authorized when the member:

(i) is totally dependent on others for:

(I) completion of daily living skills, such as bathing, dressing, eating, and toileting; and

(II) medication administration, money management, shopping, housekeeping, meal preparation, scheduling appointments, and arranging transportation or other activities;

(ii) demonstrates ongoing complex medical issues requiring specialized training courses per OAC 340:100-5-26; or

(iii) has behavioral issues that requires a protective intervention plan (PIP) with a restrictive or intrusive procedure ~~as defined in~~ per OAC 340:100-1-2. The PIP must:

(I) be approved by the Statewide Behavior Review Committee (SBRC), per OAC 340:100-3-14;
(II) be reviewed by the Human Rights Committee (HRC), per OAC 340:100-3-6, or
(III) have received expedited approval per OAC 340:100-5-57.

(D) **Pervasive level of support.** Pervasive level of support is authorized when the member:

(i) requires additional professional level support to remain in an agency companion setting due to pervasive behavioral or emotional challenges. The support must be provided:

(I) by a licensed professional counselor (LPC) or professional with a minimum of Masters of Social Work (MSW) degree; and
(II) as ongoing support and training to the companion, offering best practice approaches in dealing with specific members; and

(ii) does not have an available personal support system. The need for this service level:

(I) must be identified by the grand staffing committee, per OAC 340:75-8-40; and
(II) requires the provider to market, recruit, screen, and train potential companions for the member identified.

(g) Authorization for payment of Agency Companion Service is contingent upon receipt of:

(1) the applicant's approval letter authorizing ACS for the identified member;
(2) an approved relief and emergency back-up plan addressing a back-up location and provider;
(3) the Plan;
(4) the POC; and
(5) the date the member moved to the companion home.

(h)The Plan reflects the amount of room and board the member pays to the companion. The provider must use the room and board reimbursement payment to meet the member's needs. Items purchased with the room and board reimbursement payment includes housing and food. ~~If the amount exceeds $450, the additional amount must be:~~

~~(1) agreed upon by the member and, if~~ when applicable, ~~legal guardian;~~
~~(2) recommended by the Team; and~~
~~(3) approved by the DDSD~~ DDS ~~area manager or designee.~~

(i) If the amount exceeds $500, the additional amount must be:

(1) agreed upon by the member and, if when applicable, legal guardian;

(2) recommended by the Team; and
(3) approved by the DDSD DDS area manager or designee.

317:40-5-4. Selection of Agency Companion Services provider [REVOKED]

~~(a) The matching of the lifestyles and personalities of a companion and a service recipient and the overall compatibility of the companion with the service recipient are the most critical elements of the Agency Companion Services (ACS) program. The past and present relationship the service recipient has with the potential companion is the most important consideration in the companion selection process.~~

~~(b) In addition to considering the relationship between the service recipient and the companion, the case manager, the service recipient or legal guardian, and the service recipient's provider agency must reach consensus regarding the criteria listed in this Section before the approval process described in OAC 317:40-5-40 begins.~~

~~(1) The companion must have a relationship with the service recipient. Exceptions may be made by the service recipient's personal support team (Team) upon the recommendation of the Developmental Disabilities Services Division (DDSD) case manager, Division of Children and Family Services (DCFS) worker, or the Adult Protective Services (APS) worker, when appropriate.~~

~~(2) The companion must have the commitment and skills to meet the individual needs of the service recipient.~~

~~(3) The companion must understand the level of commitment required for the ACS program and how the commitment will affect the companion's personal life.~~

~~(4) The companion must understand how the commitment to the ACS program will impact the companion's family.~~

~~(5) The companion must demonstrate the ability to establish and maintain a positive relationship with the service recipient, particularly when stressful situations occur.~~

~~(6) The companion must demonstrate the ability to work collaboratively with others in the service process.~~

~~(7) Neither a service recipient's spouse nor the parent of a minor child may serve as that person's companion. A family member serving as companion must meet all requirements for the ACS program given in this Subchapter.~~

~~(8) The Chief Executive Officer (CEO) of a provider agency may not serve as a companion.~~

317:40-5-5. Agency Companion Services provider responsibilities

(a) ~~Providers of Agency Companion Services (ACS)~~ Companions are required to meet all applicable standards outlined in this

subchapter and competency-based training ~~described in OAC~~ per Oklahoma Administrative Code(OAC) 340:100-3-38. The provider agency ensures ~~that~~ all companions meet the criteria in this Section.

(b) Failure to follow any rules or standards, failure to promote the independence of the member, or failure to follow recommendation(s) of the personal support team (Team) results in problem resolution, per OAC 340:100-3-27, for the companion, and ~~if~~ when warranted, revocation of approval of the companion.

(c) ~~In addition to the criteria given in OAC 317:40-5-4, the~~ The companion:

(1) ensures no other adult or child is cared for in the home on a regular or part-time basis, including other Oklahoma Department of Human Services ~~(OKDHS)~~ (DHS) placements, family members, or friends without prior written authorization from the ~~OKDHS~~ Developmental Disabilities Services ~~Division (DDSD)~~ (DDS)area manager or designee;

(2) meets the requirements of OAC 317:40-5-103~~, Transportation~~. Neither the companion nor the provider agency may claim transportation reimbursement for vacation travel;

(3) transports or arranges transportation for the member to and from school, employment programs, recreational activities, medical appointments, and therapy appointments;

(4) delivers services in a manner that contributes to the member's enhanced independence, self-sufficiency, community inclusion, and well-being;

(5) participates as a member of the member's Team and assists in the development of the member's Individual Plan(Plan) for service provision;

(6) ~~with assistance from the DDSD case manager and the provider agency program coordination staff,~~ develops, implements, evaluates, and revises the training strategies corresponding to the relevant outcomes for which the companion is responsible, as identified in the Plan~~;~~.

(A) The companion ~~documents and provides monthly data and health care summaries to the provider agency program coordination staff~~ may request assistance from the case manager or program coordinator.

~~(B) The agency staff provides monthly reports to the DDSD case manager or nurse.~~

(7) delivers services at appropriate times as directed in the Plan;

(8) does not deliver services that duplicate the services mandated to be provided by the public school district pursuant to the Individuals with Disabilities Education Act (IDEA);

(9) is sensitive to and assists the member in participating in the member's chosen religious faith. No member is expected to attend any religious service against his or her wishes;
(10) participates in, and supports visitation and contact with the member's natural family, guardian, and friends, ~~provided this~~ when visitation is desired by the member;
(11) obtains permission from the member's legal guardian, ~~if~~ when a guardian is assigned, and notifies the family, the provider agency program coordination staff, and the case manager prior to:
(A) traveling out of state;
(B) overnight visits; or
(C) involvement of the member in any publicity;
(12) serves as the member's health care coordinator per OAC 340:100-5-26;
(13) ensures the monthly room and board contribution received from the member is used toward the cost of operating the household;
(14) assists the member in accessing entitlement programs for which the member may be eligible and maintains records required for the member's ongoing eligibility;
(15) works closely with the provider agency program coordination staff and the ~~DDSD~~ DDS case manager, to ensure all aspects of the member's program are implemented to the satisfaction of the member, the member's family or legal guardian, when appropriate, and the member's Team;
(16) assists the member ~~in achieving~~ to achieve the member's maximum level of independence;
(17) submits, in a timely manner, to the provider agency program coordination staff all necessary information regarding the member;
(18) ensures ~~that~~ the member's confidentiality is maintained per OAC 340:100-3-2;
(19) supports the member in forming and maintaining friendships with neighbors, co-workers, and peers, including people who do not have disabilities;
(20) implements training and provides supports that enable the member to actively join in community life;
(21) does not serve as representative payee for the member without a written exception from the ~~DDSD~~ DDS area manager or designee~~;~~.
(A) The written exception is retained in the member's home record.
(B) When serving as payee, the companion complies ~~with the requirements~~ of OAC 340:100-3-4 requirements~~.~~;
(22) ensures the member's funds are properly safeguarded~~.~~;

(23) obtains prior approval from the member's representative payee when making a purchase of over $50~~.00~~ with the member's funds;
(24) allows ~~the~~ provider agency and DDS staff ~~and DDSD staff~~ to make announced and unannounced visits to the home;
(25) develops an Evacuation Plan, using ~~OKDHS~~ DHS Form 06AC020E, Evacuation/Escape Plan, for the home and conducts training with the member;
(26) conducts fire and weather drills at least quarterly and documents the fire and weather drills using Form 06AC021E, Fire and Weather Drill Record;
(27) develops and maintains a personal possession inventory for personal possessions and adaptive equipment, using Form 06AC022E, Personal Possession Inventory;
(28) supports the member's employment program by:
(A) assisting the member to wear appropriate work attire; and
(B) contacting the member's employer as outlined by the Team and in the Plan; ~~and~~
(29) is responsible for the cost of ~~their~~ the member's meals and entertainment during recreational and leisure activities. Activities must be affordable to the member. Concerns about affordability are presented to the Team for resolution;
(30) for adults, reports suspected maltreatment including abuse, verbal abuse, sexual abuse, neglect, financial neglect, and/or exploitation of a vulnerable adult per Section 10-104 of Title 43A of the Oklahoma Statutes to the DHS Office of Client Advocacy (OCA);
(31) for children, reports abuse, neglect, sexual abuse, or sexual exploitation per Section 1-2-101 of Title 10A of the Oklahoma Statutes to the Child Abuse and Neglect Hotline at 1-800-522-3511; ~~and~~
(32) follows all applicable rules promulgated by the Oklahoma Health Care Authority and ~~DDSD~~ DDS, including:
(A) OAC 340:100-3-40;
(B) OAC 340:100-5-50 through 100-5-58;
(C) OAC 340:100-5-26;
(D) OAC 340:100-5-34;
(E) OAC 340:100-5-32;
(F) OAC 340:100-5-22.1;
(G) OAC 340:100-3-27;
(H) OAC 340:100-3-38 ; ~~and~~
(I) OAC 340:100-3-34;
(33) is neither the member's spouse, nor when the member is a minor child, the member's parent. A family member servicing

as companion must meet all requirements listed in this Subchapter; and

(34) is not the Chief Executive Officer of a provider agency.

317:40-5-6. Agency Companion ~~Services provider~~ contractor requirements

(a) The service recipient or legal guardian, the provider agency, ~~and~~ or the Oklahoma Department of Human ~~Services'~~ Services Developmental Disabilities Services ~~Division (DDSD)~~ (DDS)case manager may identify an applicant to be screened for approval to serve as ~~the~~ companion.

(b) Approval by ~~DDSD~~ DDS for a person to provide contracted Agency Companion Services (ACS) requires ~~that~~ the applicant:

(1) is 21 years of age or older;

(2) has attended the ~~DDSD~~ DDS or provider agency ACS orientation;

(3) ~~is employed by, or~~ contracts with~~,~~ a provider agency having a current contract with the Oklahoma Health Care Authority to provide ACS;

(4) submits the completed ~~DDSD~~ DDS application packet ~~in accordance with OAC~~ per Oklahoma Administrative Code (OAC) 317:40-5-40 within the required time period to designated ~~DDSD~~ DDS staff or the provider agency staff;

(5) cooperates with ~~the~~ designated ~~DDSD staff~~ DDS or ~~the~~ provider agency staff in the development and completion of the home profile approval process ~~described in~~ per OAC 317:40-5-40; and

(6) has completed all training required by OAC 340:100-3-38, including medication administration training, and all provider agency pre-employment training ~~as described in~~ per OAC 317:40-5-40.

317:40-5-9. Payment authorization for Agency Companion Services

[REVOKED]

~~Authorization for payment of Agency Companion Services (ACS) is contingent upon receipt of:~~

~~(1) the applicant's approval letter authorizing ACS for the identified member;~~

~~(2) approved relief and emergency back-up plan;~~

~~(3) revised Individual Plan;~~

~~(4) revised Plan of Care; and~~

~~(5) placement of the member in the ACS home.~~

317:40-5-10. Agency companion services (ACS) annual review

[REVOKED]

~~(a) In addition to the requirements of OAC 317:40-5-40, Oklahoma Department of Human Services Developmental Disabilities Services Division (DSSD) ACS staff annually review services provided by the companion to determine:~~

~~(1) continued compliance of the companion and home environment with DDSD and Oklahoma Health Care Authority rules;~~

~~(2) the satisfaction of the service recipient with the living arrangement; and~~

~~(3) continued use of the home.~~

~~(b) The annual review contains:~~

~~(1) written comments of the ACS staff from interviews with the service recipient that highlight the service recipient's thoughts and feelings about his or her companion and the ACS placement;~~

~~(2) written comments from the companion regarding program changes and issues of concern;~~

~~(3) summaries of the information obtained from the companion, the service recipient, the provider agency program coordination staff, and the DDSD case manager;~~

~~(4) recommendations for continued service;~~

~~(5) information received from Child Welfare or Adult Protective Services, if available; and~~

~~(6) identified areas of service that need improvement as well as areas of service that have been beneficial.~~

~~(c) A copy of the annual review is maintained in the DDSD area office with copies to the DDSD state office and the provider agency.~~

317:40-5-11. Termination of Agency Companion placement

(a) ~~Designated~~ Oklahoma Department of Human Services Developmental Disabilities Services ~~Division (DDSD)~~(DDS) staff may terminate an individual agency companion (AC) placement for reasons including, but not limited to the:

(1) ~~the~~ member's decision to move to a different residence;

(2) ~~the~~ request of the companion;and

(3) ~~the~~ personal support team ~~Team~~ determines the AC placement is no longer the most appropriate placement for the member;

~~(4) failure of the companion to complete tasks related to problem resolution, per OAC 340:100-3-27, as agreed;~~

~~(5) confirmed abuse, neglect, or exploitation of any person;~~

~~(6) breach of confidentiality;~~

~~(7) involvement of the companion in criminal activity, or criminal activity in the home;~~

~~(8) failure to provide for the care and well-being of the member;~~

~~(9) continued failure to implement the Individual Plan, per OAC 340:100-5-50 through 100-5-58;~~
~~(10) failure to complete and maintain training per OAC 340:10-3-38;~~
~~(11) failure to report changes in the household;~~
~~(12) failure or inability of the home to meet standards per OAC 317:40-5-40;~~
~~(13) continued failure to follow applicable Oklahoma Department of Human Services or Oklahoma Health Care Authority rules;~~
~~(14) decline of the companion's health to the point that he or she can no longer meet the needs of the member;~~
~~(15) employment by the companion without prior approval by the DDSD area programs manager for residential services; or~~
~~(16) domestic disputes which may result in emotional instability of the member.~~

(b) Upon termination of the placement~~:~~
~~(1) the property of the member or the state is removed immediately by the member or his or her designee; and~~
~~(2)~~ the Team meets to develop an orderly transition plan and arranges for the member's property to be moved as necessitated by the transition plan.

(c) ~~If an individual placement is terminated for reasons identified in (4)-(16) in this Section, DDSD staff will disapprove continued use of the companion.~~ Termination of an individual companion placement may also occur in conjunction with denial of a home profile per OAC 317:40-5-40.

317:40-5-13. Agency Companion Services provider agency responsibilities

(a) The agency providing Agency Companion Services (ACS) complies with Oklahoma Health Care Authority and Oklahoma Department of Human Services (DHS) policies and procedures governing all aspects of service provision.

(b) The provider agency is responsible for all ~~employee or~~ contract provider related activities detailed in this Subchapter.

(c) In the event the provider agency wishes to discontinue services immediately due to an emergency, the provider agency cooperates with the DHS Developmental Disabilities Services ~~Division (DDSD)~~ (DDS) to secure alternative services in the least restrictive environment.

(d) The provider agency ensures that services provided meet requirements of ~~OAC~~ Oklahoma Administrative Code (OAC) 340:100-5-22.1, unless different other requirements are stated in this Section.

(e) ~~If~~ When the provider agency serves as the member's

representative payee, the provider agency must adhere to ~~the requirements of~~ OAC 340:100-3-4.1 requirements.

(f) The provider agency acts immediately to remedy any situation posing a risk to the health, well-being, or provision of specified services to the member.

~~(1) In the event of such a risk, the provider agency immediately notifies DDSD of the nature of the situation and notifies DDSD upon the resolution of the threatening situation.~~

~~(2)~~ (1) The provider agency's program coordination staff ~~contacts and informs the DDSD case manager within 24 hours of an incident or injury. The provider agency~~ completes and submits incident and injury reports to ~~DDSD~~ DDS per ~~in accordance with~~ OAC 340:100-3-34.

~~(3)~~(2) A ~~companion~~ companion's contract is immediately terminated when a provider agency becomes aware ~~that~~ a companion's name appears on the Community Services Worker Registry per OAC 340:100-3-39.

(g) The provider agency ensures that only one member is served in a provider home. Exceptions may be approved by the ~~DDSD~~ DDS area manager or designee.

(h) ~~When the provider agency has knowledge of problems occurring in the placement, the provider agency's program coordination staff immediately schedules a meeting with the companion, the member, the member's legal guardian or advocate, the DDSD case manager and other appropriate DDSD staff to resolve the issues involved. If resolution of the issues does not occur at the~~

~~meeting, any participant is to contact the DDSD area manager or designee and the provider agency for resolution.~~ Team members, including the provider agency program coordinator, companion, member, legal guardian, advocate, and DDS case manager work together to resolve issues to ensure the member's needs are met and the shared living arrangement is successful.

~~(i) When a change in the provider agency is requested by the member or the companion, all participants attempt to resolve the issues. No change in the provider agency occurs unless the DDSD area manager or designee agrees that all issues have been or discussed.~~

~~(j)~~(i) The ~~decision to remain or terminate services with the provider agency is the~~ choice of provider agency is made by the member or his or her legal guardian.

~~(k)~~(j) When a member transfers from a provider agency, the outgoing provider agency ensures ~~that~~ the member has a 30 calendar-day supply of medication and a seven-day supply of food, household ~~supplies~~, and personal supplies.

~~(l)~~(k) ~~The responsibilities of the provider~~ Provider agency's

program coordination staff responsibilities are to:

(1) ~~to~~ visit the provider home daily during the first week of placement;

(2) ~~to visit the home~~ make a minimum of three ~~times~~ face to face per month per OAC 340:100-5-22.1;

(3) ~~to~~ allow the ~~needs of the member~~ member's needs to determine the frequency of all other visits;

(4) ~~to~~ coordinate and submit quarterly reports to the provider agency for submission to the ~~DDSD~~ DDS area office; and

(5) ~~to~~ communicate regularly with the ~~DDSD~~ DDS case manager regarding any changes in the household or any other program issues or concerns.

~~(m)~~(l) The provider agency, ~~works with the~~ companion, member, and guardian ~~to~~ develop a back-up plan identifying respite staff~~.~~ and an alternate location in the event the home becomes uninhabitable. The back-up plan:

(1) is submitted to the ~~DDSD~~ DDS case manager for approval;

(2) describes expected and emergency back-up support and program monitoring for the home; and

(3) is incorporated into the member's Individual Plan (Plan).

~~(n)~~(m) The respite provider is:

(1) knowledgeable about the member;

(2) trained to implement the member's Plan;

(3) trained per OAC 340:100-3-38;

(4) responsible for the cost of ~~their~~ the member's meals and entertainment during recreation and leisure activities. Activities selected must be affordable to the member and respite staff. Concerns about affordability are presented to the Team for resolution.

~~(o)~~(n) The spouse or other adult residing in the home is considered a natural support and may provide ACS in the absence of the companion, when trained per OAC 340:100-3-38.12.

~~(p)~~(o) The spouse or other adult residing in the home cannot serve as paid respite staff.

317:40-5-40. Home profile process

(a) **Applicability.** This Section establishes procedures for the Developmental Disabilities Services (DDS) home profile process. A home profile is required for:

(1) agency companion services (ACS);

(2) specialized foster care (SFC) services;

(3) respite services delivered in the provider's home;

(4) approving services in a home shared by a non-relative provider and a member; and

(5) any other situation that requires a home profile.

(b) **Pre-screening.** Designated ~~Developmental Disabilities Services Division (DDSD)~~ (DDS) staff provides the applicant with program orientation and pre-screening information that includes, but is not limited to:

(1) facts, description, and guiding principles of the Home and Community-Based Services (HCBS) program;

(2) an explanation of:

(A) the home profile process;

(B) basic provider qualifications ~~of the provider~~;

(C) health, safety, and environmental issues; and

(D) training required per ~~OAC~~ Oklahoma Administrative Code (OAC) 340:100-3-38;

(3) the Oklahoma Department of Human Services ~~(OKDHS)~~(DHS) Form 06AC012E, Specialized Foster Care/Agency Companion Services Information Sheet;

(4) explanation of a background investigation conducted on the applicant and any adult or child living in the applicant's home.

(A) Background investigations are conducted at the time of application and include, but are not limited to:

(i) an Oklahoma State Bureau of Investigation (OSBI) name and criminal records history search, including the Oklahoma Department of Public Safety (DPS), Sex Offender Registry and Mary Rippy Violent Offender Registries;

(ii) Federal Bureau of Investigation (FBI) national criminal history search, based on the fingerprints of the applicant and any adult members of the household;

(iii) search of any involvement as a party in a court action;

(iv) search of all ~~OKDHS~~ DHS records, including Child Welfare Services records and the Community Services Worker Registry;

(v) a search of all applicable out-of-state child abuse and neglect registries for any applicant or adult household member who has not lived ~~continuously~~ in Oklahoma continuously for the past five years. ~~The~~ A home is not approved without the results of the out-of-state maintained child abuse and neglect registry checks, ~~if~~ when a registry is maintained in the applicable state, for all adult household members living in the home. ~~If no~~ When a child abuse and neglect registry is not maintained in the applicable state, a request for information is made to the applicable state; and

(vi) search of Juvenile Justice Information System (JOLTS) records for any child older than 13 years of age in the applicant's household.

(B) An application is denied ~~if~~ when the applicant or any person residing in the applicant's home:

(i) ~~or any person residing in the applicant's home~~ has a criminal conviction of or pled guilty or no contest to:

(I) physical assault, battery, or a drug-related offense ~~with~~ in the five- year period preceding the application date;

(II) child abuse or neglect;

(III) domestic abuse;

(IV) a crime against a child, including, but not limited to, child pornography;

(V) a crime involving violence, including, but not limited to, rape, sexual assault, or homicide, including manslaughter, ~~but~~ excluding physical assault and battery~~.Homicide including manslaughter~~; or

(ii) does not meet ~~the requirements of~~ OAC 340:100-3-39 requirements;

(5) ~~OKDHS~~ (DHS) Form 06AC015E, Agency Companion/Specialized Foster Care Employment Record;

(6) ~~OKDHS~~ (DHS) Form 06AC016E, ~~DDSD~~ (DDS)Reference Information Waiver;

(7) ~~OKDHS~~ (DHS) Form 06AC029E, Employer Reference Letter; and

(8) ~~OKDHS~~ (DHS) Form 06AC013E, Pre-Screening for Specialized Foster Care/Agency Companion Services.

(c) **Home profile process.** ~~If~~ When the applicant meets the requirements of the prescreening, the initial home profile process described in (1) through (8) of this subsection is initiated.

(1) The applicant completes the required forms and returns the forms to the ~~DDSD~~ DDS address provided. Required forms include ~~OKDHS~~ DHS Forms:

(A) 06AC008E, Specialized Foster Care/Agency Companion Services Application;

(B) 06AC009E, Financial Assessment;

(C) 06AC011E, Family Health History;

(D) 06AC018E, Self Study Questionnaire;

(E) 06AC019E, Child's Questionnaire;

(F) 06AC010E, Medical Examination Report, ~~if~~ when Form 06AC011E indicates conditions that may interfere with the provision of services;

(G) 06AC017E, Insurance Information; and

(H) 06AC020E, Evacuation/Escape Plan.

(2) ~~If~~ When an incomplete form or other information is returned to ~~DDSD~~ DDS, designated ~~DDSD~~ DDS staff sends a letter to the provider or provider agency identifying information needed to complete the required forms. The home profile is not completed until all required information is provided to ~~DDSD~~ DDS.

(3) Designated ~~DDSD~~ DDS staff completes the home profile when all required forms are completed and provided to ~~DDSD~~ DDS.

(4) For each reference provided by the applicant, designated ~~DDSD~~ DDS staff completes ~~OKDHS~~ DHS Form 06AC058E, Reference Letter;

(5) Designated ~~DDSD~~ DDS staff, through interviews, visits, and phone calls, gathers information required to complete ~~OKDHS~~ DHS Form 06AC047E, Home Profile Notes.

(6) ~~OKDHS~~ DHS Form 06AC069E, Review of Policies and Areas of Responsibilities, is dated and signed by the applicant and designated ~~DDSD~~ DDS staff.

(7) The ~~DDSD~~ DDS area residential services programs manager sends to the applicant:

(A) a provider approval letter confirming the applicant is approved to serve as a provider; or

(B) a denial letter stating the application ~~is~~ and home profile are denied.

(8) ~~DDSD~~ DDS staff records the dates of completion of each part of the home profile process.

(d) **Home standards.** In order to qualify and remain in compliance, the applicant's or provider's home must meet the provisions in (1) through (11) of this subsection.

(1) **General conditions.**

(A) The home, buildings, and furnishings must be comfortable, clean, and in good repair and the grounds must be maintained. There must be no accumulation of garbage, debris, or rubbish or offensive odors.

(B) The home must:

(i) be accessible to school, employment, church, day programming, recreational activities, health facilities, and other community resources as needed;

(ii) have adequate heating, cooling and plumbing; and

(iii) provide space for the member's personal possessions and privacy; ~~and allow adequate space for the recreational and socialization needs of the occupants.~~

(iv) allow adequate space for the recreational and social needs of the occupants.

(C) Provisions for the member's safety must be present, as needed, including:

(i) guards and rails on stairways;

(ii) wheelchair ramps;

(iii) widened doorways;

(iv) grab bars;

(v) adequate lighting;

(vi) anti-scald devices; and

(vii) heat and air conditioning equipment guarded and installed in accordance with manufacturer requirements. Home modifications and equipment may be provided through HCBS Waivers operated by ~~DDSD~~ DDS.

(D) Providers must not permit members to access or use swimming or other pools, hot tubs, saunas, ponds, or spas on the premises without supervision. Swimming pools, hot tubs, saunas, ponds, or spas must be equipped with sufficient safety barriers or devices designed to prevent accidental injury or unsupervised access.

(E) The household must be covered by homeowner's or renter's insurance including personal liability insurance.

(2) **Sanitation.**

(A) Sanitary facilities must be adequate and safe, including toilet and bathing facilities, water supply, and garbage and sewer disposal.

(B) ~~If~~ When a septic tank or other non-municipal sewage disposal system is used, it must be in good working order.

(C) Garbage and refuse must be stored in readily cleanable containers, pending weekly removal.

(D) Sanitation for household pets and other domestic animals must be adequate to prevent health hazards.

(i) Proof of rabies or other vaccinations as required by a licensed veterinarian for household pets must be maintained on the premises ~~for household pets~~.

(ii) Pets not confined in enclosures must be under control and not present a danger to members or guests.

(E) There must be adequate control of insects and rodents, including screens used for ventilation in good repair on doors and windows ~~used for ventilation~~.

(F) Universal precautions for infection control must be followed in care to the member. Hands and other skin surfaces must be washed immediately and thoroughly ~~if~~ when contaminated with blood or other body fluids.

(G) Laundry equipment, if in the home, must be located in a safe, well-ventilated, and clean area, with the dryer vented to the outside.

(3) **Bathrooms.** A bathroom must:

(A) provide for individual privacy and have a finished interior;

(B) be clean and free of objectionable odors; and

(C) have a bathtub or shower, flush toilet, and sink in good repair, and hot and cold water in sufficient supply to meet the member's hygiene needs.

(i) A sink must be located near each toilet.

(ii) A toilet and sink must be provided on each floor where rooms of members who are non-ambulatory or with limited mobility are located.

(iii) There must be at least one toilet, one sink, and one bathtub or shower for every six household occupants, including the provider and family.

(4) **Bedrooms.** A bedroom must:

(A) have been constructed as such when the home was built or remodeled under permit;

(B) be provided for each member.

~~(i) Minor members must not share bedrooms with adults in the household.~~

~~(ii)~~ ~~No more than two members may share a bedroom.~~ (i)Exception to allow members to share a bedroom may be made by DDS area residential program manager, when DDS determines sharing a bedroom is in the best interest of the member. Minor members must not share bedrooms with adults.

~~(iii) Exceptions to allow members to share a bedroom may be made by the DDSD area residential programs manager, when DDSD determines sharing a bedroom is in the best interest of the members;~~ (ii) A member must not share a bedroom with more than one other person;

(C) have a minimum of 80 square feet of usable floor space for each member or 120 square feet for two members and two means of ~~exit~~ egress. The provider, family members, or other occupants of the home must not sleep in areas designated as common use living areas, nor share bedrooms with members;

(D) be finished with walls or partitions of standard construction that go from floor to ceiling;

(E) be adequately ventilated, heated, cooled, and lighted;

(F) include an individual bed for each member consisting of a frame, box spring, and mattress at least 36 inches wide, unless a specialized bed is required to meet identified needs. Cots, rollaways, couches, futons, and folding beds must not be used for members.

(i) Each bed must have clean bedding in good condition consisting of a mattress pad, bedspread, two sheets, pillow, pillowcase, and blankets adequate for the weather.

(ii) Sheets and pillowcases must be laundered at least weekly or more often if necessary.

(iii) Waterproof mattress covers must be used for members who are incontinent;

(G) have sufficient space for each member's clothing and personal effects, including hygiene and grooming supplies.

(i) Members must be allowed to keep and use reasonable amounts of personal belongings and have private, secure storage space.

(ii) The provider assists the member in furnishing and decorating the member's bedroom.

(iii) Window coverings must be in good condition and allow privacy for members;

(H) be on ground level for members with impaired mobility or who are non-ambulatory; and

(I) be in close enough proximity to the provider to alert the provider to nighttime needs or emergencies, or be equipped with a call bell or intercom.

(5) **Food.**

(A) Adequate storage must be available to maintain food at the proper temperature, including a properly working refrigerator. Food storage must be such that food is protected from dirt and contamination and maintained at proper temperatures to prevent spoilage.

(B) Utensils, dishes, glassware, and food supplies must not be stored in bedrooms, bathrooms, or living areas.

(C) Utensils, dishes, and glassware must be washed and stored to prevent contamination.

(D) Food storage and preparation areas and equipment must be clean, free of offensive odors, and in good repair.

(6) **Phone.**

(A) A working phone must be provided in the home that is available and accessible for the member's use for incoming and outgoing calls.

(B) Phone numbers to the home and providers must be kept current and provided to ~~DDSD~~ DDS and, ~~if~~ when applicable, the provider agency.

(7) **Safety.**

(A) Buildings must meet all applicable state building, mechanical, and housing codes.

(B) Heating, in accordance with manufacturer's specifications, and electrical equipment, including wood

stoves, must be installed in accordance with all applicable fire and life safety codes. Such equipment must be used and maintained properly and in good repair.

(i) Protective glass screens or metal mesh curtains attached at top and bottom are required on fireplaces.

(ii) Unvented portable oil, gas, or kerosene heaters are prohibited.

(C) Extension cord wiring must not be used in place of permanent wiring.

(D) Hardware for all exit and interior doors must have an obvious method of operation that cannot be locked against ~~exit~~ egress.

(8) **Emergencies.**

(A) Working smoke detectors must be provided in each bedroom, adjacent hallways, and in two story homes at the top of each stairway. Alarms must be equipped with a device that warns of low battery condition, when battery operated.

(B) At least one working fire extinguisher must be in a readily accessible location.

(C) A working flashlight must be available for emergency lighting on each floor of the home.

(D) The provider:

(i) maintains a working carbon monoxide detector in the home;

(ii) maintains a written evacuation plan for the home and conducts training for evacuation with the member;

(iii) conducts fire drills quarterly and severe weather drills twice per year ~~and maintains and makes available fire drill and severe weather drill documentation for review by DDSD~~;

(iv) ~~has a written back-up plan for temporary housing in the event of an emergency; and~~ makes fire and severe weather drill documentation available for review by DDS;

(v) ~~is responsible to re-establish a residence, if the home becomes uninhabitable.~~ has a written back-up plan for temporary housing in the event of an emergency; and

(vi) is responsible to re-establish a residence, if the home becomes uninhabitable.

(E) A first aid kit must be available in the home.

(F) The address of the home must be clearly visible from the street.

(9) **Special hazards.**

(A) Firearms and other dangerous weapons must be stored in a locked permanent enclosure. Ammunition must be

stored in a separate locked location. Providers are prohibited from assisting members to obtain, possess, or use dangerous or deadly weapons per OAC 340:100-5-22.1.

(B) Flammable and combustible liquids and hazardous materials must be safely and properly stored in original, properly labeled containers.

(C) Cleaning supplies, medical sharps containers, poisons, and insecticides must be properly stored in original, properly labeled containers in a safe area away from food, food preparation areas, dining areas, and medications.

(D) Illegal substances are not permitted on the premises.

(10) **Vehicles.**

(A) All vehicles used to transport members must meet local and state requirements for licensing, inspection, insurance, and capacity.

(B) Drivers of vehicles must have valid and appropriate driver licenses.

(11) **Medication.** Medication for the member is stored per OAC 340:100-5-32.

(e) **Evaluating the applicant and home.** The initial home profile evaluation includes, but is not limited to:

(1) evaluating the applicant's:

(A) interest and motivation;

(B) life skills;

(C) children ~~in the home~~;

(D) methods of behavior support and discipline;

(E) marital status, ~~and~~ background, and household composition~~, and children~~;

(F) income and money management; and

(G) teamwork and supervision, back-up plan, and use of relief; and

(2) assessment and recommendation. ~~DDSD~~ DDS staff:

(A) evaluates the ability of the applicant to provide services ;

(B) ~~approves only applicants who can fulfill the expectations of the role of service provider;~~ assesses the overall compatibility of the applicant and the service recipient, ensuring the lifestyles and personalities of each are compatible for the shared living arrangement. The applicant must:

(i) express a long term commitment to the service member unless the applicant will only be providing respite services;

(ii) demonstrate the skills to meet the individual needs of the member;

(iii) express an understanding of the commitment required as a provider of services;

(iv) express an understanding of the impact the arrangement will have on personal and family life;

(v) demonstrates the ability to establish and maintain positive relationships, especially during stressful situations; and

(C) ~~if the applicant does not meet standards per OAC 317:40-5-40, ensures the final recommendation includes:~~

~~(i) basis for the denial decision; and~~

~~(ii) effective date for determining the applicant as not meeting standards. Reasons for denying a profile may include, but are not limited to:~~

~~(I) lack of stable, adequate income to meet the applicant's own or total family needs or poor management of available income;~~

~~(II) a physical facility that is inadequate to accommodate the addition of a member to the home or presents health or safety concerns;~~

~~(III) the age, health, or any other condition of the applicant that impedes the applicant's ability to provide appropriate care for a member;~~

~~(IV) relationships in the applicant's household are unstable and unsatisfactory;~~

~~(V) the mental health of the applicant or other family or household member impedes the applicant's ability to provide appropriate care for a member;~~

~~(VI) references are guarded or have reservations in recommending the applicant;~~

~~(VII) the applicant fails to complete the application, required training, or verifications in a timely manner as requested or provides information that is incomplete, inconsistent, or untruthful; or~~

~~(VIII) the home is determined unsuitable for the member requiring placement;~~

approves only applicants who can fulfill the expectations of the role of service provider;

(D) ~~notifies the applicant in writing of the final recommendation; and~~ when the applicant does not meet standards per OAC 317:40-5-40, ensures the final recommendation includes:

(i) a basis for the denial decision; and

(ii) an effective date for determining the applicant does not meet standards. Reasons for denying a request to be a provider may include, but are not limited to:

(I) a lack of stable, adequate income to meet the applicant's own or total family needs or poor management of the available income;
(II) a physical facility that is inadequate to accommodate the addition of a member to the home or presents health or safety concerns;
(III) the age, health, or any other condition of the applicant that impedes the applicant's ability to provide appropriate care for a member;
(IV) relationships in the applicant's household that are unstable and unsatisfactory;
(V) the mental health of the applicant or other family or household member that impedes the applicant's ability to provide appropriate care for a member;
(VI) references who are guarded or have reservations in recommending the applicant;
(VII) the reason the applicant failed to complete the application, required training, or verifications in a timely manner as requested or provided incomplete, inconsistent, or untruthful information;
(VIII) the home is determined unsuitable for the member requiring placement;
(IX) confirmed abuse, neglect, or exploitation of any person;
(X) breach of confidentially;
(XI) involvement of the applicant or provider involvement in criminal activity or criminal activity in the home;
(XII) failure to complete training per OAC 340:100-3-38;
(XIII) failure of the home to meet standards per subsection (d) of this Section;
(XIV) failure to follow applicable DHS or Oklahoma Health Care Authority (OHCA)rules;

(E) ~~if an application is canceled or withdrawn prior to completion of the profile, completes a final written assessment that includes:~~

~~(i) reason the application was canceled or withdrawn;~~
~~(ii) DDSD staff's impression of the applicant based on information obtained; and~~
~~(iii) effective date of cancellation or withdrawal. Written notice is sent to the applicant to confirm cancellation or withdrawal of the application, a copy is included in local and State Office records.~~

notifies the applicant in writing of the final approval or denial of the home profile;

(F) when an application is canceled or withdrawn prior to completion of the home profile, completes a final written assessment that includes the:

(i) reason the application was canceled or withdrawn; and

(ii) DDS staff's impression of the applicant based on information obtained; and

(iii) effective date of cancellation or withdrawal. Written notice is sent to the applicant to confirm cancellation or withdrawal of the application, and a copy is included in local and State Office records.

(f) **Frequency of evaluation.** ~~Homes are assessed for~~ Home profile evaluations are completed for initial approval or denial of an applicant. After an initial approval, a home profile review is conducted annually and as needed for compliance and continued approval. ~~Agency Companion Services providers are assessed annually and as needed for compliance and continued approval. Specialized foster care and respite homes are assessed bi-annually and as needed for compliance and continued approval. Any other situations requiring a home profile are assessed annually and as needed for compliance and continued approval.~~ DDS area residential services staff conduct at least biannual home visits to specialized foster care providers. The annual ~~evaluation~~ home profile review is a comprehensive review of the living arrangement, the provider's continued ability to meet standards~~.~~, the needs of the member and the home to ensure ongoing compliance with home standards. A home profile review is conducted when a provider notifies DDS of his or her intent to move to a new residence. DDS staff asses the home to ensure the new home meets home standards and is suitable to meet the member's needs. The annual home profile review;

(1) ~~The annual evaluation consists of~~ includes information specifically related to the provider's home and is documented on ~~OKDHS~~ DHS Form 06AC024E, Annual Review~~.~~;

(2) ~~OKDHS~~ include ~~FORM~~ form 06AC010E,Medical Examination Report, ~~must be~~ completed a minimum of every three years following the initial approval, unless medical circumstances warrant more frequent completion~~.~~;

(3) ~~Input~~ includes information from the ~~DDSD~~ DDS case manager, the provider of agency companion or SFC services, the Child Welfare ~~worker~~ specialist, Adult Protective Services ~~staff~~, and Office of Client Advocacy staff, and the provider agency program coordinator ~~is included in the evaluation, if~~ when applicable.

(4) ~~The background investigation per OAC 317:40-5-40(b) is repeated every year, except the FBI national criminal history search.~~ includes information from the service member indicating satisfaction with service and a desire to continue the arrangement;

(5) ~~Providers are notified in writing of the continued recommendation of the use of the home.~~ addresses areas of service where improvement is needed;

(6) ~~Copies of OKDHS Forms 06AC024E and, if applicable, 06AC010E, are included in local and State Office records.~~ includes areas of service where progress was noted or were of significant benefit to the member;

(7) ensures background investigation per OAC 317:40-5-40(b) is repeated every year, except for the OSBI and FBI national criminal history search;

(8) ensures the FBI national criminal history search per OAC 317:40-5-40(b)(4)(A)(ii) is repeated every five years;

(9) includes written notification to providers and agencies, when applicable, of the continued approval of the provider.

(10) includes written notification to providers and agencies, when the provider or agency fails to comply with the home standards per OAC 317:40-5-40 including deadlines for correction of the identified standards; and includes copies of DHS Forms 06AC024E and, when applicable, 06AC010E, in local and State Office records.

(g) Reasons a home profile review may be denied include, but are not limited to:

(1) lack of stable, adequate income to meet the provider's own or total family needs or poor management of available income;

(2) a physical facility that is inadequate to accommodate the addition of a member to the home or presents health or safety concerns;

(3) the age, health, or any other condition of the provider that impedes the provider's ability to provide appropriate care for a member;

(4) relationship in the provider's household that are unstable and unsatisfactory;

(5)the mental health of the provider or other family or household member impedes the provider's ability to provide appropriate care for a member;

(6) the provider fails to complete required training, or verifications in a timely manner as requested or provides incomplete, inconsistent, or untruthful information;

(7) the home is determined unsuitable for the member;

(8) failure of the provider to complete task related to problem resolution, as agreed, per OAC 340:100-3-27;

(9) failure of the provider to complete a plan of action, as agreed, per OAC 317:40-5-63;
(10) confirmed abuse, neglect, or exploitation of any person;
(11) breach of confidentiality;
(12) involvement of the provider in criminal activity in the home;
(13) failure to provide for the care and well-being of the service member;
(14) failure or continued failure to implement the individual Plan, per OAC 340:100-5-50 through 100-5-58;
(15) failure to complete and maintain training per OAC 340:100-3-38.1;
(16) failure to report changes in the household;
(17) failure to meet standards of the home per subsection (d) of this Section;
(18) failure or continued failure to follow applicable DHS or OHCA rules;
(19) decline of the provider's health to the point he or she can no longer meet the needs of the service member;
(20) employment by the provider without prior approval of the DDS area programs manager for residential services; or
(21) domestic disputes that causes emotional distress to the member.

Recommendation 1: Prior Authorize Harvoni® (Ledipasvir/Sofosbuvir)

The Drug Utilization Review Board recommends the prior authorization of Harvoni® (ledipasvir/sofosbuvir) with the following criteria:

Harvoni® (Ledipasvir/Sofosbuvir) Approval Criteria:

1. Member must be 18 years of age or older; and
2. An FDA approved diagnosis of Chronic Hepatitis C (CHC) **genotype-1** with a METAVIR fibrosis score of **F2** or greater; and
3. Harvoni® must be prescribed by a gastroenterologist, infectious disease specialist, or transplant specialist or the member must have been evaluated for hepatitis C treatment by a gastroenterologist, infectious disease specialist, or transplant specialist within the last three months; and
4. Hepatitis C Virus (HCV) genotype testing must be confirmed and indicated on prior authorization request; and
5. Pre-treatment viral load (HCV-RNA) must be confirmed and indicated on the petition. Viral load should have been taken within the last three months; and
6. The following regimens and requirements based on prior treatment experience, baseline viral load, and cirrhosis will apply:
   a. **Treatment-naïve without cirrhosis who have a pre-treatment HCV-RNA less than 6 million IU/mL:**
      i. Harvoni® (ledipasvir/sofosbuvir) 90mg/400mg once daily for 8 weeks
   b. **Treatment-naïve with or without cirrhosis:**
      i. Treatment-naïve patients who are cirrhotic or have a pre-treatment HCV-RNA greater than 6 million IU/mL
      ii. Harvoni® (ledipasvir/sofosbuvir) 90mg/400mg once daily for 12 weeks
   c. **Treatment-experienced without cirrhosis**
      i. Treatment-experienced patients who have failed previous treatment with either peginterferon alfa, ribavirin, or an HCV protease inhibitor
      ii. Harvoni® (ledipasvir/sofosbuvir) 90mg/400mg once daily for 12 weeks
   d. **Treatment-experienced with cirrhosis**
      i. Treatment-experienced patients who have failed previous treatment with either peginterferon alfa, ribavirin, or an HCV protease inhibitor
      ii. Harvoni® (ledipasvir/sofosbuvir) 90mg/400mg once daily for 24 weeks
   e. New regimens will apply as approved by the FDA
7. Member must sign and submit the Hepatitis C Intent to Treat contract; and
8. Member's pharmacy must submit the Hepatitis C Therapy Pharmacy Agreement for each member on therapy; and
9. The prescriber must verify that they will provide SoonerCare with all necessary labs to evaluate hepatitis C therapy efficacy including Sustained Viral Response (SVR-12); and
10. Member must have no illicit IV drug use or alcohol abuse in the last six months and member must agree to no illicit IV drug use or alcohol use while on treatment and post-therapy; and

11. Must have documentation of initiation of immunization with the hepatitis A and B vaccines; and
12. Member must not have decompensated cirrhosis; and
13. Member must not have severe renal impairment (estimated Glomerular Filtration Rate [eGFR] <30mL/min/1.73m^2); and
14. Female members must not be pregnant and must have a pregnancy test immediately prior to therapy initiation. Male and female members must be willing to use two forms of non-hormonal birth control while on therapy; and
15. Member must not be taking the following medications: rifampin, rifabutin, rifapentine, carbamazepine, eslicarbazepine, phenytoin, phenobarbital, oxcarbazepine, tipranavir/ritonavir, simeprevir, rosuvastatin, St. John's wort, or elvitegravir/cobicistat/emtricitabine in combination with tenofovir disoproxil fumarate; and
16. All other clinically significant issues must be addressed prior to starting therapy including but not limited to the following: neutropenia, anemia, thrombocytopenia, surgery, depression, psychosis, epilepsy, obesity, weight management, severe concurrent medical diseases, such as but not limited to, retinal disease or autoimmune thyroid disease.
17. Prescribing physician must verify that they will work with the member to ensure the member remains adherent to hepatitis C therapies; and
18. Members must be adherent for continued approval. Treatment gaps of therapy longer than 3 days/month will result in denial of subsequent requests for continued therapy.
19. Approvals for treatment regimen initiation for 12 weeks of therapy will not be granted prior to the 10th of a month, and for 24 weeks of therapy prior to the 15th of a month in order to prevent prescription limit issues from affecting the member's compliance.

Additionally, due to superior SVR rates and shortened treatment durations with Harvoni®, authorization of Sovaldi™ or Olysio™ for genotype-1 will require a patient-specific, clinically significant reason why Harvoni® is not an option.

Recommendation 2: Prior Authorize Zubsolv® (Buprenorphine/ Naloxone Tablets) and Bunavail™ (Buprenorphine/Naloxone Buccal Films)

The Drug Utilization Review Board recommends the prior authorization of Zubsolv® and Bunavail™ with the following criteria:

Zubsolv® (Buprenorphine/Naloxone Sublingual Tablets) and
Bunavail™ (Buprenorphine/Naloxone Buccal Films) Approval Criteria:

1. Oral buprenorphine products must be prescribed by a licensed physician who qualifies for a waiver under the Drug Addiction Treatment Act (DATA) and has notified the Center for Substance Abuse Treatment of the intention to treat addiction patients and has been assigned a DEA (X) number; and
2. Member must have an FDA approved diagnosis of opiate abuse/dependence; and
3. Concomitant treatment with opioids (including tramadol) will be denied; and

4. Approvals will be for the duration of 90 days to allow for concurrent medication monitoring; and
5. The following limitations will apply:
    a. **Zubsolv®** sublingual tablets: A quantity limit of 90 tablets per 30 days.
    b. **Bunavail™** 2.1mg/0.3mg and 4.2mg/0.7mg buccal films: A quantity limit of 90 films per 30 days.
    c. **Bunavail™** 6.3mg/1mg buccal films: A quantity limit of 60 films per 30 days.

Additionally, the College of Pharmacy recommends the addition of detailed criteria for high-dose oral buprenorphine regimens:

High Dose Buprenorphine Products Criteria:

1. Each request for greater than 24mg bioequivalent buprenorphine per day should be evaluated on a case-by-case basis.
2. A taper schedule should be documented on the petition or dates of an attempted taper with reason for failure should be documented or a patient-specific, clinically significant reason a taper schedule or attempt is not appropriate for the member; and
3. Opioid urine drug screens should be submitted with high-dose requests that plan to continue high-dose treatment longer than the duration of one month.
    a. Urine drug screens must show the absence of opioid medications other than buprenorphine products for continued approval; or
    b. Prescriber must document a patient-specific reason the member should continue therapy, reason for opioid use, and document a plan for member to discontinue opioid use; and
4. Symptoms associated with withdrawal at lower doses or symptoms requiring high doses should be listed on petition; and
5. Each approval will be for the duration of one month. If urine drug screen and other documentation are submitted indicating high-dose therapy is necessary an approval can be granted for the duration of three months.
6. Continued high-dose authorization after the three month approval will require a new (recent) urine drug screen.