

Oklahoma Health Care Authority  
Long Term Services and Supports (LTSS)  
Oklahoma Department of Human Services  
Community Living, Aging & Protective Services (CAP)  
Developmental Disabilities Services (DDS)  
American Rescue Plan Act of 2021  
Q3 FY 23 report

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CMS last approved Oklahoma's American Rescue Plan (ARP) Spending Plan on February 21, 2023.

Oklahoma's Quarterly Report for the period ending January 16, 2023, presents a Revised Spending Plan, which includes additional information regarding proposed Spending Plan activities and an updated financial summary.

The Revised Spending Plan describes the intended outcomes and/or deliverables for the Master Plan of Aging activity for OKDHS CAP and to expand services to persons with developmental disabilities who have been waiting up to thirteen years to receive services through the IID waivers.

## Revised HCBS Spending Narrative

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### **OKDHS CAP & DDS: Retroactive Rate Increase – FFY21 Q3 – FFY22 Q2**

Waivered services providers are experiencing difficulty hiring qualified staff to serve HCBS clients. Higher wages offered by businesses competing for the same labor pool is a primary contributor to the HCBS labor shortage. The lack of qualified staff has significantly increased overtime for providers and increased their cost. This short-term shortage of qualified staff will be addressed with a temporary rate change to Appendix K. This change will **strengthen** HCBS and allow CAP & DDS to offer a temporary increase to providers to meet their immediate needs while OKDHS conducts a rate study and develops a strategy for a permanent solution.

*OKDHS is issuing an RFP for a rate study to facilitate a permanent solution. Estimated Cost: For the period beginning April 1, 2021 and ending March 31, 2022 with costs estimated at \$31.09 million for CAP and \$59.06 million for DDS, with a total estimated cost of \$90.15 million.*

**OKDHS CAP & DDS: Activities has been reported and completed.**

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### **OKDHS DDS: DDS Provider Technology Grants**

DDS will provide Technology grants to Provider Agencies contracted to provide direct waiver support services. Grants may be used to purchase compatible technology equipment, such as laptops and tablets for each home or work site. New computers and software will be utilized by each provider agency to connect with OKDHS and will enhance services for the individual receiving DDS Services. This will include Daily Living Support homes, Specialized Foster Care Homes, Group Homes, Vocational Work Sites, and individuals who receive IHSW and/or Self-Directed Services. Each Provider Agency or Specialized Foster Care home will complete an application requesting funds to purchase compatible technology. They must specify the number of devices needed and how the agency plans to safeguard the equipment. This grant money will improve the continuity of services as DDS and Providers will be utilizing the same software.

*The benefit from this initiative will continue throughout the life of the technology and providers will be responsible for replacement. The estimated cost of technology grants is \$6,870,000.*

**OKDHS DDS: DDS is still exploring this initiative.**

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### **OKDHS DDS: Wait List Assessment & Navigation Vendor**

As of June 2021, OKDHS has approximately 5,800 people on the waitlist for HCBS services. Persons on the wait list have been waiting as long for services since February 2008. OKDHS recently awarded a contract to Liberty of Oklahoma, a third-party company who will contact every person on the waiting list to assess each individual's and family's needs, as well as provide case management and navigation services to resources.

This activity is not targeted to providers delivering services listed in Appendix B but serves to expand, enhance or strengthen HCBS under Medicaid. This assessment process will allow the state to support individuals and families while they wait as well as to tie needs identified to projected service costs. These costs will be compared to existing HCBS waiver recipients and a request to eliminate the waiting list will be proposed to the Oklahoma legislature. This plan to serve additional individuals will expand HCBS services. The data management system is a strategic piece to strengthening service delivery for these additional service recipients. We plan to include additional waiver slots to serve people from the waiting list.

The State confirms that this activity will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

*Estimated Costs: Year one \$1,793,200; year two \$1,830,000; year three \$1,693,200.*

**OKDHS DDS: DDS is still planning to implement this initiative.**

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### **OKDHS CAP: Assistive Technology**

CAP will purchase assistive technology to enhance waiver member's ability to perform activities of daily living or to perceive, control or communicate within the environment which they live.

OKDHS CAP does not plan to pay for ongoing internet connectivity under the "OK DHS CAP: Assistive Technology" service. Video communication technology using internet connectivity will allow members to communicate with their case management and home-care providers via video for the period of the public health emergency (PHE) whenever in-home visits are not possible. The cost of internet services may be augmented through the Emergency Broadband Benefit which is available to waiver members during the PHE. When the emergency period has ended, in-home visits with case managers and registered nurses will be fully resumed, greatly diminishing the need for video monitoring.

*Estimated Cost: \$3,150,000 (presumes 100% of member's need 100% of service).*

**OKDHS CAP: Activities has been reported and completed.**

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### **OKDHS DDS: DDS IT System**

DDS has contracted with a third-party vendor to replace the current IT system with a more robust IT system to better integrate data, support case management, provide program data and ultimately **enhance** HCBS waiver services.

*The benefits from this initiative will have a sustained effect on this improvement. Estimated Cost: Year one \$1,190,000; year two and three and beyond \$595,000*

**OKDHS DDS: DDS is still planning to implement this initiative.**

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### **OKDHS CAP: Expand the Capacity of the ADvantage Waiver Management Information System**

CAP will implement a real-time data replication service to include a data dashboard for development of performance monitoring and reporting. The system will enhance services and include implementation of a portal for waiver members to access/review individual service plans and communicate with their case managers within the system. In addition, the new system will integrate a HIPAA compliant digital signature software system for use by members and providers and an internal helpdesk/ticketing system to manage internal and external user issues, claims resolution issues, provider training requests, etc. Comprehensive training and training materials for internal and external users impacted by system enhancements. CAP will seek to broaden interfaces and functionality related to APS referrals, financial eligibility determinations, and HCB settings compliance rules. CAP will also hire an eligibility worker to support individuals falling through cracks who were denied waiver services due to not completing required documentation timely. This activity will not limit eligibility for HCBS or restrict the amount, duration, or scope of HCBS. The information system, which is the current WMIS for the ADvantage Waiver, connects with providers who are contracted with the waiver program. Any compliance settings correspondences and documentation are all exchanged through this WMIS.

*The benefits from this initiative will have a sustained effect on this enhancement. Estimated Cost: \$2 million plus ongoing maintenance cost.*

**OKDHS CAP: CAP will seek to broaden interfaces and functionality related to APS referrals, financial eligibility determinations, HCB settings compliance rules and system updates to improve and expand waiver management opportunities.**

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### **OKDHS CAP: Provide Ongoing Training for Waiver Providers**

CAP will coordinate with the University of Oklahoma's Center for Public Management to develop training curricula and provide ongoing training for waiver providers to enhance services and expand knowledge & skills related to person-centered thinking and planning.

*The benefits from this initiative will have a sustained effect on this enhancement. Estimated one time Cost: \$300,000.*

**OKDHS CAP: CAP is still planning to implement this initiative.**

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### **OKDHS CAP: Create a Digital Communication Network**

CAP will develop a Digital Communication Network between the ADvantage Waiver and the Oklahoma Hospital System whereby hospital case managers/discharge planners can communicate with waiver staff for referrals for waiver services; care coordination; and submission of questions or requests for guidance of specific member situations. The network will enhance services offered by the HCBS waiver.

The benefits from this initiative will have a sustained effect on this enhancement.

*Estimated one time Cost: \$250,000.*

**OKDHS CAP: CAP is still planning to implement this initiative.**

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### **Expansion of Exception to the Cap for the In Home Supports Waiver (IHSW)**

When consumer come off the waiting list, after waiting many long years, they have many unmet needs. One of the often-requested needs are architectural modification (AM) and assistive technology (AT). Family and individual are put in the difficult position of making modifications to their home and getting needed assistive technology or getting assistance from a staff being in the home to help with everyday needs and giving much needed relief for caregivers. Since the IHSW is a capped waiver there is often not enough resources for all needs to be meet.

If DDS was able to expand the exception process for a period of time families and individuals would be able to enhance their lives by getting not only staff in the home but also the onetime expense of AM and many AT items. In an effort to enhance the lives of our consumers and family care givers we would like to expand, as need, up to an amount of \$25,000.

*In the past year we have had 20 request to make exceptions for the IHSW in an amount of to \$10,000.  $20 \times \$10,000 = \$200,000$ . With the addition of approximately 2,000 people coming off the waiting list per year for the next three years, and with approximately 50% of the individuals needing exceptions to the cap the approximate cost for year's one would be  $1,000 \text{ consumers} \times \$25,000 = \$25,000,000$ . It is anticipated that  $\$25,000,000$  would be needed for year two and three.*

Note: This figure also includes families/individual currently on the waiver whose lives would be enhanced with the opportunity to expand the cap for an opportunity to have AM or AT without having it count against the INSW cap nor their \$10,000 exception. After the exception to the INSW cap is over, consumers would again have the benefit of the \$10,000 exception.

**OKDHS DDS: DDS is still planning to implement this initiative.**

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### **OKDHS CAP: Implementation of Remote Supports for ADvantage Waiver Members**

CAP has identified the need for waiver members to have alternatives to in-person caregiving and support to meet their daily living needs. Remote supports are the use of technology to remotely support a service recipient in place of physical staff presence. Remote support services promote independence and decrease reliance on in-person paid staff. Technology supports utilized in concert with Remote Supports are available through the Assistive Technology waiver service. Request includes project support staff to facilitate adding this new service to the ADvantage waiver. This activity does not include payment for on-going internet connection.

*Estimated Costs: \$750,000*

**OKDHS CAP: CAP is still planning to implement this initiative.**

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### **OKDHS CAP: Implementation of a Contact Center to Improve Access to Services**

CAP currently completes level of care eligibility by cold-calling waiver applicants to complete the eligibility assessment. Many applicants are reluctant to answer calls from numbers with which they are not familiar, or which may state “unknown number.” Voice messages are left when possible, but many applicants do not check, or do not know how to check, their voicemails. As a result, many calls go unanswered resulting in applications being closed due to inability to make contact.

Technology is available to allow contact center users to message applicants (with their permission) that their applications have been received and they may call a designated number at their convenience to complete their level of care application. This change in process would allow users to be notified of the status of their application, to call in on a date/time of their choosing, and to contact a live nurse and have their application completed immediately.

This activity is not targeted to providers delivering services listed in Appendix B but serves to expand, enhance, or strengthen HCBS under Medicaid. The system would also allow existing members and providers to contact waiver program staff for questions, issue resolution, complaints, etc. and speak with a live individual immediately at the time of the call.

The State confirms that this activity will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

*Estimated Costs: \$250,000*

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## **OHCA, OKDHS DDS & CAP: Permanent Provider Rate Increases**

OHCA, DDS and CAP implemented a permanent 25% statewide rate increase for waiver services. The state submitted a waiver amendment for the following waivers:

OK.0256	ADvantage Waiver
OK.0179	Community Waiver
OK.0399	Homeward Waiver
OK.0343	In-Home Supports Waiver for Adults
OK.0351	In-Home Supports Waiver for Children
OK.0811	Medically Fragile Waiver

The increase will be added on to the existing rate and become effective October 1, 2022. The state intends to use the ARP section 9817 funds to pay for the rate increase beginning October 1, 2022 thru March 31, 2025. Cost of implementation is approximately \$150 million total dollars for CAP, \$300 million for DDS and \$10 million for OHCA.

*Estimated Costs: \$460 million*

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## **OKDHS CAP: Master Plan on Aging**

CAP will initiate development of a Master Plan on Aging (MPA) for the state of Oklahoma, working with a contracted vendor to guide the process and in collaboration with other state agencies and community-based organizations. A coordinated system of planning for the care of the aging population across agencies and partners will provide a clear framework for the future, build bridges across government and community resources, guide funding initiatives, and strengthen the home and community-based service delivery system.

The MPA seeks to encompass both individuals receiving services through HCBS as well as the broader non-HCBS population of older adults residing within the state. The MPA is not targeted to providers delivering services listed in Appendix B but rather serves to expand, enhance, and/or strengthen programs supporting older Oklahomans as demonstrated by the following intended outcomes/deliverables:

- Rebalancing LTSS expenditures so that most expenditures are utilized for individuals receiving Medicaid home and community-based services versus receiving care in an institutional setting, and;
- Improving Oklahoma's national ranking of 46th for senior health to a top-10 tier to support home and community-based service recipients to live longer in the community and reduce and/or delay the need for institutional care.

The State confirms that this activity will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021. The project begin date is 9/19/2022 or upon approval of CMS, as appropriate. The project is expected to be completed within 18 months of kick-off.

*Estimated Costs: \$1,914,174.00*

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## **OHCA LTSS: OHCA HCBS Operational Assessment**

The Oklahoma Health Care Authority (OHCA) has partnered with a consultant to provide an exploratory assessment process that is collaborative in nature to fully include OHCA's operating agency partners. The consultants will identify goals for repositioning oversight practices and assessing current state operations to identify ways to standardize workflows, introduce efficiencies, modernize to meet evolving regulatory demands, and maximize the use of data and technology.

Some key components of this design are to:

- Accelerate the Agency's work to build a strong infrastructure that well-positions OHCA as the federally designated single state Medicaid agency responsible for HCBS oversight, implementation, and performance
- Strengthen operational excellence by integrating accountability, performance management and quality improvement
- Work toward shared goals and a unified vision between the operating and administering agencies

*Estimated Cost: \$535,500.00*

**OHCA: Activities are completed.**

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## **OKDHS DDS: Eliminating the DDS Waitlist**

Beginning June 1, 2022, Oklahoma will expand services to persons with developmental disabilities who have been waiting up to thirteen years to receive services through the OK Community (0179.R05.00), OK In-Home Supports Waiver for Children (0351.R03.00), OK In-Home Supports Waiver for Adults (0343.R03.00). At the start of this initiative, there were 4,993 persons waiting for services which we project will result in an additional 2,800 persons moved from the waitlist to receiving ongoing services with funding from ARPA.

This activity is not targeted to providers delivering services listed in Appendix B but serves to expand, enhance, or strengthen HCBS under Medicaid. Additionally, the State confirms that this activity will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

*Estimated Cost: \$60,443,267*



## Oklahoma Department of Human Services (OKDHS)

States approved to use their initial reinvestment of state funds equal to the 10% FMAP for Medicaid covered services may be eligible for the increased FMAP on those initial expenditures once if the additional expenditures are incurred between 04/01/2021 to 03/31/2022. However, once states have reinvested state funds equivalent to the amount of federal funds attributable to the increased FMAP for services listed in Appendix B, states should not claim the increased FMAP for subsequent expenditures between 04/01/2021 and 03/31/2022 on Medicaid covered HCBS.

Oklahoma's standard FMAP rate for FFY21 is 67.99%, for SFY22 68.31%. and with the 6.2% FFCRA increase, Oklahoma's FFY21 FMAP rate is 74.19% and 74.51% for FFY22. The 10% increase under ARP is additive to Oklahoma's FMAP rate and results in an FFY21 enhanced rate of 84.19% and 84.51% in FFY22 for qualified expenditures between 04/01/2021 to 03/31/2022. This scenario assumes the FFCRA 6.2% FMAP increase continues through 03/31/2022. If the public health emergency ends on or before December 31, 2021, Oklahoma's FMAP rate would decrease by 6.2% beginning on the date in which the FFCRA increase is no longer available to states.

Table 1: OKDHS expends in excess of \$535 million in qualifying services. At 90% of the total, we project approximately \$481.50 million to qualifying for the temporary 10%-point FMAP increase for the period 04/01/2021 to 03/31/2022. Including the projected first year FMAP expenditures of \$145.92 million, OKDHS projects total expenditures \$627.41 million. At this level of expenditures, OKDHS is eligible to receive \$62.74 million in federal funds attributable to the increased FMAP for expenditures between 04/01/2021 and 03/31/2022.

**Table 1: OKDHS State and Federal Share with Funds Attributable to the HCBS FMAP Increase**

Category	Q3 FFY2021	Q4 FFY2021	Q1 FFY2022	Q2 FFY2022	Total	Notes
Total computable	\$120,375,000	\$169,013,395	\$169,013,395	\$169,013,395	\$627,415,185	1
State share @ 15.81% / 15.49%	\$19,031,288	\$26,721,018	\$26,180,175	\$26,180,175	\$98,112,655	2
Federal share @ 84.19% / 84.51%	\$101,343,713	\$142,292,377	\$142,833,220	\$142,833,220	\$529,302,530	3
Funds attributable to HCBS FMAP Increase	\$12,037,500	\$16,901,340	\$16,901,340	\$16,901,340	\$62,741,519	

- 1 The total computable basis is 90% of prior year expenditures plus \$145.92 in newly proposed expenditures.
- 2 Assumes FFCRA increase is available through 3/31/2022. State share is equal to 15.81% in FFY21 Q3 & Q4 and 15.49% in FFY22 Q1 & Q2 with the HCBS enhanced FMAP and the FFCRA increase.
- 3 Assumes FFCRA increase is available through 3/31/2022. Fed share is equal to 84.19% in FFY21 Q3 & Q4 and 84.51% in FFY22 Q1 & Q2 with the HCBS enhanced FMAP and the FFCRA increase.

Table 2: OKDHS Reinvestment in Additional Medicaid-Covered HCBS

	FFY21 Q3 thru FFY22 Q2	FFY22 Q3 thru FFY23 Q2	FFY23 Q3 thru FFY24 Q2	Total
Total computable <sup>1</sup>	\$172,160,186	\$10,691,100	\$9,661,300	\$192,512,586
State share <sup>2</sup>	\$26,940,253	\$3,388,010	\$3,061,666	\$33,389,928
Federal share <sup>3</sup>	\$145,219,933	\$7,303,090	\$6,599,634	\$159,122,657
Funds attributable to HCBS FMAP Increase	\$17,216,019	\$ -	\$ -	\$17,216,019
Funds attributable to FFRC FMAP Increase	\$10,673,932	\$ -	\$ -	\$10,673,932

- 1 To determine the total computable HCBS expenditures for which a state could claim FFP using, as state share, the state funds equivalent to the amount of federal funds attributable to the increased FMAP, divide the amount of state funds by 1 minus the state's FMAP. In this example, divide half of \$26.94 million by 0.1581 plus half at 0.1549 to calculate total computable expenditures of \$172.16 million for FFY 2021 Q3 through FFY22 Q2; \$3.39 million by .3169 to calculate total computable expenditures of \$10.69 million for FFY 2022 Q3 through FFY 2023 Q2 and \$3.06 million by .3169 to calculate total computable expenditures of \$9.66 million for FFY 2023 Q3 through FFY 2024 Q2. This amount can then be multiplied by the state's FMAP rate for the applicable period to determine the amount of additional federal dollars the state could claim on those additional expenditures.
- 2 Assumes the FFCRA increase is no longer available after 3/31/2022. State share is equal to 15.81% with the HCBS enhanced FMAP and the FFCRA increase; and 31.69% without the HCBS enhanced FMAP and the FFCRA increase.
- 3 Assumes the FFCRA increase is no longer available after 3/31/2022. Federal share is equal to 84.51% with the HCBS enhanced FMAP and the FFCRA increase; 68.31% without the HCBS enhanced FMAP and the FFCRA increase.

Oklahoma Health Care Authority  
Program of All-Inclusive Care for the Elderly (PACE)  
Revised HSBC Spending Plan and Narrative – December 2021

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**OVERVIEW**

Section 9817 of the American Rescue Plan Act of 2021 (ARP) provides the opportunity to enhance and strengthen the Oklahoma PACE program. The Oklahoma Health Care Authority (OHCA) contracts with the following PACE providers: Cherokee Elder Care Program in Tahlequah, Oklahoma; Life PACE, Inc. in Tulsa, Oklahoma; and Valir PACE Foundation in Oklahoma City, Oklahoma.

**SPENDING PLAN PROJECTION**

The table below provides a summary of PACE capitation payments for the months of April through June of 2021, an estimate of total payments between April 1, 2021, through March 31, 2022, and the estimated total amount of funds attributable to the to the ARP FMAP increase. The estimates do not include the capitation payments to the Cherokee Elder Care Program that are 100 percent federally funded.

**Table 1-Estimated ARP Funding**

Total PACE Capitation Payments, April - June, 2021	\$	5,412,247
Annualized Estimate	\$	21,648,989
<b>Estimated ARP Enhanced Match</b>	<b>\$</b>	<b>2,164,899</b>

**SPENDING PLAN NARRATIVE**

The Oklahoma HCBS PACE Spending Plan is designed to ensure that state funds attributable to the enhanced FMAP are used to strengthen and enhance the PACE program and not supplant existing state funds. In compliance with Section 9817 of the ARP and until such time as the state funds attributable to the enhanced FMAP have been expended, Oklahoma will:

- Not impose stricter eligibility standards, methodologies or procedures for the PACE program that were in place on April 1, 2021
- Preserve covered services under the PACE model, including the amount, duration and scope of services, in effect on April 1, 2021
- Maintain PACE capitation rates at levels no lower than those in place on April 1, 2021

The dollar value of state funds attributable to the enhanced FMAP will be used to establish the PACE Enhancement Fund. The PACE Enhancement Fund will be used to compensate PACE providers for expenses related to the COVID-19 Public Health Emergency (incurred after April 1, 2021) and to help fund investments that strengthen and enhance Oklahoma’s PACE program.

**Qualifying Activities: PACE Enhancement Fund**

The OHCA will ensure that disbursements from the PACE Enhancement Fund are used to support PACE providers’ activities in response to the COVID-19 PHE or strengthen and enhance the Oklahoma PACE program. Table 2 provides a summary of qualifying expenses in response to the COVID-19 PHE. Table 3 provides a summary of qualifying investments to strengthen and enhance the PACE program. The qualifying

expenses/investment summaries are in accordance with CMS Guidance (Appendix C and Appendix D of SMD# 21-003).

The OHCA understands that payments may not be made to PACE Organizations outside of the capitated payments. The OHCA intends to prepare and submit, for CMS approval, an interim capitation rate increase. The interim increase will be funded by the PACE Enhancement Fund (i.e., State funds attributable to the increase in FMAP for qualifying PACE program expenditures between April 1, 2021, and March 30, 2022).

The PACE Enhancement Fund also may be accessed by the State to directly purchase services to enhance PACE program quality improvement and program monitoring activities. (Payments for these types of services will not be made to PACE Organizations.)

The OHCA will be responsible for oversight and monitoring of activities undertaken by PACE Organizations, including initial approval of qualifying activities and monitoring of PACE Organizations’ expenditures.

In accordance with the restriction established under section 9817 of the ARP, the PACE Enhancement Fund will not be used to support room and board expenses.

The OHCA will review proposed capital investment and ongoing internet connectivity activities to ensure that such activities strengthen or enhance the PACE program and that capital investments result in settings that are compliant with home and community-based settings criteria. The OHCA understands that the approval of capital investments or ongoing internet connectivity costs under ARP section 9817 does not authorize such activities for FFP.

**Table 2: Qualifying Expenses in Response to the COVID-19 Public Health Emergency**

Activity	Activity Description
<b>Supplies and Equipment</b>	
Purchase Personal Protective Equipment (PPE) and Testing Supplies	Purchase PPE and routine COVID testing for direct service workers and PACE participants, to enhance access to services and to protect the health and well-being of home health workers and direct support professionals.
Transportation Equipment and Expenses	Purchase/maintain vehicles and hire drivers to safely transport PACE participants within CDC guidelines.
<b>Work Force Support</b>	
Workforce Recruitment	Conduct activities to recruit and retain home health workers and direct support professionals. Offer incentive payments to recruit and retain home health workers and direct support professionals.
Workforce Training	Provide training for home health workers and direct support professionals that is specific to the COVID-19 PHE.

<b>Support to Improve Functional Capabilities of Persons with Disabilities</b>	
Assistive Technology and Other Supports for Persons with Disabilities	Provide assistive technologies (including internet activation costs necessary to support use of the assistive technologies), staffing, and other costs incurred during the COVID–19 PHE in order to mitigate isolation and ensure an individual’s person-centered service plan continues to be fully implemented.
Site Expansion/Modifications	Construction/lease of additional building space and/or reconfiguration of existing space to safely serve PACE participants within CDC guidelines.
<b>Mental Health and Substance Use Disorder Services</b>	
Skill rehabilitation	Assist eligible individuals in receiving mental health services, substance use treatment and recovery services, and necessary rehabilitative services to regain skills lost during the COVID–19 PHE.
Expanding Capacity	Recruit additional behavioral health providers, implement new behavioral health services, increase pay rates for behavioral health providers, expand access to telehealth, or make other changes to address increases in overdose rates or other mental health and/or substance use disorder treatment and recovery service needs of PACE participants during the COVID–19 PHE.
<b>Access to COVID-19 Vaccines</b>	
Support for Individuals with HCBS Needs and Their Caregivers	Assist with scheduling vaccine appointments. Provide transportation to vaccine sites. Provide direct support services for vaccine appointments. Develop and implement in-home vaccination options. Education and outreach about the COVID-19 vaccine.

**Table 3: Qualifying Investments to Strengthen and Enhance the Oklahoma PACE Program**

<b>Activity</b>	<b>Activity Description</b>
Strengthening Assessment and Person-Centered Planning Practices	Adopting standardized functional assessments. Enhancing person-centered planning practices. Providing person-centered planning training.
Quality Improvement Activities	Upgrading critical incident management reporting systems. Adopting new PACE quality measures. Implementing improvements to quality measurement, oversight, and improvement activities. Implementing the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) or another experience of care survey.
Developing Cross-System Partnerships	Developing partnerships with community-based organizations, social service agencies, counties, housing agencies, and public health agencies. Promoting provider collaborations by requiring the formation of and participation in regional/local provider networks. Building Medicaid- housing partnerships. Building social determinants of health (SDOH) network partnerships.

Training and Respite	Providing caregiver training and education. Providing in-person or virtual training to beneficiaries, caregivers, and/or providers to support community integration (e.g., to support beneficiaries with seeking employment, to train providers or caregivers to support individuals with behavioral challenges that can make it difficult to access community resources). Providing respite services to support family caregivers.
Addressing Social Determinants of Health and Health Disparities	Assessing health disparities among older adults and people with disabilities. Testing alternative payment methodologies or the delivery of new services that are designed to address SDOH that may include housing-related supports such as one-time transition costs, employment supports, and community integration, among others. Providing more intensive care coordination for individuals with significant socioeconomic needs based on risk-stratification modeling.
Expanding Use of Technology and Telehealth	Making investments in infrastructure to facilitate incorporation of HCBS into interoperable electronic health records (EHRs). Covering individual tele-communications start-up costs (e.g., equipment, internet connectivity activation costs). Testing the impact of assistive technologies on the need for in-person supports. Providing smartphones, computers, and/or internet activation fees to address functional needs, promote independence, and/or support community integration.
Adopting Enhanced Care Coordination	Implementing health information technology care coordination enhancements such as notification systems and capabilities (e.g., hospital admission, discharge, and transfer notifications) to share information across different health care settings.

### Management of PACE Enhancement Fund

The OHCA will be responsible for managing disbursements from the PACE Enhancement Fund, including reimbursement for expenses incurred by the OHCA and PACE organizations.

The OHCA intends to access a portion of the PACE Enhancement Fund to enhance quality improvement activities, as described in Appendix D of the CMS guidance. The OHCA will develop a quality reporting system to track and monitor the amount, type and frequency of services received by PACE participants. The quality reporting system initially will identify performance measures that can be generated through analysis of PACE encounter data.

The OHCA plans to develop, in collaboration with the PACE organizations, standardized and streamlined reporting tools to support quality improvement and program monitoring activities. The OHCA also intends to develop a PACE Data Repository that will be used to collect, manage, and maintain PACE program data and information. In addition to the newly-developed reporting tools, the Repository will maintain critical incident reports, enrollment and payment data, quality measures, policies and procedures, contracts, program reviews, corrective action plans, and financial performance data.

The OHCA also intends to evaluate the development of standardized assessment and care planning reporting requirements. When implemented, standardized assessment and care planning will support the sharing of data across providers to facilitate improved care coordination and transitions of care. The standardized assessment and care planning data also could be aligned with encounter data to evaluate adherence to care plans, identify potential service gaps and monitor PACE organization service capacity.

Funding requests will be submitted by PACE organizations for the OHCA’s review and approval. As part of funding request, PACE organizations must demonstrate how activities (other than activities related to the COVID-19 PHE) will be sustained beyond March 31, 2024. A draft template for the PACE organizations’ submission of each funding request is provided in Table 4, below.

**Table 4: Draft Template – PACE Enhancement Funding Request**

PACE Organization:	
<b>Activity</b>	
<b>Description</b>	
<b>Estimated Cost and Funding Requested</b>	
<b>Estimated Implementation Timeframe</b>	
<b>Is Activity in Response to COVID-19 PHE? (If no, how does activity strengthen/enhance PACE model?)</b>	
<b>If an Enhancement, How Will Activity be Sustained Beyond March 31, 2024?</b>	

The OHCA met with representatives from the three PACE organizations to review CMS guidance and discuss potential funding opportunities to address the PHE and/or strengthen Oklahoma’s PACE program. The PACE organizations submitted initial ideas for use of the state savings resulting from ARP; these initial ideas are summarized in Table 5, below.

**Table 5 - Summary of Initial Funding Ideas Received from PACE Providers**

PACE Provider	Potential Use of Funds	Activity in PACE Spending Plan
Life PACE	Transportation – vehicle purchase and operating expenses, driver salaries	Transportation Equipment and Expenses
	Workforce recruitment – quarterly incentive payments	Workforce Recruitment

PACE Provider	Potential Use of Funds	Activity in PACE Spending Plan
	Assistive technology devices – set up and monthly service fees	Assistive Technology and Other Supports for Persons with Disabilities
	Purchase of PPE and testing supplies	Purchase PPE and Testing Supplies
Cherokee Elder Care	Transportation – vehicle purchase	Transportation Equipment and Expenses
	New center – architecture and engineering costs	Site Expansion/Modifications
	Remodel existing facility	Site Expansion/Modifications
	Home health – Chief Nursing Officer (CNO) and aides	Assistive Technology and Other Supports for Persons with Disabilities
	Overhead paging system and communication devices – purchase	[TBD]
	Assistive technology devices – lease	Assistive Technology and Other Supports for Persons with Disabilities
Valir PACE	Staff training – mental health and substance use disorders	Mental Health and Substance Use Disorder Services, Expanding Capacity
	Equipment – dental, optometry, X-Ray, ultrasound	[TBD]
	Transportation – vehicle purchase and costs to transport	Transportation Equipment and Expenses
	Expand capacity – additional buildings	Site Expansion/Modifications
	Extended hours – PACE participants and caregivers (support groups, respite)	Training and Respite
	Assistive technology – mental health technology, software, companion pets	Assistive Technology and Other Supports for Persons with Disabilities
	Cross system partnership – housing community, caregiver support groups	<ul style="list-style-type: none"> <li>• Developing Cross-System Partnerships</li> <li>• Training and Respite</li> <li>• Addressing Social Determinants of Health and Health Disparities</li> </ul>

**Reporting**

The OHCA will submit Quarterly PACE HCBS Spending Plans and Narratives, in accordance with CMS guidance. The quarterly reports will provide updated information regarding the estimated state funds attributable to the enhanced FMAP, anticipated and actual expenditures for qualifying activities, and how activities will be sustained beyond March 31, 2024.

PACE organizations that receive funding from the PACE Enhancement Fund will be required to submit quarterly reports. The PACE Organization Quarterly Reports will support the OHCA’s oversight activities and will be included with the OHCA’s quarterly reports to CMS. A draft template of the PACE Organization Quarterly Report is provided in Table 6 on the following page.



**Table 6: Draft Template - PACE Organization Quarterly Report**

**PACE Organization:**

Approved Activity	Approved Funding Amount	Expenses Incurred To-Date	Description of Implementation Status (Including Key Milestones)

Certification: \_\_\_\_\_  
*(Signature of PACE organization's Chief Executive Officer or Chief Financial Officer)*

## Appendix A: Deleted Activities

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### OKDHS CAP & DDS: Eyeglasses and Hearing Aids

CAP – The initiative will **expand** services to include the purchase of eyeglasses and hearing aids. DDS – Historically, eyeglasses were offered as a waiver service but removed several years ago due to budget issues. Currently, eyeglasses can only be purchased for Homeward Bound Waiver Recipients through state funds. The initiative will **expand** services to include the purchase of eyeglasses for all waiver populations served.

*OKDHS is seeking permanent and ongoing funding from state sources to sustain. Estimated Cost: CAP \$50,806,492 (presumes 50% of members need 100% of services); DDS \$50,000 annually.*

**OKDHS CAP & DDS: This is a previously approved activity where CAP and DDS will no longer pursue due to sustainability. No expenditures have been reported.**

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### OKDHS CAP & DDS: Staff Education Program

This activity is targeting internal providers and agency employees delivering services listed in Appendix B, C & D, to expand, enhance or strengthen HCBS under Medicaid. CAP & DDS will enhance the HCBS program by increasing professionalism and expertise of staff. The initiative will provide scholarships up to 2 years of reimbursement for educational expenses (tuition, fees, books, other learning materials) incurred by existing staff to complete an advanced degree in a field of study which will strengthen the worker’s knowledge base and encourage innovation. Staff will have the opportunity to learn best practices in social work, counseling, behavioral health, allied health services, nursing, and other related disciplines to integrate into the HCBS service delivery system. OKDHS will continue to benefit throughout the tenure of employment and evaluate effectiveness to determine continuation.

*Estimated Cost: \$3,750,000 for year 2 and \$3,750,00 for year 3.*

**OKDHS CAP & DDS: This is a previously approved activity where CAP and DDS will no longer pursue due to sustainability. No expenditures have been reported. CAP and DDS will continually provide education and training to HCBS waiver staff on current issues and service expansion efforts through attendance at regional and national conferences, trainings and/or meetings.**

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### OKDHS CAP & DDS: Direct Support Staff Professionalization

Direct Support Professionals (DSP) providing HCBS services have a direct impact on the health, safety and quality of care received by waiver participants. Supporting professionalism, education & training and creating a DSP worker registry will enhance and strengthen the client experience. OKDHS seeks to develop

a comprehensive program to focus on DSP professionalization through a variety of efforts and initiatives, such as minimum training requirements, training certificates and a worker registry.

*The benefits from this initiative will have a sustained effect on this improvement. Estimated Annual Cost: \$1 million per year*

**OKDHS CAP & DDS:** This is a previously approved activity where CAP and DDS will no longer pursue due to sustainability. No expenditures have been reported.

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#### **OKDHS CAP: Family Home Care Training**

CAP will provide family home care training to provide necessary assistance to a waiver member under their care. Services are intended to allow the family to become more proficient in meeting the needs of the member by strengthening and enhancing the HCBS services the member receives.

*The benefits from this initiative will have a sustained effect on this improvement. Estimated Annual Cost: \$2.5 million*

**OKDHS CAP:** This is a previously approved activity where CAP will no longer pursue due to sustainability. No expenditures have been reported.

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#### **OKDHS CAP: Provide Annual Transportation Grants to Area Agencies on Aging and Disability Transportation**

CAP will initiate a program to develop and support a robust public transportation network for HCBS waiver members. This will enhance HBCS services by allowing more independence and support.

*OKDHS will assess the initiative and develop a strategy for sustained funding. Estimated Cost: \$720,000 per year.*

**OKDHS CAP:** This is a previously approved activity where CAP will no longer pursue due to sustainability. No expenditures have been reported.

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#### **OKDHS DDS: Hope Therapeutic Respite Homes**

This setting is designed to serve individuals 12 years and older who receive waiver services or are on the DDS waiting list. In this setting, individuals will be able to access respite and ancillary medical and behavioral health evaluations on an as needed basis. This allows for enhancement and modification of the program as needed and may allow for waiver funding in the future.

Housing used for this level of care must be accessible with ramps, roll in showers, assistive technology, etc. DDS will use two beds in a 4-bed home for 2 beds for respite and 2 beds for therapeutic respite. In this model, respite is offered for up to 7 consecutive days and therapeutic respite is offered for 14 consecutive days with the option to approve an additional 14 days, when needed. This may be allowed when there is a need for additional time to complete evaluation and treatment. Individuals are limited to one respite event

per calendar year. During therapeutic respite, caregivers visit the individual in the program at a rate of twice per week to engage in learning and therapy as determined appropriate by program staff.

Involvement of caregivers is an essential component for individuals who require therapeutic intervention to be successful upon returning to their home. Therapeutic respite is not offered when the caregiver is unable to participate twice per week.

The State understands approval of capital investments in ARP section 9817 spending plans and narratives does not authorize such activities for federal financial participation (FFP). DDS will enhance and expand our home and community-based services by developing respite homes.

Access to reliable respite resources is limited and alternate settings to provide it are required. This setting is designed to serve as a pilot respite program for people who are 12 years and older who receive waiver services or are on the DDS waiting list. This activity will provide caregivers with relief, giving them a break so they can resume caring for the person when the respite stay is over. In this setting, individuals will be able to access respite, ancillary medical assessments and behavioral health evaluations and training that will enhance the caregivers' knowledge of how to best meet the person's needs. This allows an expansion of Medicaid HCBS by potentially creating a new waiver service once the pilot is concluded. Housing used for this level of care must be accessible with ramps, roll in showers, assistive technology, etc. This activity will strengthen HCBS by ensuring paid and unpaid caregivers have access to reliable respite, ensuring the person with intellectual disabilities can remain in a community setting, avoiding institutionalization.

The State will ensure this service is provided only in settings that are compliant with 42 CFR Section 441.301(c)(4)(5) and the Oklahoma Statewide Transition Plan.

*Estimated Cost: Ongoing at \$700,000 per year.*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue ARPA funds to implement due to contracting and sustainability. No expenditures have been reported.

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### **OKDHS CAP & DDS: Dental Services Cap Increase**

CAP and DDS will expand services by increasing the dental services plan of care cap for all adult waiver populations served from \$1,000 to \$3,500 through the Appendix K. There are numerous individuals who were unable to seek dental care during the pandemic. This led to an increased need for treatment and to allow individuals with extensive needs to obtain treatment. This initiative is expected to reduce costs in other areas as dental care is vital to overall health.

*OKDHS will assess this initiative and develop a strategy for sustained funding. Estimated Costs: 1st year: \$743,300, 2nd year: \$318,000*

OKDHS CAP & DDS: This is a previously approved activity where CAP and DDS will no longer pursue due to Dental now being a Medicaid covered service. No expenditures have been reported.

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### **OKDHS CAP: Develop the ADvantage Waiver Adult Day Health Infrastructure**

CAP will be providing one-time funding to enhance services by making physical, operational, technology or other changes to safely deliver services during a period of public health emergency. This initiative will provide for start-up costs to developing new centers within existing community facilities, such as assisted living, etc.

The funds are intended to adapt existing adult day health facilities to better serve participants safely during the PHE, such as through improved ventilation, spatial design to promote social distancing, etc. Additionally, funds may be utilized to adapt existing spaces within assisted living facilities or repurpose nursing facilities to add or become Adult Day Health centers. Funds will be utilized to expand existing footprints to purchase additional properties and for capital investments as part of this activity. Any funds for this activity will only be allocated to those who are compliant with the HCBS settings rule. Requests for funding will be reviewed for compliance with home and community-based settings criteria. The increase in adult day health service locations will improve access to this service for waiver members.

*The benefits from this initiative will have a sustained effect on this enhancement.*

*Estimated Cost: \$1 million.*

OKDHS CAP: This is a previously approved activity where CAP will no longer pursue due to sustainability. No expenditures have been reported.

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### **OKDHS CAP & DDS: Critical Incident Management System**

This initiative will develop an **enhanced** method to identify suspected abuse or neglect. A key element in oversight is performing Medicaid Data Correlation Audits including the review of Medicaid claims data for injuries requiring emergency treatments or hospital admissions. The process matches critical incident reports to ensure all incidents are reported, collected, reviewed, and analyzed.

*This will be an ongoing initiative. Estimated Cost: Year one \$500,000 & Annual Cost estimate is \$150,000*

OKDHS CAP: CAP is still planning to implement this initiative. DDS will no longer pursue this initiative.

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### **OKDHS DDS Services: Strengthen Vocational Providers Capacity to Provide Services**

DDS vocational providers are finding it increasingly difficult to place some waiver recipients into competitive integrated employment. Additionally, many providers need to develop innovative ways to increase their capacity to serve waiver recipients with limited resources. DDS will **enhance** HCBS services by offering “Innovation Grants” to vocational providers who propose innovative ideas to increase capacity and job placements which includes the adaptation of technologies for virtual support.

*The benefits from this initiative will have a sustained effect on this enhancement. Estimated Cost: \$1.0 million.*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.

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### **OKDHS DDS: Assessment Tool for Persons on Waiting List**

DDS contracted with Liberty Health to assess the needs of individuals on the waitlist to better understand their needs, provide navigation to available resources, and to develop projected costs for service delivery.

This contract is the first step in the bold plan to fund and eliminate the waitlist over the next few years. The work performed by the vendor will center on individual assessments utilizing a nationally recognized assessment tool to formulate a plan and expand HCBS services to persons currently on the waitlist and lead to long term expansion of HCBS programs in Oklahoma. We plan to include additional waiver slots to serve people from the waiting list.

The State confirms that this activity will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

*Estimated Costs: Year one \$200,000; year two \$200,000; year three and beyond \$75,000.*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.

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### **OKDHS DDS: Remove Plan of Care Cap for Public Transportation**

DDS will remove the \$5,000 per 12-month limit for public transportation. This initiative will provide waiver recipients the opportunity to independently seek and maintain employment as businesses affected by the pandemic reopen. An increase to the cap on public transportation will expand services and enhance the member's ability to participate in community activities when other modes of transportation are unavailable or require staffing to implement.

*Estimated Cost: Ongoing at \$109,100 per year.*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue under the ARP due to sustainability. No expenditures have been reported.

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### **OKDHS CAP & DDS: Model Smart Home Development**

CAP & DDS will enhance and expand our home and community-based services by working with Oklahoma Able TECH to develop a model smart home.

Oklahoma initiated the use of remote supports as a service through the Appendix K process. We support enabling technologies to remotely support an individual with intellectual and developmental disabilities in place of in-person staff support and to maximize the individual's ability to live and work independently with the least amount of staff intrusion as possible. Through person centered planning, including a risk

assessment, Oklahomans receiving waived supports have begun using these services. By developing a model smart home, individuals with disabilities, families, providers and DDS staff will have the opportunity to tour either virtually or in person to learn more about various enabling technologies. Enabling technology is ever-changing and smarter than ever before. It is affordable and “appears” easy to use; however, with so many options available that connect and interact with other devices, the technology becomes complex. These factors can make it difficult to navigate the innovative technologies and to choose the best solution. People need education, training, and hands-on experience to guide them in making informed decisions about their needs, and this project will fill this void. Ohio and Tennessee currently have established model smart homes. The homes have contributed to an increase in demand for remote supports and enabling technologies in those states. Tennessee reported 399 visitors to their smart homes between January and August 2019 while Ohio reported a high number of visits as well. Additionally, both states offer virtual online tours. Since remote supports and enabling technologies are new services to Oklahoma, education and promotion are key to enhancing and expanding the success of the program to increase the independence and choice of people receiving supports.

The State does plan to pay for capital investments as part of the OKDHS DDS Model Smart Home Development activity. The State understands approval of capital investments in ARP section 9817 spending plans and narratives does not authorize such activities for federal financial participation (FFP). DDS will enhance and expand our home and community-based services by working with Oklahoma Able TECH to develop model smart homes.

We support the use of enabling technologies to remotely support an individual with intellectual and developmental disabilities to maximize the individual’s ability to live and work independently with the least amount of staff intrusion as possible. Through person centered planning, including a risk assessment, the use of remote supports and enabling technologies has enhanced service options for Oklahomans receiving waiver services. This includes enhancing HCBS in the following ways:

- Allowing individuals to age in place in their own homes and community.
- Allowing individuals to move out of group residential living placements into their own homes.
- Provides increased independence through additional support to individuals when their caregivers work or away from the home.
- Increases the opportunity to use self-determination skills, decision-making skills, and exercising judgment for people in their own homes.
- Supports DSP providers to think innovatively on how to allocate staffing resources.

Since remote supports are new services to Oklahoma, education and promotion are key to enhancing and expanding the success of the program to increase the independence and choice of individuals receiving supports. Providers are anxious to implement enabling technologies and remote supports to expand services and be more innovative in-service delivery, however they are consistently requesting additional training and resources to increase understanding. Remote supports and any assistive technologies will only be provided to be used in settings that are in compliance with the Settings requirements. This will expand, enhance, and strengthen HCBS in Oklahoma.

By developing two model smart apartments, individuals with disabilities, families, providers, and DDS staff will have the opportunity to tour either site virtually or in person to learn more about various enabling technologies. Oklahoma ABLE Tech, the Oklahoma assistive technology program, will provide support and staffing for both locations. They will also assist with matching individuals to the right technologies and

provide assistive technology loans when requested to allow individuals to “try” out different technologies before making a formal request for waiver support. Note: The model smart apartments are for tours only and no one will reside in the apartments.

DSPs will be educated to better understand how technologies are integrated into existing programs and how they can adapt their role to meet the changing needs of the individual. Finally, families, individuals and case management staff will be able to make better informed decisions on choosing the right technologies.

*The benefits from this initiative will have a sustained effect on this enhancement. Estimated one time Cost: \$300,000.*

OKDHS CAP & DDS: This is a previously approved activity where CAP & DDS will no longer pursue this activity through the ARP due to sustainability. No expenditures have been reported.

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### **OKDHS DDS: Increasing Self-Direction through Education**

DDS will increase the use of self-direction for person served by waivers to enhance **services**. Families and waiver recipients will receive training and education on how self-direction can allow waiver recipients to **expand** their service options to meet their own individual needs.

*Estimated Cost: Ongoing at \$100,000 per year.*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.

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### **OKDHS DDS: Service Modernization**

DDS will issue an RFP for a vendor with national experience to evaluate Oklahoma’s Home and Community Based waiver services. This vendor will hold stakeholder meetings and compare services provided nationally to make formal recommendations to enhance, expand and modernize Oklahoma’s services. Oklahoma seeks to add to or enhance current services and not remove or decrease services. The vendor will communicate with stakeholders including advocates, families receiving waiver services, HCBW providers, Case Managers, and community resource providers to discuss recommendations and gather feedback on best practices for the evolution of services to meet Oklahoma’s unique needs.

The benefits from this initiative will have a sustained effect on this enhancement.

*Estimated one time Cost: \$300,000.*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.



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**OKDHS DDS: IntellectAbility Web-Based Health Risk Screening Tool (HRST)**

The Centers for Medicare and Medicaid Services (CMS) require states to design and implement an effective system for assuring waiver participant health and welfare. Oklahoma will procure a Health Risk Screening Tool (HRST). This HRST is a web-based rating instrument developed to detect health destabilization in vulnerable populations and ensure proper care. As a result, DDS will enhance and strengthen person centered practices by detecting health destabilization and ensure proper training, support, and care is provided. The instrument is used to determine the types of further assessment and evaluation required by the service recipient to be safe and healthy in the least restrictive setting.

*Estimated Annual Cost of Licensing: \$99,000*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.

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**OKDHS DDS: Expansion of Assistive Technology (AT) / Architectural Modifications (AM) Services to In-Home Support Waiver Service Recipients**

DDS has identified a need for consumers starting services in assistive technology and architectural modifications. The limit on the plan of care and limit on the exception they are able to request (over \$2,500 and under \$10,000) forces a choice between services.

OKDHS DDS does not plan to pay for ongoing internet connectivity expenses as part of this activity.

This program will expand services so consumers are not required to use their exception request and the amount could exceed \$10,000.

*Estimated Cost: \$100,000.*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.

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**OKDHS DDS: Software Program for Preadmission Screening and Resident Review (PASRR) Program**

PASRR program is a federally mandated program operated by DD. rates. The program is housed in a database residing on a personal computer. DDS will automate the program to enhance services for members and store data a central location available and adaptable to nurses, PASRR program representatives and the programs manager.

*OKDHS will assess the initiative and develop a strategy for sustained funding. Estimated Cost: \$75,000.*

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OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.

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### **OKDHS CAP & DDS: Rate Study**

OKHS will initiate a rate study for all rates paid through the HCBS waiver. The workforce supply supporting HCBS is rapidly becoming insufficient due to low wages. Wages offered to direct care staff are directly connected to rates paid. OKDHS will contract with a third-party vendor to complete a rate study to evaluate the basis for rates and identify changes are needed to strengthen the rates and increase the supply of labor to the HCBS workforce. This in turn will enhance, expand, and strengthen HCBS services provided by OKDHS.

*The benefits from this initiative will have a sustained effect on this enhancement. Estimated one time Cost: \$75,000.*

OKDHS CAP & DDS: This is a previously approved activity where CAP and DDS will no longer pursue ARP funding for this initiative. No expenditures have been reported.

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### **OKDHS DDS: Public Relations Contract**

This position will enhance services for individuals receiving HCBS waiver services on the wait list, support self-direction by recruitment of direct service providers & foster homes. Additionally, DDS seeks to expand access to services by recruiting new therapists, residential and vocational providers.

This activity is not targeted to providers delivering services listed in Appendix B or listed on Appendix C or D, but serves to expand, enhance, or strengthen HCBS under Medicaid. This contract is part of our strategy to assess individuals on the DDS Waitlist (WL) to project service needs, obtain funding, and eliminate the waitlist. Because contact with WL members has been minimal and dependent on the individuals and families to update their addresses and information, historically contacting the WL has been difficult. This contract has developed a webpage for information, created and ran targeted ads on social media, as well as sent mailings in efforts to contact all families on the list. Having an accurate waitlist count and assessment information will allow us to expand HCBS to meet the needs of individuals with intellectual and developmental disabilities and their families and reduce time on a waitlist.

OKDHS will assess the initiative and develop a strategy for sustained funding.

*Estimated Cost: \$50,000.*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.

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**OKDHS CAP: 1-800 Number**

CAP will implement toll free number to enhance services and link individuals with special needs of any age and family caregivers across the lifespan with providers able to address their needs.

*OKDHS will assess the initiative and develop a strategy for sustained funding. Estimated Cost: \$50,000.*

**OKDHS CAP: This is a previously approved activity where CAP pursued other funding for implementation. No expenditures have been reported.**

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**OKDHS DDS Services: IntellectAbility E-Learn Courses – Fatal Five Fundamentals**

The Centers for Medicare and Medicaid Services (CMS) requires states to identify corrective actions which eliminate or lessen the likelihood of circumstances and events contributing to or are associated with the causes related to preventable deaths. The self-paced e-Learn online courses discusses the Fatal Five conditions linked to preventable deaths in people with Intellectual or Developmental Disabilities living in community-based residential settings. Training will enhance direct support professionals to observe, make informed decisions and take preventative actions to reduce the risk of death and other adverse outcomes for service recipients.

*OKDHS will assess the initiative and develop a strategy for sustained funding. Estimated Cost: \$20,160.*

**OKDHS DDS This is a previously approved activity where DDS pursued other funding for implementation. No expenditures have been reported.**

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**OKDHS DDS Services: Annual Development Events for New Case Managers and Mentors**

DDS will strengthen case management's knowledge, increase networking and leadership skills, and enhance case management's support network through the provision of annual case management development events. These events will be an enhancement to the DDS Mentoring and Training program for new case managers and mentors. The events will focus on team building and leadership skills. Case managers will network with staff from across the state to increase their available support network. Furthermore, the event will increase staff retention by ensuring new case managers are supported and have the skills necessary to be successful in their daily work.

*The benefits from this initiative will have a sustained effect on this improvement. Estimated Annual Cost: \$5,000 per year.*

**OKDHS DDS This is a previously approved activity where DDS pursued other funding for implementation. No expenditures have been reported.**

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## OKDHS DDS: Extermination of Bed Bugs

The initiative will expand services to include the extermination of bed bugs for current adult waiver recipients. Bed bugs are potential disease carriers and infestations can cause several health effects including skin rashes; psychological effects including anxiety, stress, insomnia; and allergy symptoms that make a waiver participant's residence unsafe and uninhabitable. The cost of bed bug treatment is likely to be unaffordable for Medicaid waiver recipients. This initiative will aid to maintain an environment free of bed bugs to enhance safety, sanitation, and cleanliness of the adult participant's home.

Estimated Costs: Year one \$125,000; year two \$187,500; year three \$250,000

OKDHS CAP & DDS: This is a previously approved activity where CAP and DDS will no longer pursue due to sustainability. No expenditures have been reported.

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## Eye Glass Expansion

According to the Vision Council, in the US, 75% of adults use some sort of vision correction. About 64% of them wear eyeglasses, and about 11% wear contact lenses, either exclusively, or with glasses. In addition, combining averages from FAIR Health and VSP, you can expect to pay \$171-\$200 for the average cost for an eye exam without insurance (first visit) and \$128 for recurring patients visits.

And finally, according to VSP, the average cost of glasses (frames only) without insurance is \$242. For basic single lenses the cost is \$113. In total, it cost on average \$351 for a complete pair of glasses if you don't have vision insurance. DDS consumers who live in the community are on very fixed budgets. For consumers who live in their parents' home or for families who have adopted one of our children, extra's such as glasses, are hard to come by. For adults who wear glasses we know, without a doubt, how different our lives would be without glasses. It would enhance the lives of our consumers significantly to expand our programs to include glasses. Consumers should have the right to good vision without having to decide what other area in their life they will do without to pay for glasses.

If this service is approved, we will add the service as an ongoing waiver service to maintain the expanded program in the future. We anticipate that the cost will be fairly consistent over a three-year period as most people go to the eye doctor on an annual basis.

*64% (average number of adults who wear glasses) X 5435 (total waiver consumers) = 3478 consumers*

*\$171 + \$200 = 371/2 = \$186 average cost for eye exam*

*\$186 (average cost for eye exam) + \$351 (average cost of complete pair of glasses) = \$537 average cost for eye exam and glasses per person.*

*3478 X \$537 = \$1,867,686 annual cost*

OKDHS DDS: This is a previously approved activity where DDS will no longer pursue ARP funding for this initiative. No expenditures have been reported.

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## **OKDHS CAP & DDS: Remote Support Training for Providers and Case Managers**

As the remote supports program continues to grow in Oklahoma, CAP & DDS has recognized the need to offer training to providers and case management to increase understanding of remote supports and enabling technologies. When remote supports are utilized, providers can think innovatively about how they allocate staffing resources which allows them to expand their services to serve more individuals. Individuals reap the benefits as well when using these services. Individuals experience a new enhanced level of independence, self-satisfaction, and ownership by being given the tools and the ability to self-determine how and when they want services delivered.

To expand these critical services, it is crucial that DDS offers providers and case management the training they need to be successful. Providing training and resources will increase understanding, will ensure our individuals are getting the best care while being remotely supported and remain safe, will help ensure we are using our resources efficiently and aid in reducing fear associated with using remote supports and enabling technologies.

There are two recognized remote support and enabling technology programs available, Remote Support Specialist Curriculum provided by Disability Cocoon and Shift.

CAP & DDS will provide both options to providers so they can select the option that best fits their needs. Case management staff will be provided with Shift. By providing training, providers will be able to expand and strengthen service delivery. Case management will benefit as well by being better prepared to discuss remote supports and enabling technologies with individuals, families, and teams.

*Estimated expenditure: CAP \$775,500; DDS \$775,500*

**OKDHS CAP & DDS: This is a previously approved activity where CAP and DDS will no longer pursue ARP funds for implementation. No expenditures have been reported.**

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## **OKDHS CAP: Evidence-Based Fall Prevention Solution**

The Centers for Medicare and Medicaid Services (CMS) require states to design and implement an effective system for assuring waiver participant health and welfare. The largest number of Critical Incidents reported in the ADvantage waiver is related to falls with injury. CAP will seek to partner with an evidence-based fall-prevention app provider using cognitive dual-task training to improve balance and prevent falls. Studies have demonstrated an increase in independence and confidence, improvements in balance, and a decreased fall risk for participants. Improvements in the health and welfare of waiver service recipients can result in an increased quality of life for individuals as well as reduced acute care costs related to treatment of falls with injury. CAP will procure access for up to 12,000 waiver members experiencing or at high risk of falls. The state is looking to pilot this initiative to see what programs we could implement ongoing to help prevent falls w/ injury in our ADvantage Waiver. This will be a service for our waiver members. The state is intending to pursue this pilot program under the 1915(c) authority beginning in the Spring 2023.

*Estimated expenditure: \$960,000*

**OKDHS CAP: CAP is still planning to implement this initiative under the 1915(c)-waiver authority. No ARP funding will be utilized towards this activity.**

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## **Living Better Grants**

DDS individuals deserve safe and affordable housing. Some individuals live in older homes in need of architectural modifications or could benefit from assistive technology. Others could benefit from enabling technologies so they may remain safe and thrive in their own homes. Grants will be used for fire suppression systems in group homes, bathroom accessibility modifications, weatherizing homes, creating new independent living settings, or other adaptations. Providing these grants will strengthen and enhance service delivery by giving individuals access to live in better, safer, and more independent home environments. Strengthening our provider owned homes will ensure continual stability of services without risk of closure.

*\$750,000 Year One*

**OKDHS DDS: This is a previously approved activity where DDS will no longer pursue due to sustainability. No expenditures have been reported.**

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