

1 STATE OF OKLAHOMA

2 1st Session of the 55th Legislature (2015)

3 COMMITTEE SUBSTITUTE  
4 FOR ENGROSSED  
5 SENATE BILL NO. 494

By: Holt of the Senate

and

6 Hall of the House

7  
8  
9 COMMITTEE SUBSTITUTE

10 An Act relating to the Oklahoma Health Care  
11 Authority; requiring certain coordination; directing  
12 promulgation of rules; creating the Commitment to  
13 Care for People with Complex Physical Disabilities  
14 Act; defining certain terms; requiring Oklahoma  
15 Health Care Authority to consider certain needs when  
16 preparing budget, provide certain coverage and  
17 establish certain regulations and policies; providing  
18 for codification; and providing an effective date.

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1 or explanation of benefits (EOB) provided, maintained, monitored or  
2 otherwise handled by the Authority or any other state agency  
3 including, but not limited to, services rendered by such facilities,  
4 is not sent by paper mail to the actual physical address of persons  
5 receiving such services.

6 B. The Oklahoma Health Care Authority Board shall promulgate  
7 rules to implement the provisions of this act.

8 SECTION 2. NEW LAW A new section of law to be codified  
9 in the Oklahoma Statutes as Section 1012.1 of Title 56, unless there  
10 is created a duplication in numbering, reads as follows:

11 This act shall be known and may be cited as the "Commitment to  
12 Care for People with Complex Physical Disabilities Act".

13 SECTION 3. NEW LAW A new section of law to be codified  
14 in the Oklahoma Statutes as Section 1012.2 of Title 56, unless there  
15 is created a duplication in numbering, reads as follows:

16 As used in the Commitment to Care for People with Complex  
17 Physical Disabilities Act:

18 1. "Complex physical disability" means a diagnosis or medical  
19 condition that results in significant physical impairment and/or  
20 functional limitation. Such term shall include, but not be limited  
21 to, individuals with spinal cord injury, traumatic brain injury,  
22 cerebral palsy, muscular dystrophy, spina bifida, osteogenesis  
23 imperfecta, arthrogryposis, amyotrophic lateral sclerosis, multiple  
24 sclerosis, demyelinating disease, myelopathy, myopathy, progressive

1 muscular atrophy, anterior horn cell disease, post-polio syndrome,  
2 cerebellar degeneration, dystonia, Huntington's disease,  
3 spinocerebellar disease, and certain types of amputation, paralysis,  
4 or paresis that result in significant physical impairment and/or  
5 functional limitation. The term "complex physical disability" does  
6 not negate the requirement that an individual meet medical necessity  
7 requirements under Oklahoma Health Care Authority rules to qualify  
8 for receiving complex rehabilitation technology;

9 2. "Complex rehabilitation technology" (CRT) means items  
10 classified within the Medicaid program as of January 1, 2013, as  
11 durable medical equipment that are individually configured for  
12 individuals to meet their specific and unique medical, physical, and  
13 functional needs and capacities for basic activities of daily living  
14 and instrumental activities of daily living identified as medically  
15 necessary. Such items shall include, but not be limited to, complex  
16 rehabilitation manual and power wheelchairs and options/accessories,  
17 adaptive seating and positioning items and options/accessories, and  
18 other specialized equipment such as standing frames and gait  
19 trainers and options/accessories;

20 3. "Employee" means a person whose taxes are withheld by a  
21 qualified CRT supplier and reported to the Internal Revenue Service;

22 4. "Healthcare Common Procedure Coding System (HCPCS)" means  
23 the billing codes used by Medicare and overseen by the federal  
24 Centers for Medicare and Medicaid Services that are based on the

1 current procedural technology codes developed by the American  
2 Medical Association;

3 5. "Individually configured" means a device has a combination  
4 of sizes, features, adjustments, or modifications that a qualified  
5 complex rehabilitation technology supplier can customize to the  
6 specific individual by measuring, fitting, programming, adjusting,  
7 or adapting the device as appropriate so that the device is  
8 consistent with an assessment or evaluation of the individual by a  
9 qualified health care professional and consistent with the  
10 individual's medical condition, physical and functional needs and  
11 capacities, body size, period of need, and intended use;

12 6. "Qualified complex rehabilitation technology professional"  
13 means an individual who is certified as an Assistive Technology  
14 Professional (ATP) by the Rehabilitation Engineering and Assistive  
15 Technology Society of North America (RESNA);

16 7. "Qualified complex rehabilitation technology supplier" means  
17 a company or entity that:

- 18 a. is accredited by a recognized accrediting organization  
19 as a supplier of CRT,
  - 20 b. is an enrolled Medicare supplier and meets the  
21 supplier and quality standards established for durable  
22 medical equipment suppliers, including those for CRT,  
23 under the Medicare program,
- 24

1 c. employs as a W-2 employee at least one qualified CRT  
2 professional for each location to:

3 (1) analyze the needs and capacities of the complex-  
4 needs patient in consultation with qualified  
5 health care professionals,

6 (2) participate in the selection of appropriate CRT  
7 for such needs and capacities, and

8 (3) provide technology-related training in the proper  
9 use of the CRT,

10 d. requires a qualified complex rehabilitation technology  
11 professional be physically present for the evaluation  
12 and determination of appropriate CRT,

13 e. has the capability to provide service and repair by  
14 qualified technicians for all CRT it sells, and

15 f. provides written information to the complex-needs  
16 patient prior to ordering CRT as to how the complex-  
17 needs patient may receive service and repair; and

18 8. "Qualified health care professional" means a health care  
19 professional licensed by the State Department of Health who has no  
20 financial relationship with a qualified complex rehabilitation  
21 technology supplier. Qualified health care professional includes,  
22 but is not limited to:

23 a. a licensed physician,

24 b. a licensed physical therapist,

- 1 c. a licensed occupational therapist, or
- 2 d. other licensed health care professional who performs
- 3 specialty evaluations within the professional's scope
- 4 of practice.

5 SECTION 4. NEW LAW A new section of law to be codified  
6 in the Oklahoma Statutes as Section 1012.3 of Title 56, unless there  
7 is created a duplication in numbering, reads as follows:

8 A. The Oklahoma Health Care Authority shall take into  
9 consideration the unique medical and functional needs of members  
10 with complex physical disabilities when preparing or adjusting its  
11 budget.

12 B. The Oklahoma Health Care Authority shall provide coverage  
13 for specialty provider services, specialized equipment, and supplies  
14 for people with complex physical disabilities. Such coverage shall  
15 take into consideration the unique medical and functional needs of  
16 people with complex physical disabilities by:

17 1. Identifying a means by which to recognize people with  
18 complex physical disabilities through ID codes and/or billing  
19 modifiers;

20 2. Determining current procedure terminology billing codes that  
21 recognize specialized provider care and preserve a specialized rate  
22 which will ensure access to care;

23 3. Identifying criteria required to establish qualifications as  
24 a specialty provider; and

1 4. Classifying specialty products and goods into a separate  
2 category and establishing a reasonable access protocol for certain  
3 items.

4 SECTION 5. NEW LAW A new section of law to be codified  
5 in the Oklahoma Statutes as Section 1012.4 of Title 56, unless there  
6 is created a duplication in numbering, reads as follows:

7 The Oklahoma Health Care Authority shall establish focused  
8 regulations and policies for CRT products and services. These  
9 focused regulations and policies shall take into consideration the  
10 customized nature of CRT and the broad range of services necessary  
11 to meet the unique medical and functional needs of people with  
12 complex physical disabilities by:

13 1. Designating specific HCPCS billing codes as CRT and, as  
14 needed, creating new billing codes or modifiers for services and  
15 products covered for people with complex physical disabilities;

16 2. Establishing specific supplier standards for companies or  
17 entities that provide CRT and restricting the provision of CRT to  
18 only qualified CRT suppliers that meet such standards as defined in  
19 Section 3 of this act;

20 3. Requiring complex-needs patients receiving a complex  
21 rehabilitation manual wheelchair, power wheelchair, or seating  
22 component to be evaluated by:

- 23 a. a qualified health care professional as defined in  
24 Section 3 of this act, and

1           b.    a qualified complex rehabilitation technology  
2                    professional as defined in Section 3 of this act;

3           4.    Maintaining payment policies and rates for complex  
4 rehabilitation technology to ensure payment amounts are adequate to  
5 provide people with complex physical disabilities with access to  
6 such items.  Such policies and rates shall take into account the  
7 significant resources, infrastructure, and staff needed to  
8 appropriately provide CRT to meet the unique needs of complex-needs  
9 patients;

10          5.    Exempting the HCPCS billing codes defined in Section 3 of  
11 this act from inclusion in any bidding, selective contracting, or  
12 similar such initiative, if the specialty provider service,  
13 specialized equipment or supply can only be obtained from a sole  
14 source;

15          6.    Requiring that Managed Care Medicaid plans adopt the  
16 regulations and policies outlined in this act and contract with any  
17 willing, qualified CRT supplier; and

18          7.    Making other changes as needed to protect access to CRT for  
19 complex-needs patients.

20          SECTION 6.  This act shall become effective November 1, 2015.

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