

1 STATE OF OKLAHOMA

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

3 HOUSE BILL 1760

By: Enns

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6 AS INTRODUCED

7 An Act relating to Medicaid; creating the Commitment  
8 to Care for People with Complex Physical Disabilities  
9 Act; defining certain terms; requiring Oklahoma  
10 Health Care Authority to consider certain needs when  
preparing budget, provide certain coverage and  
establish certain regulations and policies; providing  
for codification; and providing an effective date.

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13 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

14 SECTION 1. NEW LAW A new section of law to be codified  
15 in the Oklahoma Statutes as Section 1012.1 of Title 56, unless there  
16 is created a duplication in numbering, reads as follows:

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

19 SECTION 2. NEW LAW A new section of law to be codified  
20 in the Oklahoma Statutes as Section 1012.2 of Title 56, unless there  
21 is created a duplication in numbering, reads as follows:

22 As used in the Commitment to Care for People with Complex  
23 Physical Disabilities Act:

1           1. "Complex physical disability" means a diagnosis or medical  
2 condition that results in significant physical impairment and/or  
3 functional limitation. Such term shall include, but not be limited  
4 to, individuals with spinal cord injury, traumatic brain injury,  
5 cerebral palsy, muscular dystrophy, spina bifida, osteogenesis  
6 imperfecta, arthrogryposis, amyotrophic lateral sclerosis, multiple  
7 sclerosis, demyelinating disease, myelopathy, myopathy, progressive  
8 muscular atrophy, anterior horn cell disease, post-polio syndrome,  
9 cerebellar degeneration, dystonia, Huntington's disease,  
10 spinocerebellar disease, and certain types of amputation, paralysis,  
11 or paresis that result in significant physical impairment and/or  
12 functional limitation. The term "complex physical disabilities"  
13 does not negate the requirement that an individual meet medical  
14 necessity requirements under authority rules to qualify for  
15 receiving CRT;

16           2. "Complex rehabilitation technology" (CRT) means items  
17 classified within the Medicaid program as of January 1, 2013, as  
18 durable medical equipment that are individually configured for  
19 individuals to meet their specific and unique medical, physical, and  
20 functional needs and capacities for basic activities of daily living  
21 and instrumental activities of daily living identified as medically  
22 necessary. Such items shall include, but not be limited to, complex  
23 rehabilitation manual and power wheelchairs and options/accessories,  
24 adaptive seating and positioning items and options/accessories, and

1 other specialized equipment such as standing frames and gait  
2 trainers and options/accessories;

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

5 4. "Healthcare Common Procedure Coding System (HCPCS)" means  
6 the billing codes used by Medicare and overseen by the federal  
7 Centers for Medicare and Medicaid Services that are based on the  
8 current procedural technology codes developed by the American  
9 Medical Association;

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

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

23 7. "Qualified complex rehabilitation technology supplier" means  
24 a company or entity that:

- 1 a. is accredited by a recognized accrediting organization  
2 as a supplier of CRT,
- 3 b. is an enrolled Medicare supplier and meets the  
4 supplier and quality standards established for durable  
5 medical equipment suppliers, including those for CRT,  
6 under the Medicare program,
- 7 c. employs as a W-2 employee at least one qualified CRT  
8 professional for each location to:
- 9 (1) analyze the needs and capacities of the complex-  
10 needs patient in consultation with qualified  
11 health care professionals,
- 12 (2) participate in the selection of appropriate CRT  
13 for such needs and capacities, and
- 14 (3) provide technology-related training in the proper  
15 use of the CRT,
- 16 d. requires a qualified complex rehabilitation technology  
17 professional be physically present for the evaluation  
18 and determination of appropriate CRT,
- 19 e. has the capability to provide service and repair by  
20 qualified technicians for all CRT it sells, and
- 21 f. provides written information to the complex-needs  
22 patient prior to ordering CRT as to how the complex-  
23 needs patient may receive service and repair; and  
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1 8. "Qualified health care professional" means a health care  
2 professional licensed by the State Department of Health who has no  
3 financial relationship with a qualified complex rehabilitation  
4 technology supplier. Qualified health care professional includes,  
5 but is not limited to:

- 6 a. a licensed physician,
- 7 b. a licensed physical therapist,
- 8 c. a licensed occupational therapist, or
- 9 d. other licensed health care professional who performs  
10 specialty evaluations within the professional's scope  
11 of practice.

12 SECTION 3. NEW LAW A new section of law to be codified  
13 in the Oklahoma Statutes as Section 1012.3 of Title 56, unless there  
14 is created a duplication in numbering, reads as follows:

15 A. The Oklahoma Health Care Authority shall take into  
16 consideration the unique medical and functional needs of members  
17 with complex physical disabilities when preparing or adjusting its  
18 budget.

19 B. The Oklahoma Health Care Authority shall provide coverage  
20 for specialty provider services, specialized equipment, and supplies  
21 for people with complex physical disabilities. Such coverage shall  
22 take into consideration the unique medical and functional needs of  
23 people with complex physical disabilities by:

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

4 2. Determining current procedure terminology billing codes that  
5 recognize specialized provider care and preserve a specialized rate  
6 which will ensure access to care;

7 3. Identifying criteria required to establish qualifications as  
8 a specialty provider; and

9 4. Classifying specialty products and goods into a separate  
10 category and establish a "reasonable access protocol" for certain  
11 items.

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

15 The Oklahoma Health Care Authority shall establish focused  
16 regulations and policies for CRT products and services. These  
17 focused regulations and policies shall take into consideration the  
18 customized nature of CRT and the broad range of services necessary  
19 to meet the unique medical and functional needs of people with  
20 complex physical disabilities by:

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

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

5           3. Requiring complex-needs patients receiving a complex  
6 rehabilitation manual wheelchair, power wheelchair, or seating  
7 component to be evaluated by:

8               a. a qualified health care professional as defined in  
9               Section 2 of this act, and

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

12           4. Maintaining payment policies and rates for complex  
13 rehabilitation technology to ensure payment amounts are adequate to  
14 provide people with complex physical disabilities with access to  
15 such items. Such policies and rates shall take into account the  
16 significant resources, infrastructure, and staff needed to  
17 appropriately provide CRT to meet the unique needs of complex-needs  
18 patients;

19           5. Exempting the HCPCS billing codes defined in Section 2 of  
20 this act from inclusion in any bidding, selective contracting, or  
21 similar such initiative;

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

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

SECTION 5. This act shall become effective November 1, 2015.

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