

**Comments Submitted 1/27/2023**

**DIRECTIVE:**

**I.A.**

The OCO suggests rephrasing this statement to “Patients will be provided with medically necessary and appropriate health services...”

**I.C.**

The OCO suggests adding a requirement that patient education will be provided to individuals who have received a new diagnosis.

**I.F.**

The OCO recognizes the department’s goal of ensuring that inquiries from this office receive appropriate attention. The OCO is concerned, however, with subsection 1.b., which suggests that the Assistant Secretary for Health Services and Chief Medical Officer must approve responses to this office. If adopted, this requirement would seriously obstruct the work of the OCO. For this reason, the OCO urges DOC to clarify that this requirement does not apply to OCO inquiries.

**I.H.**

The OCO suggests identifying a specific time frame within which health services deficiencies will be conducted (in place of “timely manner”).

**II.A.2.**

The term “strategic business plan” could imply that the DOC is prioritizing financial/monetary gain over the necessary and appropriate delivery of health services. The OCO suggests replacing that term with “strategic plan” which adequately describes the type of plan without the negative connotation.

**II.F.1.**

The policy does not articulate a pathway for individuals who may be requesting reconsideration of an FMD’s final decision. This is particularly relevant given that FMDs carry their own caseloads. The policy states that FMDs will have final clinical judgment “unless superseded by

the Chief Medical Officer/designee” but does not describe the process by which the decision would be moved from the FMD to the CMO for consideration.

#### **IV.B.**

The OCO suggests that DOC elaborates on the process by which a Care Review Committee “will determine if proposed health services are medically necessary.” For instance, will the Committee need to reach consensus? Will the determination be made by vote?

#### **IV.C.**

The OCO urges the department to notify patients of CRC decisions both in person AND in writing. The in-person conversation provides patients with an opportunity to ask questions and discuss next steps and alternatives. Consistently issuing written decisions would alleviate patient confusion on terminated or rejected care plans and would facilitate the patient’s ability to establish a new plan rather than going without care. Additionally, the written decision provides a record for individuals to review and refer to later and when appealing the decision. DOC should ensure that the written decision is also given to providers in advance of the in-person conversation.

#### **IV.D.**

The policy should identify the address to which appeals should be submitted. The policy should also identify how the appeal should be submitted (specific form, kite, by mail, etc.).

##### **IV.D.1.**

The policy should require the appeal decision to be issued in writing to patients. Additionally, the policy should specify how and where appeal decisions will be recorded.

#### **VI.B.2.**

The OCO strongly supports the addition of this section.