

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street
Dallas, Texas 75202



Regional Operations Group

June 4, 2019

Our Reference: SPA OK 19-0010

Becky Pasternik-Ikard
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0010, with a proposed effective date of July 1, 2019. The primary purpose of this SPA is to revise or add various coverage and reimbursement State Plan pages to sustain Certified Community Behavioral Health (CCBH) services beyond the demonstration period in Oklahoma, which will end on June 30, 2019.

This letter affirms that OK 19-0010 is approved effective July 1, 2019 as requested by the State.

We are including the CMS-179 and the following amended plan pages:

- Attachment 3.1-A, Page 6a-1.1
- Attachment 3.1-A, Page 6a-1.9
- Attachment 3.1-A, Page 6a-1.10
- Attachment 3.1-A, Page 6a-1.11
- Attachment 3.1-A, Page 6a-1.12
- Attachment 3.1-A, Page 6a-1.13
- Attachment 3.1-A, Page 6a-1.14
- Attachment 3.1-A, Page 6a-1.15
- Attachment 3.1-A, Page 6a-1.16
- Attachment 3.1-A, Page 6a-1.17
- Attachment 4.19-B, Page 30
- Attachment 4.19-B, Page 30a

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

Cc: Billy Bob Farrell, Branch Manager, ROG Dallas
Lindsey Wilde, CMS Baltimore
Tia Lyles, CMS Baltimore
Marguerite Schervish, CMS Baltimore
Andrew Badaracco, CMS Baltimore
Mary Cieslicki, CMS Baltimore
Danielle Motley, CMS Baltimore

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>1</u> <u>9</u> — <u>0</u> <u>0</u> <u>10</u>	2. STATE Oklahoma
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2019	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ <u>13,222,209</u> b. FFY 2020 \$ <u>55,521,084</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT See attachment	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) See attachment

10. SUBJECT OF AMENDMENT
Certified Community Behavioral Health (CCBH) Services

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Nicole Nantois 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Becky Pasternik-Ikard	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED March 8, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 8, 2019	18. DATE APPROVED June 4, 2019
------------------------------------	-----------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Director, Regional Operations Group (ROG), Dallas

23. REMARKS

OK SPA 19-0010 CCBH

Attachment to CMS-179

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Page 6a-1.1
Attachment 3.1-A, Page 6a-1.9
Attachment 3.1-A, Page 6a-1.10
Attachment 3.1-A, Page 6a-1.11
Attachment 3.1-A, Page 6a-1.12
Attachment 3.1-A, Page 6a-1.13
Attachment 3.1-A, Page 6a-1.14
Attachment 3.1-A, Page 6a-1.15
Attachment 3.1-A, Page 6a-1.16
Attachment 3.1-A, Page 6a-1.17
Attachment 4.19-B, Page 30
Attachment 4.19-B, Page 30a

Attachment 3.1-A, Page 6a-1.1, TN # 18-07
Attachment 3.1-A, Page 6a-1.9, TN # 15-06
Attachment 3.1-A, Page 6a-1.10, New
Attachment 3.1-A, Page 6a-1.11, New
Attachment 3.1-A, Page 6a-1.12, New
Attachment 3.1-A, Page 6a-1.13, New
Attachment 3.1-A, Page 6a-1.14, New
Attachment 3.1-A, Page 6a-1.15, New
Attachment 3.1-A, Page 6a-1.16, New
Attachment 3.1-A, Page 6a-1.17, New
Attachment 4.19-B, Page 30, New
Attachment 4.19-B, Page 30a, New

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d. Rehabilitative Services 42 CFR 440.130(d)**13.d.1. Outpatient Behavioral Health Services**

Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized service plan developed to treat the identified mental health and/or substance abuse disorder(s).

A. Eligible Providers

Eligible providers are community-based outpatient behavioral health organizations that have a current accreditation or certification status as a provider of behavioral health services from:

- (1) The Commission on the Accreditation of Rehabilitative Facilities (CARF); or
- (2) The Joint Commission on the Accreditation of Healthcare Organizations (TJC); or
- (3) The Council on Accreditation (COA); or
- (4) Accreditation Commission for Health Care (ACHC); and/or
- (5) The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in accordance with State Statute.

Accredited providers must be able to demonstrate that the scope of the current accreditation or certification includes all programs, services, and sites where Medicaid compensated services are rendered.

B. Provider Specialties

Eligible organizations may provide services in accordance with their accreditation and/or certification specialty:

- (1) **Public Programs** – Public programs are State-operated, freestanding Community Mental Health Centers (CMHCs) and regionally based private behavioral health organizations that contract with ODMHSAS as CMHCs for outpatient behavioral health and/or substance abuse services. CMHCs must also be under the direction of a licensed physician.
- (2) **Private Programs** – Private programs are freestanding outpatient behavioral health organizations certified for the provision of outpatient behavioral health and/or substance abuse services. Private programs may be non-profit or for-profit and may have no contractual relationship with the ODMHSAS for the provision of outpatient behavioral health services.

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

Revised 07-01-19

TN# 19-0010Approval Date 06/04/2019Effective Date 07/01/2019Supersedes TN# 18-0007

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

13.d Rehabilitative Services**13.d.3 Certified Community Behavioral Health (CCBH) Services**

CCBH service delivery is designed to provide a comprehensive range of mental health and/or substance abuse rehabilitative services. Services are furnished by an interdisciplinary and mobile mental health team who functions interchangeably.

A. Eligible Organizations

- (1) Eligible providers of CCBH services must be one of the following:
 - A Community Mental Health Center;
 - An entity operated under authority of the Indian Health Services (IHS), an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the IHS pursuant to the Indian Self-Determination Act;
 - An entity that is an urban Indian organization pursuant to a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act (PL 94-437).

- (2) In addition to meeting one of the requirements above, a CCBH must meet all of the terms and conditions listed below, and be certified by ODMHSAS:
 - Accreditation or certification by one of the provider organizations listed in Attachment 3.1-A, Page 6a-1.1, 13.D.1, A;
 - Must be under the direction of a licensed physician;
 - Meet state administrative rule requirements for CCBHs, to include procedures and agreements in place to facilitate referral for services needed beyond the scope of the facility;
 - Have a 24/7 walk-in crisis clinic or psychiatric urgent care or have an agreement in place with a state-sanctioned alternative. A state-sanctioned alternative is a Community-based Structured Crisis Center (CBSCC) with a psychiatric urgent care unit as certified by ODMHSAS.
 - Actively use an Office of National Coordinator (ONC) certified Electronic Health Record (EHR) as demonstrated on the ONC Certified Health IT Product List;
 - Have a contract with a Health Information Exchange (HIE) and demonstrate staff use of obtaining and sending data through the HIE, as well as policy stating frequency of use and security protocols; and
 - Report on encounter, clinical outcomes, and quality improvement. This includes meeting all federal and state specifications of the required CMS quality measure reporting, as well as performance improvement reports outlining activities taken to improve outcomes.

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

Revised 07-01-19

TN# 19-0010Approval Date 06/04/2019Effective Date 07/01/2019Supersedes TN# 15-0006

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d Rehabilitative Services

13.d. Certified Community Behavioral Health (CCBH) Services

B. Interdisciplinary Treatment Team

The interdisciplinary treatment team is composed of practitioners qualified to furnish covered services. The clinical treatment team members must include:

- Level 1 Behavioral Health Professional (Licensed psychiatrist);
- Consulting primary care physician, advanced practice registered nurse, or physician assistant;
- Level 2 Behavioral Health Professionals (BHPs);
- Nurses (RN or LPN);
- Qualified Behavioral Health Technicians (QBHTs);
- Certified Peer Recovery Support Specialists (PRSS and FSPs); and
- Qualified Behavioral Health Aides (QBHAs).

Optional team members may include the following:

- Certified behavioral health case manager I;
- Licensed Occupational Therapists;
- Occupational therapist assistant; and
- Licensed nutritionists.

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

NEW 07-01-19

TN# 19-0010

Approval Date 06/04/2019

Effective Date 07/01/2019

Supersedes TN# NEW PAGE

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d Rehabilitative Services
13.d. Certified Community Behavioral Health (CCBH) Services *(continued)*

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

C. Interdisciplinary Treatment Team Qualifications

Provider Type	Individual Provider Qualifications .
Behavioral Health Professionals (BHPs)	<p>Level 1:</p> <p>A. Psychiatrists – Allopathic or Osteopathic physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or</p> <p>B. Advanced Practice Registered Nurses (APRNs) – Registered nurse with current licensure and certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty; or</p> <p>C. Clinical Psychologists – A clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists; or</p> <p>D. Current resident in psychiatry; or</p> <p>E. Physician Assistants (PA) – An individual licensed in good standing in the state in which services are provided and who has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.</p> <hr/> <p>Level 2:</p> <p>A. Licensed, Master’s Prepared – Practitioners with a master’s degree and fully licensed to practice in the state in which services are provided, as determined by one of the licensing boards listed below: (1) Licensed Clinical Social Workers (LCSWs); (2) Licensed Professional Counselors (LPCs); (3) Licensed Marriage & Family Therapists (LMFTs); (4) Licensed Behavioral Practitioners (LBPs); or (5) Licensed Alcohol and Drug Counselor (LADCs).</p> <p>B. Licensure Candidates – An individual with a master’s degree or higher eligible to pursue licensure in one of the specialties listed in (A) above, actively and regularly receiving board approved supervision, and extended supervision by a fully licensed practitioner listed in Level 2 A. (1) through (5) if board’s supervision requirement is met by one of the licensing boards listed in (A) above.</p>
Nurses	<p>A. Registered Nurse; B. License Practical Nurse</p> <ul style="list-style-type: none"> • Individual must be currently licensed by the state in which services are provided. • Each nurse shall have at least one (1) year of mental health experience or work a total of forty (40) hours at a psychiatric medication clinic within the first three (3) months of employment.
Nutritionist	Licensed Nutritionist

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d Rehabilitative Services

13.d.3 Certified Community Behavioral Health (CCBH) Services (continued)
C. Interdisciplinary Treatment Team Qualifications (continued)

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

Provider Type	Individual Provider Qualifications
Qualified Behavioral Health Technician (QBHT)	<p>Minimum Qualifications:</p> <ul style="list-style-type: none"> • Bachelor's Degree and; • Certification as Behavioral Health Case Manager II; or • Certification as an Alcohol and Drug Counselor <p>All of the services provided to the client pursuant to the individualized service plan are supervised by a Level I or Level II BHP.</p>
Certified Peer Recovery Support Specialist (PRSS)	<p>Minimum Qualifications:</p> <ul style="list-style-type: none"> • Self-identified clients who are in recovery from mental illness and/or substance use; or • A parent of a child with a similar mental illness and/or substance use disorder; or • An adult with an on-going and/or personal experience with a family member; or • An adult with an on-going and/or personal experience with a family member with a similar mental illness and/or substance use disorder; and • Have a high school diploma or equivalent; • Successful completion of required training according to a curriculum approved by the ODMHSAS prior to providing the service; and • Pass certification examination. <p>Peer Recovery Support Specialist (PRSS)</p> <ul style="list-style-type: none"> • Be at least eighteen (18) years of age; • Have demonstrated recovery from a mental illness and/or substance abuse disorder; and • Be willing to self-disclose about their own recovery. <p>Supervision: Must be supervised by a competent mental health professional meeting the requirements of a Level 1 or Level 2 BHP or Nurse.</p> <p>Training and Certification: Must complete twelve (12) hours of continuing education per year and submit documentation of attendance for the continuing education to ODMHSAS annually.</p>

NEW 07-01-19

TN# 19-0010

Approval Date 06/04/2019

Effective Date 07/01/2019

Supersedes TN# NEW PAGE

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

13.d Rehabilitative Services

13.d.3 Certified Community Behavioral Health (CCBH) Services *(continued)*

C. Interdisciplinary Treatment Team Qualifications *(continued)*

Provider Type	Individual Provider Qualifications
<p>Certified Peer Recovery Support Specialist (PRSS) <i>(continued)</i></p>	<p>Family Support Provider (FSP)</p> <ul style="list-style-type: none"> • Be twenty-one (21) years of age, and; • Have successful experience (child is stable at home in the community) as a family member of a child or youth with serious emotional disturbance; or • Have lived experience as the primary caregiver of a child or youth who has received services for substance use disorder and/or co-occurring substance use and mental health; or • Have lived experience being the caregiver for a child with Child Welfare/Child Protective Services involvement; and • Pass an OSBI background check. <p>Supervision</p> <ul style="list-style-type: none"> • Must be supervised by a competent mental health professional meeting the requirements of a Level 1 or Level 2 BHP. • Treatment plans must be overseen and approved by a Level 1 or Level 2 BHP. <p>Training</p> <p>Must successfully complete Family Support Training according to a curriculum approved by the ODMHSAS; and pass the examination with a score of 80% or better.</p>
<p>Qualified Behavioral Health Aide (QBHA)</p>	<p>Minimum Qualifications:</p> <ul style="list-style-type: none"> • Must have a high school diploma or equivalent; and • Must complete required training and continuing education; and • Be supervised by Level 1 or Level 2 BHP; • Has a case manager I certification by ODMHSAS.
<p>Licensed Occupational Therapists</p>	<p>Minimum Qualifications:</p> <p>Occupational Therapist and Occupational Therapist Assistant</p> <ul style="list-style-type: none"> • Licensed by the State in which the provider practices. • Meets the federal requirements at 42 CFR 440.110. • An Occupational Therapist Assistant is licensed to provide occupational therapy treatment under the general supervision of a licensed occupational therapist.

NEW 07-01-19

TN# 19-0010

Approval Date 06/04/2019

Effective Date 07/01/2019

Supersedes TN# NEW PAGE

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY****13.d Rehabilitative Services****13.d.3 Certified Community Behavioral Health (CCBH) Services** *(continued)***D. Covered Service Components and Descriptions****(1) Crisis Assessment and Intervention Services**

An immediately available service to meet the psychological, physiological, and environmental needs of individuals who are experiencing a mental health or substance abuse crisis. Services include the following:

- a. **Mobile Crisis Response Services** – Immediate crisis assessment, intervention, stabilization, follow-up, and linkage to community resources and mental health care provided face-to-face, 24/7/365 by a mobile crisis team in a community setting. The mobile crisis response team consists of Level 1 or Level 2 BHPs and a QBHT, or just a Level 1 or Level 2 BHP;
- **Emergency crisis intervention service** – Evaluation and assessment service provided by a Level 1 or Level 2 BHP in an office or clinic setting;
 - **Facility based crisis stabilization** – Services consisting of 24/7/365 evaluation, observation, crisis stabilization intervention for clients experiencing mental health or substance use disorder related crises; or those who present with co-occurring disorders. Facility-based crisis stabilization is provided directly by a CMHC with sixteen (16) beds or less, or by a state-sanctioned alternative. This service is provided by a team directed by a physician. Qualified staff include Level 1 or Level 2 BHPs, nurses, QBHTs, and Certified Peer Recovery Support Specialists.

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

(2) Behavioral Health Integrated (BHI) Services

Activities provided that have the purpose of coordinating and managing mental health and rehabilitative services furnished to each client, assuring a fixed point of responsibility for providing treatment, rehabilitation and support services. Care coordination includes establishing accountability and communicating/sharing knowledge. This service is provided by a BHP, Nurse, QBHT, or Peer Support Provider.

(3) Person-Centered and Family-Centered Treatment Planning

An individualized plan integrating medical and behavioral health needs and service delivery in collaboration with and endorsed by the client, the adult client's family to the extent the client so wishes, or family/caregivers of youth and children, is developed by a BHP, and is coordinated with staff or programs necessary to carry out the plan. The plan includes individualized goals, objectives, and activities, including crisis planning and wellness action plans that will enable the client to improve. For children and youth assessed with Serious Emotional Disturbance with significant behavioral health needs, treatment planning is a Wraparound process consistent with System of Care values, in accordance with Attachment 3.1-A, Page 1a-6.5. A Wraparound planning process supports children and youth in returning to or remaining in the community. This process is conducted by the treatment team listed in 13d.3 (B). The initial plan must be reviewed and signed off by a Level 1 or Level 2 BHP. If the plan is signed by a licensure candidate, it must also be counter-signed by a fully licensed Level 1 or Level 2 BHP.

(4) Psychotherapy

Individual psychotherapy is a face-to-face treatment for mental illness or behavioral disturbances, in which the clinician, through definitive therapeutic communication, attempts to alleviate, reverse or change maladaptive behaviors or emotional disturbances. Family psychotherapy is a face-to-face psychotherapeutic interaction between a clinician and the client's family. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, care givers, friends, and others as defined by the family. Psychotherapy to the client's family is for the direct benefit of the client, in accordance with the client's needs and treatment goals identified in the client's treatment plan. This service must be provided by a Level 1 or Level 2 BHP.

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d Rehabilitative Services**13.d.3 Certified Community Behavioral Health (CCBH) Services** *(continued)***D. Covered Service Components and Descriptions** *(continued)***(5) Medication Training and Support**

Services include the following: A review and medication educational session focused on client's response to medication and compliance with the medication regimen; helping clients develop the ability to take medications with greater independence; and/or assisting the client in accessing medications and medication administration. These services may be performed by a licensed RN, APRN and Physician Assistant under the supervision of a physician.

(6) Psychosocial Rehabilitation Services

Psychiatric rehabilitation services that are necessary to improve the client's ability to function in the community. They are performed to improve the client's social skills and ability of the client to live independently in the community. Services include individual or group skill building activities that focus on:

- a. The restoration of skills to be used by individuals in their living, learning, social and working environments;
- b. Social, problem solving and coping skill development; and/or
- c. Illness and medication self-management;

This service is solely restorative in nature and only includes direct medical services to clients. This service is performed by a BHP or QBHT under supervision of a licensed BHP.

(7) Psychoeducation and Counseling

Services are designed to restore, rehabilitate, and support the individual's overall health and wellness. Services are intended for clients to provide purposeful and ongoing psychoeducation and counseling that are specified in the individual's person-centered, individualized plan of care. Components include delivery of manualized wellness management interventions such as:

- a. **Wellness Recovery Action Plans (or WRAP®)** is a self-management and recovery system designed to decrease intrusive or troubling feelings and behaviors; increase personal empowerment; improve quality of life; and assist people in achieving their own life goals and dreams.
- b. **Illness Management and Recovery/Wellness Management and Recovery (IMR/WMR)** are evidence-based practice models designed to help people who have experienced psychiatric symptoms. Elements include: developing personalized strategies for managing their mental illness and moving forward with their lives; setting and pursuing personal goals; learning information and skills to develop a sense of mastery over their psychiatric illness; and helping clients put strategies into action in their everyday lives. WMR is an essential part of recovery in that it improves the individual's ability to manage one's illness, avoids relapses and hospitalizations by giving people greater control over their lives, allows individuals more time to pursue goals by lessening the time spent dealing with their mental illness, and leads to better quality of life by lessening the individual's distress from symptoms.
- c. Components for either model include practitioner use of motivational, educational, and cognitive behavioral techniques such as:
 - Psychoeducation about mental illness;
 - Cognitive behavioral approaches to medication;
 - Planning for relapse prevention;
 - Social skills training to strengthen social support; and
 - Coping skills to manage symptoms of mental illness.

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY****13.d Rehabilitative Services****13.d.3 Certified Community Behavioral Health (CCBH) Services** *(continued)***D. Covered Service Components and Descriptions** *(continued)***(7) Psychoeducation and Counseling** *(continued)*

- d. Psychoeducation and Counseling can be weekly sessions, individual or group format, and generally last between three (3) to six (6) months. WRAP and IMR/WMR components are psychoeducation and counseling services, which are based on a client's specific medical needs in accordance with the client's individual treatment plan. Education does not take place in a classroom setting. This service is provided by a Nurse, Nutritionist, or QBHT.

(8) Peer Supports, Peer Counseling and Family/Caregiver Supports

These activities include individual and group skill-building activities to restore and strengthen the client's unique social and family relationships. Services for adults include:

- Psycho-educational services (e.g., provide accurate information on mental illness & treatment to families and facilitate communication skills and problem solving);
- Teaching coping skills to families in order to support the client's recovery;
- Enlisting family support in recovery of the client;
- Facilitating the client's natural supports through access to local support networks; and trainings, such as NAMI's Family-to-Family; and
- Helping client's expand network of natural supports.

The parents/legal guardians of Medicaid-eligible children can receive Peer Support services when the service is directed exclusively toward the benefit of a Medicaid-eligible child. Activities could include:

- Developing formal and informal supports;
- Instilling confidence and assisting in the development of goals; and
- Serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child with emotional, behavioral, or co-occurring disorders.

Eligible team members include individuals that meet the qualifications for a Certified Peer Recovery Support Specialist. Refer to Attachment 3.1-A, Page 6a-1.12 through Page 6a-1.13 for provider qualifications.

(9) Occupational Therapy

The therapeutic use of everyday life activities (occupations) with an individual or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings for the purpose of promoting health and wellness. Occupational therapy services are provided to those who have developed an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restrictions. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life. This service is solely restorative in nature and provided by a qualified occupational therapist or occupational therapist assistant. Refer to Attachment 3.1-A, Page 6a-1.13 for provider qualifications.

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

NEW 07-01-19

TN# 19-0010Approval Date 06/04/2019Effective Date 07/01/2019Supersedes TN# NEW PAGE

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d Rehabilitative Services**13.d.3 Certified Community Behavioral Health (CCBH) Services** *(continued)***D. Covered Service Components and Descriptions** *(continued)***Limitation on Services**

- (1) Initial screening, assessment, and diagnosis must be completed to receive the service(s). CCBH services must be medically necessary and recommended by a Level 1 or Level 2 BHP, as permitted within their scope of his/her practice under state law or other licensed practitioner of the healing arts within the scope of his/her practice under state law. Occupational therapy services must be prescribed by a physician or other licensed practitioner of the healing arts, in accordance with State and federal law. Services are covered when provided in accordance with a person-centered and family-centered treatment plan. Employment services, personal care services, childcare, and respite services are not billable activities.
- (2) For the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population of all Medicaid eligible children under the age of 21, services are furnished based on medical necessity. Comparable services are available to children who do not meet the medical necessity criteria for CCBH services in accordance with EPSDT requirements at 1905(r) of the Social Security Act and state plan comparability of services requirements at 42 CFR 440.240.
- (3) Clients living in an IMD, ICF/IID, nursing facility, or inmates of public correctional institutions are not eligible for CCBH services. Individuals receiving services through a Program of All Inclusive Care for the Elderly (PACE) are also not eligible for CCBH Services.

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

NEW 07-01-19

TN# 19-0010Approval Date 06/04/2019Effective Date 07/01/2019Supersedes TN# NEW PAGE

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

13.d.3 Reimbursement for CCBH Rehabilitative services

A. Payment for Established/Existing Clients

Program users that receive preliminary screening and risk assessment to determine acuity of needs directly from the CCBH prior to or concurrent with the receipt of additional CCBH services are considered established/existing clients of a CCBH. Reimbursement for CCBH rehabilitative services provided to these clients will be one of three provider-specific prospective payment system (PPS) rates. The PPS rate varies by category and level of service intensity.

Standard Population (StdPop) – CCBH users not in special populations.

Special Populations (SpPop):

SpPop1 – Adults (ages eighteen (18) and over) with Serious Mental Illness (SMI) including those with or co-occurring substance use disorder (SUD); and

SpPop2 – This population includes children and youth (ages six (6) through twenty-one (21)) with Serious Emotional Disturbance (SED) and complex needs, including those with co-occurring mental health and substance use disorders.

The appropriate PPS rate will be paid when a CCBH program delivers at least one CCBH bundled code, which includes one of the services specified in A. (1) and (2) below, and when a valid individual procedure code is reported for the calendar month.

(1) **Rehabilitative Services** – The PPS rate is inclusive of all services described in Attachment. 3.1-A, Page 6a-1.14 to Page 6a-1.16 (1-9) with the following exceptions:

- **Behavioral Health Integrated (BHI) Services** – Do not trigger a PPS payment when billed alone in a calendar month but may be reimbursed at the fee-for-service (FFS) rate. (See 13.d.3.E. within Attachment 4.19-B for more information on care coordination service delivery).

(2) **Other State Plan Covered Services** – The PPS rate also includes services covered elsewhere in the plan (see table below) with the following exception:

- **Behavioral Health Screenings** when billed without a CCBH Rehabilitation service in a calendar month.

CCBH Activity / Service	Medicaid Authority	State Plan Page
Crisis Urgent Recovery Center Intervention Services	<ul style="list-style-type: none"> • Clinic Services • EPSDT Rehabilitative Services 	Attachment 3.1-A, Page 4a-1.4 (b) Attachment 3.1-A, Pages 1a-6.5 (iii)
Behavioral Health Initial and Comprehensive Assessment	<ul style="list-style-type: none"> • Other Practitioners' Services • Physician Services 	Attachment 3.1-A, Page 3a-1a (b) and (c) Attachment 3.1-A, Page 2a-2 (5)
Primary Care Screening and Monitoring of Health Risk	<ul style="list-style-type: none"> • EPSDT Screenings • Physician Services 	Attachment 3.1-A, Page 1a-6 (A) Attachment 3.1-A, Page 2a-2 (5)
Targeted Case Management	<ul style="list-style-type: none"> • Targeted Case Management 	Supp. to Attachment 3.1-A, Page 1b
Outpatient Mental Health and Substance Abuse Services u/21	<ul style="list-style-type: none"> • EPSDT Rehabilitative Services 	Attachment 3.1-A, Page 1a-6.5a items A and B
Peer/Youth Family Caregiver Supports. Under 21 Outpatient Substance Abuse Prevention Counseling, Under 21	<ul style="list-style-type: none"> • EPSDT Rehabilitative Services • EPSDT Prevention 	Attachment 3.1-A, Page 1a 6.5b – item iv and v; Page 1a-6.5c -items vi-ix Attachment 3.1-A, Page 1a-6.6 item 9

NEW 07-01-19

State: Oklahoma
 Date Received: 8 March, 2019
 Date Approved: 4 June, 2019
 Effective Date: 1 July, 2019
 Transmittal Number: 19-0010

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

13.d.3 Reimbursement for CCBH Rehabilitative services *(continued)*

B. CCBH Payments for Non-Established Clients

Non-established CCBH clients are those program users that receive crisis services directly from the CCBH without receiving a preliminary screening and risk assessment by the CCBH and those referred to the CCBH directly from other outpatient behavioral health agencies for pharmacologic management. Payments for services provided to non-established clients will be separately billable:

1. **Crisis Assessment and Intervention** – Facility-based, crisis stabilization unit services delivered at Red Rock CMC are not included in the facility-specific PPS rate and payment is made based on the methodology in Attachment 4.19-B, Item 13.d.3(A)(2), Other State Plan Covered Services.
2. **Care Coordination for Drug and Specialty Court Referrals** – In addition to the psychiatrist evaluation paid on a fee-for-service basis, separate payment may be made for at least 15 minutes of clinical staff time directed by a physician, per calendar month. The rate is \$45 per encounter. Drug and Specialty Court case managers bill as usual to Medicaid.

C. Development of the PPS Rates

Monthly rates were developed based on provider-specific cost report data from the fourth quarter of state fiscal year (SFY) 2018 (April 1, 2018 to June 30, 2018). The rates include allowable CCBH costs for services rendered by a certified provider, including all qualifying sites of the certified provider established prior to July 1, 2019.

Effective July 1, 2019, the state will review care needs and rates for clients assigned to special population categories every 90 days to determine a need for continued stay at this level of service intensity and if the client has been admitted for an inpatient psychiatric hospital stay. If the client has been admitted during this time period, the state will pay the provider the standard rate for services rendered to that client.

The State will review cost reports bi-annually to determine adequacy of the rates. The Agency's fee schedule rates for CCBH services were set as of July 1, 2019 and are effective for services provided on and after that date. All rates are published on the Agency's website at okhca.org.

D. New CCBHs

For CCBHs that are certified by ODMHSAS after July 1, 2019, the State will establish an interim PPM rate by reference to 90% of the average rates of existing urban CCBHs. After the initial year, the final CCBH rate shall be established based on the cost reporting year that ends June 30, using the facility's most recent annual cost report data inflated to the midpoint of the rate year by the MEI.

E. Avoiding Duplication of Payment for Care Management/ Coordination

Individuals eligible for CCBH services are eligible for all needed Medicaid covered services; however, duplicate payment is prohibited. The state will assure that CCBH care coordination (CC) and payments will not duplicate other state plan or waiver CC activities. The state will avoid duplication through MMIS edits and person-centered planning processes to advance an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration.

State: Oklahoma
Date Received: 8 March, 2019
Date Approved: 4 June, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0010

NEW 07-01-19