

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <p style="text-align: center; font-size: 1.2em;">1 0 - 3 4</p>	2. STATE <p style="text-align: center; font-size: 1.2em;">Oklahoma</p>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center; font-size: 1.2em;">February 1, 2011</p>
---	---

5. TYPE OF PLAN MATERIAL (Check One)

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

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

6. FEDERAL STATUTE/REGULATION CITATION <p>42 CFR 440.20</p>	7. FEDERAL BUDGET IMPACT a. FFY <u>2011</u> <u>\$2,888,386</u> b. FFY <u>2012</u> <u>\$4,261,859</u>
--	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <p style="text-align: center;">See Attachment</p>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <p style="text-align: center;">See Attachment</p>
---	--

10. SUBJECT OF AMENDMENT

Add partial hospitalization as an intermediary step for youths who are transitioning from an inpatient psychiatric setting or a less restrictive alternative to inpatient treatment.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 The Governor does not review State Plan material.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 2401 N.W. 23rd Street Suite 1A Oklahoma City, OK 73107
13. TYPED NAME <p style="text-align: center;">Mike Fogarty</p>	
14. TITLE <p style="text-align: center;">Chief Executive Officer</p>	
15. DATE SUBMITTED <p style="text-align: center;">10/14//2010</p>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <p style="text-align: center;">14 October, 2010</p>	18. DATE APPROVED <p style="text-align: center;">4 March, 2011</p>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;">1 February, 2011</p>	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME <p style="text-align: center;">Bill Brooks</p>	22. TITLE Associate Regional Administrator <p style="text-align: center;">Division of Medicaid & Children's Health</p>
23. REMARKS <p>c. Mike Fogarty Cindy Roberts Tywanda Cox Traylor Rains Garth Splinter</p>	

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

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment (continued)

7. Rehabilitative Services (continued)

(b) Covered Services (continued)

(ix) Multi-systemic Therapy (continued)

(x) Partial Hospitalization Program

The duration of MST is typically three to six months. Weekly interventions may range from 3 to 20 hours per week and may be less as case nears closure.

Refer to Attachment 3.1-A, pages 1a-6.10 and 1a-6.11 for provider qualifications. In addition, the provider agency must be licensed and trained by MST, Inc., of Charleston, South Carolina and receive regular consultation from them.

MST Exclusions

MST services are comprehensive of all other services, within the exception of psychological evaluation assessment and medication management. These may be provided and billed separately for a member receiving MST services. MST cannot be billed in conjunction with the following services:

- Intensive Outpatient
- Residential Behavior Management services
- Any other outpatient therapies (individual, family and group)

(x) Partial Hospitalization Program (PHP) – Partial hospitalization is an intermediary, stabilizing step for children/adolescents that have had inpatient psychiatric hospitalization prior to returning to school and community supports or as a less restrictive alternative to children and adolescents when inpatient treatment may not be indicated. Partial hospitalization services are services that (1) Are reasonable and necessary for the diagnosis or active treatment of the individual's condition; (2) Are reasonably expected to improve the individual's condition and functional level and to prevent relapse or hospitalization and (3) Include any of the following:

- Assessment, diagnostic and treatment plan services for mental illness and/or substance abuse disorders provided by LBHPs.
- Individual/Group/Family (primary purpose is treatment of the individual's condition) psychotherapies provided by LBHPs.
- Substance abuse specific services are provided by LBHPs qualified to provide these services.
- Drugs and biologicals furnished for therapeutic purposes.
- Family counseling, the primary purpose of which is treatment of the individual's condition.
- Patient psychosocial rehabilitation training and education services, to the extent the training and educational activities are closely and clearly related to the individual's care and treatment, provided by certified Behavioral Health Rehabilitation Specialists (BHRS).
- Care Coordination of mental health services provided by certified case managers.

Any child 0-21 that is an eligible member and who meets the medical necessity and programmatic criteria for behavioral health services qualifies for PHP. If a child is under an IEP, then these services are the responsibility of the school system and must be billed under the school's provider number.

Treatment is time limited and must be offered a minimum of 3 hours per day, 5 days a week. Therapeutically intensive clinical services are limited to 4 billable hours per day as authorized. Services are prior authorized for 1-3 months based on medical necessity criteria. The service must be ordered by a physician, physician's assistant, or advanced registered nurse practitioner. An initial prior authorization will be required via the statewide Quality Improvement Organization (QIO) vendor. This initial prior authorization will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

Revised 11-01-10

TN# 10-34 Approval Date 3-4-11 Effective Date 2-1-11
Supersedes
TN# 09-03

SUPERSEDES: TN- 09-03

STATE <u>Oklahoma</u>	A
DATE REC'D <u>10-14-10</u>	
DATE APPV'D <u>3-4-11</u>	
DATE EFF <u>2-1-11</u>	
HC#FA 179 <u>10-34</u>	

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

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment (continued)

7. Rehabilitative Services (continued)

(b) Covered Services (continued)

(x) Partial Hospitalization Program (continued)

Eligible Providers

All outpatient behavioral health providers eligible for reimbursement must be an accredited organization/agency, be an incorporated organization governed by a board of directors, and have a current contract on file with the Oklahoma Health Care Authority. The staffs providing PHP services are employees or contractors of the enrolled agency. The agency is responsible for ensuring that all services are provided by properly credentialed clinicians.

Qualified Practitioners

All services in the PHP program are provided by a clinical team consisting of the following professionals: a licensed physician, registered nurse, licensed behavioral health professionals (LBHP), advanced practice nurse, psychological clinician, masters or bachelors level behavioral health rehabilitation specialist, certified case managers and paraprofessional staff dependent upon the size of the program and the services being provided at the time. Licensed behavioral health professionals include physicians, psychologists, clinical social workers, professional counselors, marriage and family therapists, alcohol and drug counselors and behavioral practitioners. Team members must meet the qualifications, as applicable, found in Attachment 3.1-A, Page 1a-6.10, items A and B; Page 1a-6.11; and Page 1a.13, item B, listed in the Provider Qualifications section of the EPSDT program. The treatment plan is directed under the supervision of a physician; however physician direct supervision is not required.

New Page 11-01-10

TN# 10-34 Approval Date 3-4-11 Effective Date 2-1-11

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

STATE <u>Oklahoma</u>	A
DATE REC'D <u>10-14-10</u>	
DATE APPV'D <u>3-4-11</u>	
DATE EFF <u>2-1-11</u>	
HC:FA 179 <u>10-34</u>	

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

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment (continued)

7. Rehabilitative Services (continued)

(c) Limitation of Services

All outpatient behavior health services will be subject to the medical necessity criteria. The service listed in iii-x are typically initiated following the completion of a diagnostic screen or assessment and subsequent development of a treatment plan. It is expected that behavior management services in group settings is an array of treatment services provided in one day that includes the program requirements. Only specialized rehabilitation or psychological treatment services to address unique, unusual or severe symptoms or disorders will be authorized. Concurrent documentation must be provided that these services are not duplicative in nature.

(d) Non-Covered Services

- i. Room and board;
- ii. Educational cost;
- iii. Services to inmates of a public institution; and
- iv. Services to clients residing in an Institution for Mental Disease (IMD).

8. **Preventive Services** – Public health nursing visits in the home by licensed public health nurses (42 CFR 440.130).

9. **Inpatient psychiatric services** – Provided when medically necessary and prior authorized (42 CFR 440.160).

10. **Personal Care Services** –Provision of these services allows children with disabilities to function safely in their activities of daily living. Services include but are not limited to: assistance with toileting, feeding, positioning and hygiene. Provision of health related services allows students with disabilities to safely attend school. Services include, but are not limited to: assistance with toileting, feeding, positioning, hygiene, and riding school bus to handle medical or physical emergencies. Services must be provided by registered paraprofessionals/assistants who have completed training approved or provided by State Department of Education or Personal Care Assistants, including Licensed Practical Nurses, who have completed on-the-job training specific to their duties (42 CFR 440.167).

Revised 11-01-10

TN# 10-34 Approval Date 3-4-11 Effective Date 2-1-11
Supersedes
TN# 09-03

SUPERSEDES: TN- 09-03

STATE <u>OKlahoma</u>	A
DATE REC'D <u>10-14-10</u>	
DATE APPV'D <u>3-4-11</u>	
DATE EFF <u>2-1-11</u>	
HCFA 179 <u>10-34</u>	

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

4b. Early and Periodic screening, diagnostic and treatment (cont'd)

Partial Hospitalization Program (PHP) (H2012)

A uniform rate is paid to governmental and non-governmental providers and to hospital and non-hospital providers.

The reimbursement rate is \$42.80 per hour, converted from a blend of the 2010 Medicare two tiered per diem payment approach for partial hospitalization services: one for days with three services (APC172) and one for days with four or more services (APC173).

Physician services, physician assistant services, nurse practitioner and clinical nurse specialist services, qualified psychologist services and services furnished to SNF residents are separately covered and not paid as partial hospitalization services.

The rate applies to services provided on or after November 1, 2010 and is published on the agency website located at www.okhca.org.

STATE <u>Oklahoma</u>	A
DATE REC'D. <u>10-14-10</u>	
DATE APP'VD. <u>3-4-11</u>	
DATE EFF. <u>2-1-11</u>	
HCFA 179 <u>10-34</u>	

New Page 11-01-10

TN# 10-34 Approval Date 3-4-11 Effective Date 2-1-11

Supersedes SUPERSEDES: NONE - NEW PAGE

TN# _____