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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 11-12

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

February 25, 2013

Our Reference: SPA OK 11-12

Dr. Garth Splinter
State Medicaid Director
2401 NW 23rd Street
Suite 1A
Oklahoma City, Oklahoma 73107

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 11-12, dated December 30, 2011. This state plan amendment requests the addition of certain licensed behavioral health professionals as core providers when providing services to children in an FQHC or FQHC look-alike. These providers will be reimbursed under the prospective payment system.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of June 1, 2012. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Lynn Ward at (214) 767-6327.

Signed



Bill Brooks
Associate Regional Administrator

cc: Tywanda Cox

Revised 4 May, 2012

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 1 - 1 2	2. STATE Oklahoma
	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 June 1, 2012
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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 42 CFR 405.2401	7. FEDERAL BUDGET IMPACT a. FFY 2012 <u>250,120</u> b. FFY 2013 <u>751,769</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 2a.1 Attachment 4.19-B, Page 2a.2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New Page, Supersedes None New Page, Supersedes None
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10. SUBJECT OF AMENDMENT

Payment for Behavioral Health and Others Services to Federally Qualified Health Centers

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
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 2401 N.W. 23rd., Ste 124 Oklahoma City, OK 73107
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED May 4, 2012	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 30 December, 2011	18. DATE APPROVED 25 February, 2013
PLAN APPROVED - ONE COPY	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 June, 2012	20. SIGNATURE
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS

c: Mike Fogarty
Cindy Roberts
Tywanda Cox
Garth Splinter

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

Payment for Federally Qualified Health Center Services (Cont.)

Effective for services provided on or after June 1, 2012, the PPS payment methodology is available for services provided by Licensed Professional Counselors (LPC), Licensed Alcohol and Drug Counselors (LADC), Licensed Marital and Family Therapist (LMFT) and Licensed Behavioral Professionals (LBP) employed by or contracted by FQHCs who provide behavioral health services to children in accordance with the Oklahoma State Plan and HRSA grant award authority or Notice of Look-alike Designation (NLD).

Scope-of-Service Rate Adjustments

An FQHC may apply for an adjustment to the per-visit rate or the State may review and adjust the per visit rate based on a change in the scope-of-services provided by the FQHC. A change in scope-of-service means any of the following:

- (a) The addition of a new FQHC service (such as adding medical, dental or behavioral health services or another health professional service), or deletion of SoonerCare covered services that are included in the existing prospective payment system reimbursement rate.
- (b) A change in service due to amended regulatory requirements or rules.
- (c) A change in service resulting from either remodeling an FQHC or relocating an FQHC if it has not elected to be treated as a newly qualified clinic.
- (d) A change in types of services due to a change in applicable technology and medical practice utilized by the center or clinic.
- (e) Changes in operating costs attributable to capital expenditures associated with a modification of the scope of any of the services provided, including new or expanded service facilities, regulatory compliance, or changes in technology or medical practices at the center or clinic.
- (f) A change in the scope of a project approved by HRSA where the change impacts a covered service.

New Page 06-01-12

TN# 11-12 Approval Date 2-25-13 Effective Date 6-1-12

Supersedes
TN # SUPERSEDES: NONE - NEW PAGE

STATE <u>Oklahoma</u>	A
DATE REC'D <u>12-30-11</u>	
DATE APPV'D <u>2-25-13</u>	
DATE EFF <u>6-1-12</u>	
NOFA 179 <u>11-12</u>	

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

Payment for Federally Qualified Health Center Services (Cont.)
Scope-of-Service Rate Adjustments (Cont.)

A change in costs, in and of itself, will not be considered a scope-of-service change unless all of the following apply:

- (a) The increase or decrease in cost is attributable to an increase or decrease in the scope of the approved service under the State Plan.
- (b) The cost is allowable under Medicare reasonable cost principles set forth in 42 CFR Part 413.
- (c) The change in scope-of-services is a change in the type, intensity, duration, or amount of services, or any combination thereof.
- (d) The net change in the FQHC's visit rate equals or exceeds 2.5% for the affected FQHC site. For FQHC's that filed consolidated cost reports for multiple sites to establish the initial prospective payment reimbursement rate, the 2.5% threshold will be applied to the average per visit rate of all sites for the purposes of calculating the cost associated with a scope-of-service change. "Net change" means the per-visit rate change attributable to the cumulative effect of all increases and decreases for a particular year.

If there is a change in scope-of-service, it is the responsibility of the FQHC to request OHCA to review services that have had a change to the scope-of-service. Likewise, it is the responsibility of OHCA to notify the FQHC of any reviews and adjustments related to a change in scope-of-service prior to any adjustments. Adjustments will be made to the base rates on a case by case basis where the FQHC can demonstrate that the increases or decreases in the scope-of-services is not reflected in the base rate and is not temporary in nature. If an FQHC requests a change in scope due to an increase in utilization for services included in the PPS, current utilization will be compared to the utilization used in the calculation of the PPS from appropriate rate adjustments. If it is determined that a significant change in the scope-of-service has occurred, the reasonable incremental cost per encounter from this change will be added to the PPS rate and a new rate will be established. A change will not be considered significant unless it impacts the base rate by 2.5% or more. This new rate will be effective on the date the change in scope-of-service was implemented.

New Page 6-01-12

TN# 11-12 Approval Date 2-25-13 Effective Date 6-1-12
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DATE REC'D	<u>12-30-11</u>
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HCFA 179	<u>11-12</u>

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