METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

I. Outpatient Hospital Reimbursement (continued)

E. Therapeutic Services

1. Payment is made for drugs and supplies for outpatient chemotherapy. A separately billable facility fee payment is made for administration based on Medicare APC group 0117. Claims cannot be filed for an observation room, clinic, or ER visits on the same day.

2. For each therapeutic radiology service or procedure, payment will be the technical component of the Medicare RBRVS. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.

3. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

F. Clinic Services and Observation/Treatment Room

A fee will be established for clinic visits and certain observation room visits. Reimbursement is limited to one unit per day per patient, per provider. The payment rates are based on APC groups 601 and 0339, respectively. Separate payment will not be made for observation room following outpatient surgery. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.

Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

G. Hospital-based Community Mental Health Centers (CMHCs) Operated by Units of Government

1. CMHCs will be paid on the basis of cost in accordance with the following methodology: An overall outpatient cost- to- charge ratio (CCR) for each hospital will be calculated using the most recently available cost reports, with data taken from Worksheet C, Part 1. The overall CCR for each hospital will be applied to the Medicaid charges for the state fiscal year to determine the Medicaid costs for the year.

2. The agency's fee schedule rates are set as of July 1, 2006 and in effect for services provided on or after that date. All rates are published on the agency's website located at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.

3. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

H Partial Hospitalization Services (PHP)

PHP services are provided in accordance with 42CFR 410.43

Any child 0-20 that is an eligible member and who meets the medical necessity and programmatic criteria for behavioral health services qualifies for PHP. 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.

The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse vendor. 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.

CASE MANAGEMENT SERVICES (continued)
Target Group: chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons. (continued)

Access to Services:
The State assures that:

- Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan; [section 1902 (a)(19)]
- Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services; [section 1902 (a)(19)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan. [42 CFR 431.10(e)]

Limitations:
Case Management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act; [DRA]The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.(2001 SMD)
- Activities integral to the administration of foster care programs; or (2001 SMD) and

Activities for which third parties are liable to pay. (2001 SMD)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES (continued)
Target Group: chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons. (continued)

- Assessment of an individual to determine the need for any medical, educational, social or other services. These assessment activities include:
  - Taking client history;
  - Identifying the individual's needs and completing related documentation;
  - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

- Development of a specific care plan that:
  - Is based on the information collected through the assessment;
  - Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - Identifies a course of action to respond to the assessed needs of the eligible individual.

- Referral and related activities:
  - To help an eligible individual obtain needed services including activities that help link an individual with:
    - Medical, social, educational providers; or
    - Other programs and services capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

- Monitoring and follow-up activities:
  - Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. These activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:

CASE MANAGEMENT SERVICES (continued)
Target Group: chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons. (continued)

- Services are being furnished in accordance with the individual's care plan;
- Services in the care plan are adequate; and
- If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Case management may include:

- Contact with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

Types of Case management:

- Standard case management with caseloads of 30-35 consumers.

- Intensive case management that focuses on the treatment of adults who are chronically or severely mental ill and who are also identified as high utilizers of mental health services and need extra assistance in accessing services and developing the skills necessary to remain in the community. The primary functions of intensive case management services are to assure an adequate and appropriate range of services are being provided to individuals to include: linkage with the mental health system, linkage with needed support system, and coordination of the various system components in order to achieve a successful outcome; aggressive outreach; and client education and resource skills development. Intensive case management caseloads are smaller, between 10 and 15 and the consumer typically has access 24 hours per day, 7 days per week.

- Wraparound facilitation service process that has been demonstrated as an effective way to support children and youth with severe emotional disturbance to live successfully in the community with their families. The wraparound service process identifies and builds on the strengths and culture of the child, family, and support system to create integrated and individualized plans to address the needs of the child and family that put the child at risk of long term residential placement. Typically, to produce a high fidelity wraparound process, a facilitator can facilitate between 8 and 10 families and is available 24 hours per day, 7 days per week.

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 required professionals: a licensed physician, registered nurse, licensed behavioral health professionals (LBHP). The clinical team may also include any of the following paraprofessionals: masters or bachelors level behavioral health rehabilitation specialist, certified case managers or certified alcohol and drug counselor. The number of professionals and paraprofessionals required on the clinical team is dependent on the size of the program.. 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.

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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

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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. The service must be ordered by a physician, physician's assistant, or advanced registered nurse practitioner. 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.

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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 are reimbursable. 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).

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

13.d Rehabilitative Services (continued)

13.d.1. Outpatient Behavioral Health Services (continued)

D. Limitation on Services: All services will be subject to medical necessity criteria. Payment is not made for outpatient behavioral health services for children who are receiving Residential Behavioral Management Services in a Group Home or Therapeutic Foster Care with the exception of Psychotherapy services. Recipients residing in a Nursing Facility are not eligible for Outpatient Behavioral Health Services.

13.d.2. Program of Assertive Community Treatment (PACT)

Program of Assertive Community Treatment is an evidence-based service delivery model for providing comprehensive community-based behavioral health treatment and rehabilitation services and is intended for individuals age 18 and older with psychiatric illnesses that are most severe and persistent. The service is a multidisciplinary and mobile mental health team who functions interchangeably to provide the rehabilitation and treatment services designed to enable the consumer to live successfully in the community in an independent or semi-independent arrangement.

Service Providers
Providers of PACT services are specific teams within a Medicaid contracted outpatient behavioral health organization and must be certified by the Oklahoma Department of Mental Health and Substance Abuse Services. Team members must collectively possess a wide range of aptitudes and professional skills, individual competence and experience working with individuals with severe and persistent mental illness. In order to have a sufficient range of expertise represented on the team and enough staff to cover evenings, week-ends, on-call duty, and vacations, the team in most cases should be made up of 10-12 FTE positions.

Clinical Position
Team Leader
Psychiatrist
Registered Nurses
Licensed Behavioral Health Professionals
Bachelor's Level or higher case manager
Recovery Support Specialist
Behavioral Health Rehabilitation Specialist
Other (CADC)

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The team leader or a clinical staff designee shall assume responsibility for supervising and directing all PACT team staff activities. The team lead must be a licensed behavioral health professional. Refer to Attachment 3.1 A pages 6a-1.7 through 6a-1.9 for a complete description of provider qualifications for required clinical staff.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES

Target Group:

Chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons.

For case management services provided to individuals in medical institutions: [Olmstead letter #3]

X Target group is comprised of individuals transitioning to a community setting and case-management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

The target group does not include any of the excluded groups as stated in the 2000 Olmstead letter #3 and paragraphs (A) and (B) following paragraph section 1905(a)(28) of the Act. Oklahoma assures compliance through edits in the MMIS.

Areas of state in which services will be provided:

X Entire State

_ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

Comparability of services:

_ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope.

Definition of services: [DRA & 2001 SMD]
Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

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CASE MANAGEMENT SERVICES (continued)
Target Group: chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons. (continued)

Qualifications of providers:
Case managers performing the service must have and maintain a current behavioral health case manager certification from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), pass the ODMHSAS web-based Case Management (CM) Competency Exam and meet one of the following requirements:

1. Case Manager III - meets the agency's definition of a Licensed Behavioral Health Professional as defined below:
   (A) Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or current resident in psychiatry;
   (B) Practitioner with a license to practice in the state in which services are provided or one who is actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following boards: Psychology, Social Work (clinical specialty only), Professional Counselor, Marriage and Family Therapist, Behavioral Practitioner, or Alcohol and Drug Counselor;
   (C) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided; or

2. Case Manager II - meets the following requirements:
   (A) A bachelor's or master's degree in a behavioral health field, earned from a regionally accredited college or university recognized by the United States Department of Education, which includes but is not limited to psychology, social work/sociology, occupational therapy, family studies, human resources/services counseling, human developmental psychology, gerontology, early childhood development, chemical dependency studies, school guidance/counseling/education, rehabilitative services, and/or criminal justice;
   (B) A current license as a registered nurse in Oklahoma with experience in behavioral health care; or
   (C) A a current certification as an alcohol and drug counselor in Oklahoma, and complete 7 hours of ODMHSAS specified CM training; or

CASE MANAGEMENT SERVICES (continued)
Target Group: chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons. (continued)

3. A Case Manager I - has a high school diploma and:
   (A) 60 college credit hours; or
   (B) 36 total months of experience working with persons who have a mental illness (documentation of experience must be on file with ODMHSAS); or
   (C) Completed 14 hours of ODMHSAS specified CM training.

4. Wraparound Facilitator Case Manager - meets the qualifications for CM II or CM III and has the following::
   (A) Successful completion of the DMHSAS training for wraparound facilitation within six months of employment; and
   (B) Participate in ongoing coaching provided by DMHSAS and employing agency; and
   (C) Successfully complete wraparound credentialing process within nine months of beginning process; and
   (D) Direct supervision or immediate access and a minimum of one hour weekly clinical consultation with a Qualified Mental Health Professional, as required by DMHSAS;

5. Intensive Case Manager - meets the provider qualifications of a Case Manager II or III and has the following:
   (A) A minimum of 2 years Behavioral Health Case Management experience, crisis intervention experience, and
   (B) must have attended the ODMHSAS 6 hours Intensive case management training;

Freedom of choice:
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- Eligible recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan.
- Eligible recipients will have free choice of the providers of other medical care under the plan.

Freedom of Choice Exception:

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: OKLAHOMA

CASE MANAGEMENT SERVICES

E. Provider Qualifications: Case managers certified by the Department of Mental Health and Substance Abuse Services (DMHSAS) must have an associate's degree in a related human service field, or two years or more of college education, plus two years or more of human service experience; or a bachelor's degree in a related human service field plus one or more years human service experience; or a master's degree in a related human service field. All targeted case managers must complete training in targeted case management and receive certification of such training.

Case management must be provided by a qualified provider agency of case management services. Programs must be reviewed in the areas of substance abuse and/or mental health by the DMHSAS as an agent of the Oklahoma Health Care Authority (Agency) in accordance with a current Interagency Agreement for such purposes. The program must be found to be in compliance with the applicable approved Agency standards for the purpose of providing case management services. Only organizations that have submitted a completed Agency Case Management Provider Application to DMHSAS will be eligible to be reviewed by DMHSAS for such purposes. The agency must demonstrate its capacity to deliver case management services in terms of the following items:

1. Adequate case management staff to serve the target group and available on a 24 hour on call basis.

2. Administrative capacity to fulfill State and Federal requirements

3. Maintenance or programmatic and financial records. Program records should show that the agency is able to develop and maintain assessment records. The financial records should include development of a management system which tracks costs associated with worker activities.

The provider agency must agree to comply with applicable Federal and State regulations.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OKLAHOMA

Case Management Services

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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