

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. Services are prior authorized for 1-3 months based on medical necessity criteria.

The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse vendor. An initial prior authorization will be required by OHCA or its designated agent. This initial prior authorization will ensure that the level of 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.

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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 and most require prior authorization by OHCA or its designated agent. Payment is not made for psychosocial rehabilitation for children ages 0-3 and require prior authorization for ages 4-5 to insure age appropriateness. 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 which must be authorized by OHCA or its designated agent, as medically necessary and indicated. Members 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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**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).

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