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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 13-0012

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

November 18, 2015

Dr. Garth Splinter
State Medicaid Director
Oklahoma Health Care Authority
4345 North Lincoln Blvd.
Oklahoma City, OK

Our Reference: SPA OK 13-12

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 13-12, dated June 30, 2013. This state plan amendment updates the description of EPSDT rehabilitation services.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of April 1, 2013. A copy of the CMS- 179 and approved plan page are enclosed with this letter.

If you have questions, please contact Suzette Seng at (214) 767-6478.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Cc: Tywanda Cox

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

1. TRANSMITTAL NUMBER

1 3 - 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

April 1, 2013

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

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS A NEW PLAN

☒ AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION

Social Security Act § 1902(a)(30)(A)

7. FEDERAL BUDGET IMPACT

a. FFY 2015 \$0.00
b. FFY 2016 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 1a-6.1,
Attachment 3.1-A, Page 1a-6.2,
Attachment 3.1-A, Page 1a-6.2a (DELETE PAGE)
Attachment 3.1-A, Page 1a-6.3,
Attachment 3.1-A, Page 1a-6.4,
Attachment 3.1-A, Page 1a-6.4a (NEW PAGE),
Attachment 3.1-A, Page 1a-6.4b (NEW PAGE),
Attachment 3.1-A, Page 1a-6.5,
Attachment 3.1-A, Page 1a-6.5a,
Attachment 3.1-A, Page 1a-6.5b,
Attachment 3.1-A, Page 1a-6.5c,
Attachment 3.1-A, Page 1a-6.5d,
Attachment 3.1-A, Page 1a-6.5e (NEW PAGE),
Attachment 3.1-A, Page 1a-6.5f (NEW PAGE),
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Attachment 3.1-A, Page 1a-6.9,
Attachment 3.1-A, Page 1a-6.10,
Attachment 3.1-A, Page 1a-6.11,
Attachment 3.1-A, Page 1a-6.12,
Attachment 3.1-A, Page 1a-6.13 (DELETE PAGE),
Attachment 3.1-A, Page 1a-6.13a (DELETE PAGE),
Attachment 3.1-A, Page 1a-6.14 (DELETE PAGE),
Attachment 4.19-B, Page 16.1,
Attachment 4.19-B, Page 34

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Pages 1a-6.1, TN 10-13,
Attachment 3.1-A, Page 1a-6.2, TN 06-15,
Attachment 3.1-A, Page 1a-6.2a, TN 06-15;
Attachment 3.1-A, Page 1a-6.3, TN 06-15,
Attachment 3.1-A, Page 1a-6.4, TN 08-17,
Attachment 3.1-A, Page 1a-6.4a (NEW PAGE),
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Attachment 3.1-A, Page 1a-6.5, TN 09-03,
Attachment 3.1-A, Page 1a-6.5a, TN 09-03,
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Attachment 3.1-A, Page 1a-6.5c, TN 13-08,
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Attachment 3.1-A, Page 1a-6.14, TN 06-15,
Attachment 4.19-B, Page 16.1, TN 10-29,
Attachment 4.19-B, Page 34, TN 04-06

10. SUBJECT OF AMENDMENT

Update EPSDT rehabilitation services

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

The Governor does not review State
Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

16. RETURN TO

13. TYPED NAME

Joel Nico Gomez

14. TITLE

Oklahoma Health Care Authority
Attn: Tywanda Cox
4345 N. Lincoln Blvd.

Chief Executive Officer

Oklahoma City, OK 73105

15. DATE SUBMITTED

June 30, 2013

17. DATE RECEIVED

30 June, 2013

18 November, 2015

19. EFFECTIVE DATE OF APPROVED MATERIAL

01 April, 2013

21. TYPED NAME

Bill Brooks

Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS

c: Tywanda Cox
Nico Gomez

FORM CMS-179 (07/92)

**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**

The following diagnosis and treatment services are provided in addition to any diagnosis and treatment services covered elsewhere in the plan:

1. Medical or Other Remedial Care by Licensed Practitioners (42 CFR 440.60)

- (a) **Optometric Services** – Services for defects in vision including eyeglasses by State licensed optometrist
- (b) **Podiatrists Services** – Payment is made for medically necessary surgical procedures and medically necessary outpatient visits; and procedures generally considered as preventive foot care. Services beyond this limitation are available if as a result of a screening they are determined to be medically necessary and prior authorized.
- (c) **Nursing Services** – Nursing services may include the provision of services to protect the health status of infants and toddlers, correct health problems, and assist in removing or modifying health related barriers and must be provided by a registered nurse or licensed practical nurse under supervision of a registered nurse. Services may include medically necessary procedures or evidence based interventions rendered in the child's home.
- (d) **Licensed Behavioral Health Practitioner Services** – Services provided under the scope of their licensure by clinical psychologists and master's level behavioral practitioners who can bill independently using the appropriate Current Procedure Terminology (CPT) codes in an outpatient setting. Services may include family therapy that is evidence-based or best practice psychosocial interventions provided by individuals with demonstrated training and credentials for conducting such services.

2. Medical supplies, equipment, appliances and prosthetic devices (42 CFR 440.70 & 42 CFR 440.120).

Services and supplies not otherwise available to Medicaid clients in the state under the state plan when prior authorized

3. Diagnostic Services (42 CFR 440.130(a))

- (a) **Investigations to Determine Source of Lead.** A one-time investigation to determine the source of lead for a child diagnosed with elevated blood lead levels. Reimbursement does not include testing the water, soil or paint. In accordance with the rules established by the Oklahoma Department of Environmental Quality (DEQ), a qualified Risk Assessor must perform the service.

4. Clinic Services (42 CFR 440.90)

- (a) **Public Health Clinic Services**

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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****5. Dental Services - (42 CFR 440.100)**

At a minimum, dental services include relief of pain and infection; limited restoration of teeth and maintenance of dental health; and oral prophylaxis every 184 days. Dental care includes emergency and preventive services and therapeutic services for dental disease, which, if left untreated, may become acute dental problems or may cause irreversible damage to the teeth or supporting structures. Other dental services may be provided based on medical necessity, including inpatient services in an eligible participating hospital and must be prior authorized.

6. Physical therapy, Occupational therapy, and Services for individuals with Speech, Hearing, and Language Disorders (42 CFR 440.110)

(a) Occupational Therapy Services - Services provided by a State licensed occupational therapist who meets the Federal qualifications specified at 42 CFR 440.110(b)(2).

(b) Speech and Language Pathology - Services provided by a State licensed speech language pathologist who meets the Federal qualifications specified at 42 CFR 440.110(c)(2).

(c) Hearing Services - Hearing and hearing aid evaluations as appropriate when provided by a State licensed audiologist who meets the Federal qualifications specified at 42 CFR 440.110(c)(3).

(d) Assistive Technology Services/ Devices - The evaluation of a child with disabilities in order to recommend the proper assistive technology device. Services must be provided by a State licensed speech language pathologist, State licensed physical therapist or State licensed occupational therapist [42 CFR 440.70(b)(3)].

7. Prescribed Drugs - (42 CFR 440.120)

Prescription drugs above the State plan limitation are provided when medically necessary.

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TN# 06-15

DELETE PAGE

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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 (cont'd)****8. Rehabilitative Services: Outpatient Behavioral Health - (42 CFR 440.130 (d)).**

Services provided to children, youth and young adults with significant emotional, behavioral and mental health needs, including substance abuse. The intent of these services is to provide the clinical intervention and support necessary to successfully maintain each individual in his or her home or community and to enable individuals that have traditionally been served in more restrictive settings to live in community settings and participate fully in family and community life.

(a) Agency Requirements

All rehabilitative services are provided by the provider organizations listed in Attachment 3.1 A, Page 6a-1.1. In addition to the agency accreditation requirements, specific certifications/ participation standards are required to provide the following services:

- i. **Children's Psychosocial Rehabilitation (CPSR)** - Children and families will have free choice to obtain services from any willing and qualified provider.
 -
- ii. **Crisis Intervention Services** – Agencies with mobile teams and facility-based crisis stabilization programs must be contracted with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Facility-based crisis programs must have less than 17 beds.
- iii. **Multi-Systemic Therapy (MST)** – Individual providers must be licensed and trained by MST, Inc. and receive regular consultation from them.
- iv. **Partial Hospitalization (PHP)/Intensive Outpatient (IOP) Treatment; Therapeutic Day Treatment (TDT)** - PHP/IOP and TDT must have outpatient behavioral health accreditation specific to PHP/IOP or day treatment programs.

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment (cont'd)

(b) Individual Provider Qualifications

For purposes of this plan, each eligible practitioner type is grouped consistent with specific credentials in the tables listed on Attachment 3.1-A, pages 1a 6.4 through 1a 6.4b. There are four (4) qualifying groups: Behavioral Health Practitioners, (BHPs), Qualified Behavioral Health Technicians (QBHTs), Qualified Behavioral Health Assistants (QBHAs) and Certified Peer Support Specialists (CPSPs).

**Individual Provider Qualifications
Outpatient Behavioral Health and Rehabilitative Services**

Practitioner Group	Qualifications
Behavioral Health Practitioners	<p><u>Level 1:</u></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 Nurse (APRN) - 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 Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions</p>
	<p><u>Level 2:</u></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) Clinical Social Workers; (2) Professional Counselors; (3) Marriage & Family Therapists; (4) Behavioral Practitioners; or (5) Alcohol or Drug Counselor;</p> <p>(B) Licensure Candidates - An individual with a Master's degree or higher, actively and regularly receiving board approved clinical supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met by one of the licensing boards listed in Level 1 (C) or Level 2 (A) above, or</p> <p>(C) Psychological Clinicians – Professionals with a Master's degree or higher with certification to provide behavioral health services.</p>

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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 (cont'd)

**Individual Provider Qualifications
Outpatient Behavioral Health Rehabilitative Services**

Practitioner Group	Qualifications
Qualified Behavioral Health Technicians (QBHTs)	<p>(A) <u>Behavioral Health Rehabilitation Specialist (BHRS):</u></p> <ul style="list-style-type: none"> • An individual that possesses a Bachelor's degree earned from a regionally accredited college or university recognized by the Department of Education and completion of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) training for BHRS; or • A Registered Nurse - A registered nurse that has behavioral health experience, and current licensure in the state where services are provided, and training by ODMHSAS as a BHRS; or • A Certified Alcohol and Drug Counselor (CADC); or • A Certified Psychiatric Rehabilitation Practitioner (CPRP). <p>(B) <u>Effective July 1, 2013, a BHRS must meet the following:</u></p> <ul style="list-style-type: none"> • Currently certified as a Behavioral Health Case Manager II (CM II) through the ODMHSAS; or • Currently Certified Alcohol and Drug Counselor (CADC). <p>*A BHRS designation between July 1, 2010 and June 30, 2013 will be recognized until June 30, 2014, at which point individuals must meet qualifications in (B) above.</p> <p>(C) <u>Psychological Technician</u></p> <ul style="list-style-type: none"> • Must be actively involved in a Master level program that has already trained the applicant specifically to provide the service under the direct supervision of the psychologist.
Qualified Behavioral Health Aide (QBHA)	<p><u>QBHA minimum requirements:</u></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 appropriately supervised.

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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 (cont'd)

**Individual Provider Qualifications
Outpatient Behavioral Health Rehabilitative Services**

Practitioner Group	Qualifications
<p>Certified Peer Support Providers (CPSP)</p> <div style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p>State: Oklahoma Date Received: June 30, 2013 Date Approved: November 18, 2015 Date Effective: April 1, 2013 Transmittal Number: 13-12</p> </div>	<p><u>Minimum Qualifications</u></p> <ul style="list-style-type: none"> • Self- identified consumers 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 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. • Pass certification examination. <p>I. <u>Family Support Provider (FSP)</u></p> <ul style="list-style-type: none"> • Be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance; or • Have a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or care givers of child with SED); • Pass OSBI and OKDHS child abuse check as well as adult abuse registry and motor vehicle screens; and • Receive ongoing and regular supervision by a person meeting the qualifications of a BHP. A BHP must be available at all times to provide back up, support, and/or consultation. <p>II. <u>Peer Recovery Support Specialist (PRSS)</u></p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Have demonstrated recovery from a mental illness, substance abuse disorder or both <p>Be willing to self disclose about their own recovery.</p>

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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)**8. Rehabilitative Services: Outpatient Behavioral Health (cont'd)****(c) Covered Services**

- i. **Comprehensive Assessment** –The comprehensive assessment is an in-depth, detailed assessment of the child, youth or young adult's emotional, social, behavioral and developmental functioning within the home, school and community, including the direct observation of the individual in those settings. It must identify a behavioral health diagnosis or complex trauma and recommend services. It includes a history of psychiatric symptoms, concerns and problems, mental health status, psychosocial history, a classification of the diagnosis from the current edition of the DSM, an evaluation of alcohol and other drug use, as well as the client's strengths and needs. It serves as the factual basis to develop the individualized care plan. Service components include a psychiatric diagnostic assessment and/or a functional assessment by a BHP to objectively determine the service intensity needs of children and adolescents with (or significant risk for) Severe Emotional Disturbance (SED) or with Substance Abuse Disorders, using a national standardized tool, such as CANS, CASII or ASAM.
- ii. **Development of Individualized Care Plan (ICP) and Review** - This is a process by which the information obtained in the assessment is evaluated and used to develop a plan of care that has individualized goals, objectives, activities and services that will enable a client to improve. It is to focus on recovery and must include a discharge plan. This service is conducted by a BHP. A Wraparound planning process supports children and youth in returning to or remaining in the community. Refer to Supplements to Attachment 3.1-A, page 1d and page 1f for coverage and provider qualifications.
- iii. **Crisis Intervention Services (CIS).** CIS are for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, or homicidal or severe psychiatric distress. CIS components include:
 - (A) **Crisis Assessment** - Crisis Assessment is an immediate face-to-face evaluation by a physician or BHP to determine the client's immediate presenting situation and identifying any immediate need for emergency services. The crisis assessment is a facility-based service provided by a BHP, and may include up to 23 hours and 59 minutes of observation.
 - (B) **Crisis Management/Behavior Redirection** - The intervention shall be designed to de-escalate situations in which a risk to self, others, or property exists. Services are provided by a BHP and shall assist a client to regain self-control and re-establish effective management of behavioral symptoms associated with a psychological disorder in an age-appropriate manner.
 - (C) **Crisis Psychotherapy, Mobile team** - Mobile crisis services are short-term intensive services started during a mental health crisis or emergency to help the client. Mobile crisis services must be available 24 hours per day, 365 days per year and provided onsite by a mobile crisis team in a community setting, and provided promptly. In most cases, a two-person crisis team is on call and available to respond. The team may be comprised of a BHP and a paraprofessional (i.e., QBHT, CPSP), who are trained in crisis intervention skills and in serving as the first responders to children and families needing help on an emergency basis.
 - (D) **Crisis Stabilization, Facility-Based** - These services include professional treatment services to provide extended stabilization in a 24-hour, structured residential setting. This service is provided to a client after the crisis assessment as an alternative to inpatient hospitalization, for extended stabilization. This service does not include respite. Professional services are provided by a BHP.

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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)

8. Rehabilitative Services: Outpatient Behavioral Health

(c) Covered Services (continued)

iv. **Children's Psychosocial Rehabilitation (CPSR)** - CPSR is an array of services that are provided in the child's home, or in the location where behavioral challenges are most likely to occur such as school, or in community settings. These services are available to all children, youth and young adults aged 0 -21 that meet the medical necessity criteria. The CPSR components are described in (A)-(C) below:

(A) Intensive Family Intervention (IFI) - This is community-based intensive behavioral health intervention delivered to treat emotional disturbances or co-occurring substance use disorders. Services are designed to correct or ameliorate symptoms of mental health and/or substance abuse problems and to reduce the likelihood of the need for more intensive/restrictive services. Services include family therapy with the individual and family directed specifically towards the identified youth and his or her behavioral health needs and goals as identified in the individualized plan of care. Treatment may include trauma-informed and evidence based practices (EBP) related to adverse childhood experiences. IFI services may be provided individually in the office, home or community, or in single or multi-family group sessions. Group sessions may not be provided in the home. IFI services are directed exclusively toward the treatment of the SoonerCare eligible individual. These services are provided by a BHP.

(B) Intensive In-home (IIH) Support, Skills Training - Services are designed to restore, rehabilitate and support the individual's emotional and social development and learning. Services are intended for children, youth and young adults to provide intensive, on-going interventions that are specified in the individual's person-centered, individualized plan of care. This service reinforces the desired behavioral or cognitive changes by assisting the child and family in everyday application of the clinical plan of care's strategies and resultant insights. These services are designed to avoid the need for more restrictive care such as hospitalization and residential care. Components include:

- (1) **"Problem identification"** is made in collaboration with the client in terms of obstacles that are barriers to the client's personal goals in his/her current life;
- (2) **"Goal setting"** generates short-term approximations to the client's personal goals with specification of the social behavior that is required for successful attainment of the short-term, incremental goals. The goal-setting endeavor requires the provider to elicit from the client detailed descriptions of what communication skills are to be learned, with whom are they to be used, where, and when;
- (3) **"Role play" or "behavioral rehearsal"**. Through these, the client demonstrates the verbal, nonverbal, and paralinguistic skills required for successful social interaction in the interpersonal situation set as the goal. Positive and corrective feedback is given to the patient focused on the quality of the behaviors exhibited in the role play;
- (4) **"Social modeling"** is provided by demonstrating the desired interpersonal behaviors in a form that can be vicariously learned by the observing patient;
- (5) **"Behavioral practice"** by the client is repeated until the communication reaches a level of quality tantamount to success in the real-life situation;
- (6) **"Positive social reinforcement"** is given contingent on those behavioral skills that showed improvement;
- (7) **"Positive reinforcement" and "Problem solving"** is provided at the next session based on the patient's experience using the skills on their own in a real life setting, since the last session.

This service, along with all of the components are provided by a QBHT or higher, who works with the client's lead BHP to implement the plan of care. Services may be provided individually or in group sessions. Group sessions may not be provided in the home and must use evidence based practices.

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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)

8. Rehabilitative Services: Outpatient Behavioral Health

(c) Covered Services (continued)

iv. Children's Psychosocial Rehabilitation (CPSR) (continued)

(C) Therapeutic Behavioral Services, (TBS) - Services are goal directed activities for each client to restore, retain and improve the self-help, socialization, communication, and adaptive skills necessary to reside successfully in home and community-based settings. It also includes problem identification and goal setting, medication support, restoring function, and providing support and redirection when needed. TBS activities are behavioral interventions to complement more intensive behavioral health services and may include the following components:

- (1) Basic living and self-help skills:** Clients are given the skills to manage their daily lives which have been affected by mental health and/or substance use disorder issues; Clients' lives are restored by learning safe and appropriate behaviors to use, which may include stress and anger management, behavior redirection and self-esteem enhancement;
- (2) Social skills:** Through rehabilitative interventions, clients are able to identify and comprehend the physical, emotional and interpersonal needs of others which enables them to interact with others;
- (3) Communication skills:** Clients are able to overcome the disabling effects that mental health and/or substance use disorder issues have on their every day lives by learning how to appropriately communicate their physical, emotional and interpersonal needs to others;
- (4) Organization and time-management skills:** Clients are enabled to manage and prioritize their daily activities which have been diminished by their mental health and/or substance use disorder issues;
- (5) Transitional living skills:** Clients are enabled through rehabilitative interventions to begin partial-independent and/or fully independent lives;

The activities in paragraphs (B)(1)-(5) above are provided one-on-one, and may be provided by a QBHA or higher under the supervision of, or direction of a BHP. All services may be provided in the home, residential or school settings, or in the community.

- v. Peer Services: Parent and Youth Support Services** – Parent and youth support services include developing and linking with formal and informal supports; instilling confidence; assisting in the development of goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching skills necessary to improve coping abilities. The providers of peer support services are family members or youth with “lived experience” who have personally faced the challenges of coping with serious mental health and/or substance use disorder conditions, either as a consumer or a caregiver. These peers provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth. Child training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child, provided under the direction of a child and family treatment team and intended to support the family with maintaining the child in the home and community. Parent support ensures the engagement and active participation of the family in the care planning process and guides families toward taking a proactive role in their child's treatment.

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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)**8. Rehabilitative Services: Outpatient Behavioral Health****(d) Covered Services** (continued)**vi. Peer Services: Parent and Youth Support Services (continued)**

Following are the minimum requirements for coverage of Peer support:

- A. **Supervision** – Services must be provided, under the supervision of a BHP.
- B. **Care coordination** - Services are goal directed and coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals.
- C. **Training and Credentialing** - This service is provided by a trained/certified CPSP under the supervision of a BHP. For provider qualifications, see Attachment 3.1-A, page 1a-6.4(b).

vii. **Intensive Outpatient Substance Abuse (IOP/SA) Rehabilitation-** Structured group services individuals who have emotional or behavioral problems related to substance abuse/chemical dependency, to restore and support recovery from alcoholism, problem drinking, drug abuse, drug dependency addiction or nicotine use and addiction. Individual counseling may be provided as a supportive adjunct to group sessions. This service is provided by a BHP or CADC.

viii. **Therapeutic Day Treatment (TDT)** - Day Treatment is for the stabilization of individuals with severe emotional and/or behavioral disturbances. These interventions are designed to reduce symptoms, improve behavioral functioning, increase the individual's ability to cope with and relate to others, promote recovery, and enhance the client's capacity to function in an educational setting, or to be maintained in community based services. Services shall be provided in a facility away from the client's residence. Treatment activities include: family, group and Individual psychotherapy, medication training & support, and CPSR (for description of CPSR see Attachment 3.1A, Page 1a-6.5a). Staff collaborates with the school and other service providers prior to admission and throughout service duration. Services do not include routine supervision, child care, respite or personal care. Individual, family and group psychotherapy is be provided by a BHP. Medication training & support is provided by a physician assistant or licensed registered nurse under the supervision of a physician, or an advanced practice nurse. Group rehabilitation is provided by a QBHT or higher supervised by a BHP.

ix. **Multi-systemic Therapy (MST)** - Multi-systemic therapy is an intensive family and community-based treatment program that focuses on addressing all environmental systems of youth whose service needs require the involvement of multiple components within the system of care. The MST model is based on empirical data and evidence based interventions that target specific behaviors with individualized behavioral interventions. The MST program seeks to improve the real-world functioning of youth by changing their natural settings in ways to promote prosocial behavior while decreasing antisocial behavior. Therapists work with youth and their families to address the known causes of delinquency on an individualized, yet comprehensive basis. MST is a home-based service delivery model. All MST services must be provided to, or directed exclusively toward the treatment of the SoonerCare eligible youth.

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment (continued)

8. Rehabilitative Services: Outpatient Behavioral Health

(c) Covered Services (continued)

(A) Eligible Providers: MST

Refer to Attachment 3.1-A, pages 1a-6.4 through 1a-6.4b for individual 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.

(B) MST Team

Services are provided through a team approach (BHP and QBHT) to individuals and their families. The intent of the team approach is to:

- (1) promote the family's capacity to monitor and manage the youth's behavior;
- (2) involve families and other systems, such as the school, probation officers, extended families and community connections;
- (3) provide access to a variety of interventions 24 hours per day, seven days per week by staff that will maintain contact and intervene as one organizational unit; and
- (4) include structured face-to-face therapeutic interventions to provide support and guidance in all areas of functional domains (adaptive, communication, psychosocial, problem solving, behavior management, etc.)

(C) MST Service Components:

An initial psychiatric, psychological or psychosocial assessment/evaluation completed by a BHP is used to document medical necessity and to identify the focus of the MST intervention;

- (1) Therapeutic interventions with the individual and his or her family such as strategic family therapy, structural family therapy, intensive family intervention (IFI), and cognitive behavioral therapy;
- (2) Peer services (see Attachment 3.1A, Page 1a-6.5b for individual service description);
- (3) Specialized therapeutic and rehabilitative interventions to address all areas seen as contributing to an individual's delinquency including, but not limited to:
 - substance abuse; or
 - sexual abuse; or
 - domestic violence; and
 - crisis stabilization

(D) MST Exclusions:

MST cannot be billed in conjunction with the following:

- Children's Psychosocial Rehabilitation;
- Partial Hospitalization/ Intensive Outpatient Treatment;
- Residential Services (PRTF, RBMS, TFC or Group Services)
- Targeted Case Management
- Individual, family, group therapy
- Mobile crisis intervention
- Peer-to-Peer services
-

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.

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment (continued)

8. Rehabilitative Services: Outpatient Behavioral Health

(c) Covered Services (continued)

- x. **Partial Hospitalization (PHP) / Intensive Outpatient (IOP)** – PHP / IOP is an intermediary, stabilizing step for children/adolescents that have had inpatient 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. PHP/IOP 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. Treatment is time limited and must be offered a minimum of 3 hours per day, 5 days per week.

(A) Eligible Providers: PHP/IOP

All outpatient behavioral health providers eligible for reimbursement must be an accredited organization, 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/IOP services are employees or contractors of the enrolled agency. The agency is responsible for ensuring that all services are provided by properly credentialed clinicians.

(B) PHP/IOP Team

All services in the PHP/IOP program are provided by a clinical team consisting of the following required professionals: a licensed physician, registered nurse, behavioral health practitioners (BHP). BHPs include any credentialed practitioner licensed for independent practice or under supervision. The clinical team may also include any QBHT. The number of professionals and paraprofessionals required on the clinical team is dependent on the size of the program. Team members must meet the individual qualifications, as applicable, listed in the provider qualifications section.

(C) PHP/IOP Service Components

- Assessment, diagnostic and care plan for mental illness and/or substance abuse disorders by BHP (that do not duplicate the services provided by the inpatient setting)
- Plans of care must be strength-based and address the goals listed in the child's IEP. The plan of care is directed under the supervision of a physician; however physician direct supervision is not required;
- Individual/family/group psychotherapies provided by BHPs (family therapy is directed toward treatment of the individual's condition);
- Substance abuse specific services provided by individuals qualified to provide these services (Alcohol and Drug Counselors);
- Drugs and biologicals furnished for therapeutic purposes;
- CPSR groups and educational services to the extent the intervention and education services are closely and clearly related to the individual's care and treatment;
- Medication management;
- Monitoring and follow-up activities including activities and contacts that are necessary to ensure that the plan of care is effectively implemented, and adequately addresses the needs, including education needs of the individual, so that the child can make a successful transition back to home and/or school. This service can be performed by a BHP or a qualified Behavioral Health Case Manager;
- Referral and linking activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services by a qualified Behavioral Health Case Manager.

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment (continued)

8. Rehabilitative Services: Outpatient Behavioral Health

(c) Covered Services (continued)

(D) Eligibility Criteria: PHP/IOP

Any child 0-21 who is an eligible client and meets the medical necessity criteria and programmatic criteria for behavioral health services quality for PHP/IOP. This service must be ordered by a physician, physician's assistant, or advanced registered nurse practitioner, within their scope of practice, and be prior authorized by OHCA or its designated agent. 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.

(E) Billing Limits: PHP/IOP

1. Therapeutically intensive clinical services are limited to 4 billable hours per day, as authorized.
2. PHP/IOP is all-inclusive of the service components. PHP/IOP cannot be billed in conjunction with the following:
 - Children's Psychosocial Rehabilitation Services;
 - Residential Services (PRTF or RBMS);
 - Targeted Case Management;
 - Individual, family, or group therapy;
 - Mobile crisis intervention;
 - Peer-to-Peer services;
 - Therapeutic Day Treatment (TDT);
 - MST

(d) Exclusions and Limitations

- i. All behavioral health services must be subject to the medical necessity criteria. The services listed in 8(c) iv - x are initiated following the completion of a diagnostic screen or assessment and subsequent development of a plan of care.
- ii. 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.
- iii. A QBHT who also provides case management services must document case management separately from rehabilitation services and may not refer to their own agency.

(e) Non-Covered Services

- i. Room and Board;
- ii. Educational costs;
- iii. Services to inmates of public institutions;
- iv. Services to clients in Institutions for Mental Diseases (IMDs);
- v. Routine supervision and non-medical support services in school setting;
- vi. Child care;
- vii. Respite;
- viii. Personal 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)**9. Preventive Services – (42 CFR 440.130(c))**

Outpatient Substance Abuse Prevention Counseling– Interactive, preventive counseling that may include training in life skills, such as problem-solving, responsibility, communication and decision-making skills, which enable individuals to successfully resist social and other pressures to engage in activities that are destructive to their health and future. This service must be recommended by a physician or other licensed practitioner and may be provided by a BHP. A QBHT may provide assistance. For individual provider qualifications, see Attachment 3.1-A, page 1a-6.4.

10. Inpatient Psychiatric Services (42 CFR 440.160). – Provided when medically necessary and prior authorized.

11. Personal Care Services (PCS) (42 CFR 440.167). – Services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease that are: 1) authorized for an individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with an IEP service plan; 2) provided by registered paraprofessionals who have completed training 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 and who is not a member of the individual's family (or legally responsible relative) Provision of these services allows clients with disabilities to function safely in their activities of daily living in the home and to safely attend school. Services include, but are not limited to: dressing, eating, bathing, assistance with transferring and toileting, positioning and instrumental activities of daily living such as preparing meals and managing medications. PCS also includes assistance while riding a school bus to handle medical or physical emergencies. Services must be prior authorized. The determination of whether a client needs PCS is based on a client's individual needs and a consideration of family resources.

12. School-Based Health Services (42 CFR 440.130) - School based health services include covered Behavioral Health services, treatment, and other measures to correct or ameliorate an identified mental health or substance abuse diagnosis and are provided pursuant to a valid Individualized Education Plan (IEP). Licensed psychologists may provide testing in school settings. Reimbursement for psychological evaluations in school settings is only available if the child ultimately has a covered service in an IEP. For evaluations conducted in a school setting, the Oklahoma State Department of Education (OSDE) requires that a licensed supervisor sign the evaluation. Therapeutic interventions and academic services are required to be coordinated with identified school staff (e.g., IEP case manager) in order to avoid duplication.

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

**Individual Provider Qualifications
School Based Services**

Type of Service	CORRESPONDING 1905 CITATION	INDIVIDUAL PROVIDER QUALIFICATIONS
Child Health Screening (Excludes mass screenings)	Sec 1905(r)(1)	<ul style="list-style-type: none"> • State licensed physician (M.D. or D. O.); • State licensed nurse practitioner with prescriptive authority; • State licensed physician assistant
Hearing and Vision Screening (Excludes mass screenings)	Sec 1905(r)(1)	<ul style="list-style-type: none"> • RN or LPN or RN Supervision • State Licensed Audiologist or Speech and Language Therapist • State Licensed Doctor of Optometry (O.D.)
Dental Screening (Excludes mass screenings)	Sec 1905(r)(1)	<ul style="list-style-type: none"> • State licensed Doctor of Dentistry (D.D.S.)
Child Health Diagnostic Encounter; Child Health Encounter	Sec 1905(a)(6)	<ul style="list-style-type: none"> • Individual licensed practitioners w/in scope of practice and enrolled in Medicaid • School nurse/licensed registered or Licensed Practical nurse w/in scope of practice
Psychological Evaluation and Testing	Sec 1905(r)(5)	<ul style="list-style-type: none"> • State licensed psychologist working within scope of license or certification.
School-Based Case Management (SBCM)	Sec 1905(a)(19)	<ul style="list-style-type: none"> • Case managers certified by the OSDE as meeting the requirements for providing case management. • Services pursuant to IEP or IFSP

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

**Individual Provider Qualifications
School Based Services**

Type of Service	CORRESPONDING 1905 CITATION	INDIVIDUAL PROVIDER QUALIFICATIONS
Speech Language Evaluation and Therapy Services	1905(a)(13)(C)	<ul style="list-style-type: none"> State licensed speech language pathologist who (1) holds a certificate of clinical competence from the American Speech and Hearing Association (ASHA); or (2) has completed the equivalent educational requirements and work experience necessary for the certificate; or (3) has completed the academic program and is acquiring supervised work experience to qualify for the certificate. Speech pathology assistant, authorized by the Board of Examiners, working under the direction and employment of a State licensed speech language pathologist. The supervising pathologist may not supervise more than two speech pathology assistants, and must be on site.
<div style="border: 1px solid red; padding: 5px; width: fit-content;"> State: Oklahoma Date Received: June 30, 2013 Date Approved: November 18, 2015 Date Effective: April 1, 2013 Transmittal Number: 13-12 </div> Hearing Services	Sec 1905(r)(4)	<ul style="list-style-type: none"> State licensed, master's degree audiologist who (1) holds a certificate of clinical competence from the American Speech and Hearing Association (ASHA); or (2) has completed the equivalent educational requirements and work experience necessary for the certificate of clinical competence from the ASHA; or (3) has completed the academic program and is acquiring supervised work experience to qualify for the certificate of clinical competence from the ASHA State licensed, master's degree speech language pathologist who (1) holds a certificate of clinical competence from the ASHA; or (2) has completed the equivalent educational requirements and work experience necessary for the certificate of clinical competence from the ASHA; or (3) has completed the academic program and is acquiring supervised work experience to qualify for the certificate of clinical competence from the ASHA State certified Speech Therapist working under the direction of a state licensed Speech Language Pathologist Certified orientation and mobility specialist

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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)**Individual Provider Qualifications
School Based Services**

Type of Service	CORRESPONDING 1905 CITATION	INDIVIDUAL PROVIDER QUALIFICATIONS
Vision Services	Sec 1905(r)(2)	<ul style="list-style-type: none"> State Licensed Doctor of Optometry (O.D.)
Physical Therapy Evaluation and Services	Sec 1905(a)(11)	<ul style="list-style-type: none"> State licensed physical therapist Physical therapy assistant authorized by the Board of Examiners, working under the supervision of a licensed physical therapist. The licensed physical therapist may not supervise more than three physical therapy assistants.
Occupational Therapy Evaluation and Services	Sec 1905(a)(13)(C)	<ul style="list-style-type: none"> State licensed occupational therapist Occupational therapy assistant authorized by the Board of Examiners, working under the supervision of a licensed occupational therapist.
Assistive Technology	Sec 1905(r)(5)	<ul style="list-style-type: none"> State licensed speech language pathologist who (1) holds a certificate of clinical competence from the American Speech and Hearing Association (ASHA); or (2) Has completed the equivalent educational requirements and work experience necessary for the certificate; or (3) Has completed the academic program and is acquiring supervised work experience to qualify for the certificate. State licensed physical therapist State licensed occupational therapist.
Nursing Services	1905(a)(6)	<ul style="list-style-type: none"> Registered nurse (RN) Licensed practical nurse (LPN) working under the supervision of an RN (in accordance with OK Nurse Practice Act)
Personal Care	Sec 1905(a)(24)	<ul style="list-style-type: none"> Registered paraprofessionals/ assistants who have completed training approved or provided by SDE; or Personal care assistants, including licensed practical nurses (LPNs), who have completed on-the-job training specific to their duties.

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

**Individual Provider Qualifications
School Based Services**

Type of Service	CORRESPONDING 1905 CITATION	INDIVIDUAL PROVIDER QUALIFICATIONS
School –Based Behavioral Health Services		
Services must be recommended by a licensed practitioner of the healing arts within the scope of their license. For services provided on school campus, contracted (or designated) community provider must ensure compliance with confidentiality and privacy laws and coordination of the clinical plan of care with identified school staff (e.g., IEP case manager) is required. Parent's consent must be obtained. Rendering staff must meet individual provider qualifications. Services must not be duplicative.		
Individual/Family/Group Psychotherapy. Need for service in school setting must be documented in IEP.	1905(a)(13)(C)	<ul style="list-style-type: none"> • Qualified Psychological Clinicians • Any Medicaid enrolled, qualified BHP.
Crisis Management / Behavior Redirection. Individualized, one-on-one service	1905(a)(13)(C)	<ul style="list-style-type: none"> • Any Medicaid enrolled, qualified BHP • Qualified Psychological Clinicians
Therapeutic Behavioral Services (TBS) Refer to Att. 3.1-A, Page 1a 6.5b for a description of the service. Need for service in school setting must be documented in IEP.	1905(a)(13)(C)	<ul style="list-style-type: none"> • Any Medicaid enrolled, qualified provider (BHSA)
Therapeutic Day Treatment (TDT). Refer to Att. 3.1-A, Page 1a-6.5c for a description of the service. Need for service in school setting must be documented in child's IEP.	1905(a)(13)(C)	<ul style="list-style-type: none"> • Any Medicaid enrolled qualified provider.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

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

(d) Outpatient Behavioral Health Services in Licensed, Therapeutic Foster Family Homes (TFFHs)

Outpatient behavioral health services in licensed TFFHs is an array of services provided based on the needs of the individual, and includes the following four (4) program components:

- i. **Children's Psychosocial Rehabilitation (CPSR)** - Reimbursement will be made in accordance with a state-specific child health fee schedule. A unit of service equals 15 minutes.
- ii. **Targeted Case Management (TCM)** - Reimbursement will be made in accordance with the methodology in Attachment 4.19-B, Pages 36 or 37.
- iii. **Behavioral Health Practitioner (BHP) Services** - Reimbursement will be made in accordance with the methodology in Attachment 4.19 B, page 16 (a).
- iv. **Preventive Services** - Substance Abuse Counseling. Reimbursement will be made in accordance with a state-specific child health fee schedule. A unit of service equals a session.

(e) Outpatient Behavioral Health Service Limitations in TFFHs

- i. The **CPSR-TBS** rate is based on a reasonable estimate of the salaries and fringe benefits of the QBHA and overhead costs, including clinical oversight, and assumes a maximum of two (2) individuals per QBHA in the TFFH at one time. The resulting rate reflects the costs of working as the change agent for the individual's daily living skills as well as the added attention given to their future independent living needs (refer to Att. 3.1.A, Page 1a-6.5b for a description). The rate does not include the costs of: Room and Board; Educational; Transportation; or Respite care.
- ii. **CPSR (IIH and TBS)** are limited to 6 units each per day. CPSR (IIH) -Group is limited to 16 units per day.
- iii. **TCM - Avoiding Duplication of Services:** State law requires that a child placed in out-of-home care receive regular contact* by the caseworker, which is documented in an individual service plan (ISP). Based on national level of care guidelines and Treatment Foster Care (TFC) program standards, individuals that meet the medical necessity criteria for treatment provided in TFFHs require a higher intensity of case management to coordinate their service needs, than individuals placed in lower levels of care. The recommended National TFC standards are that, at a minimum, the private agency provide two (2) face-to-face contacts per month that supplement (rather than replace) the planned monthly, contact by the government agency. This active, intensive monitoring of the Individual care plan (ICP) ensures that the individual's needs are adequately addressed in the less restrictive environment. The private provider's activities also include transition planning that begins upon the day of admission, which is related to the child's physical and behavioral health needs. For example, transition includes aftercare planning for continuity of care and treatment, such as linking and ensuring follow-up with a primary care physician for monitoring use of psychotropic medication, follow-up to appropriate outpatient behavioral health services to continue the intervention goals that have been achieved, and community reintegration. The government agency's Medicaid costs for case management (billed in weekly units of service) have been cost allocated in accordance with 42 CFR 441.18(d). The private provider agency has a formal relationship with the government agency to collaborate and integrate the ICP with the government agency's individual service plan, in order to avoid duplication of services.
- iv. **CPSR and BHP** services cannot be billed in conjunction with the following:
 - Partial Hospitalization/Intensive Outpatient (PHP/IOP);
 - Therapeutic Day Treatment (TDT), (unless outlined in the ICP, in order to enhance the child's capacity to remain in the community and included in the IEP);
 - Multi-systemic Therapy (MST);
 - Facility-based crisis stabilization.

* At least once per month is required in accordance with the January 4, 2012 Compromise and Settlement Agreement, *D.G. vs. Yarborough, Case No. 08-CV-074*, a.k.a., the "[Pinnacle Plan](#)").

The agency's fee schedule rate was set as of April 1, 2013 and is effective for service provided on or after that date. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of EPSDT Services, and any annual/periodic adjustments are published on the agency's website @ www.okhca.org

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

4b. Early and Periodic screening, diagnostic and treatment (cont'd)**(h) Outpatient Behavioral Health Services in Licensed, Private Residential Group Homes.**

- i. It is expected that behavioral health services in group home settings are an array of treatment services provided in one day that includes the program requirements. Refer to Att. 4.19 B page 39 for the fee schedule.
- ii. **Case Management - Reimbursement** will be made in accordance with the methodology in Attachment 4.19-B, Pages 36 or 37.
- iii. Outpatient Behavioral health services in group home settings may not be billed in conjunction with PHP/IOP, TDT or MST.

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