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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 18-029

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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 08, 2018

Our Reference: SPA OK 18-0029

Becky Pasternik-Ikard
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 18-0029, with an effective date of July 1, 2018. This amendment was submitted to implement a three percent rate increase for psychotherapy provided in outpatient behavioral health clinics.

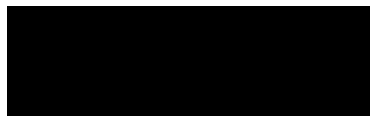
This letter affirms that OK 18-0029 is approved effective July 1, 2018 as requested by the State.

We are enclosing the CMS-179 and the following amended plan pages.

- Attachment 4.19-B, Page 24
- Attachment 4.19-B, Page 29

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas

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

1. TRANSMITTAL NUMBER

1 8 - 2 9

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

July 1, 2018

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

☐

NEW STATE PLAN

☐

AMENDMENT TO BE CONSIDERED AS A NEW PLAN

☒

AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.90

7. FEDERAL BUDGET IMPACT

a. FFY 2018 \$ \$560,323
b. FFY 2019 \$ \$2,387,090

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 24
Attachment 4.19-B, page 29

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, page 24; TN# 10-27
Attachment 4.19-B, page 29; TN# 13-09

10. SUBJECT OF AMENDMENT

Rate increase for psychotherapy provided in outpatient behavioral health clinics rate increase

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]

13. TYPED NAME

Becky Pasternik-Ikard

14. TITLE

Chief Executive Officer

15. DATE SUBMITTED

September 28, 2018

16. RETURN TO

Oklahoma Health Care Authority
Attn: Tywanda Cox
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 28, 2018

18. DATE APPROVED

November 8, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

01-Jul-18

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Bill Brooks

22. TITLE

Associate Regional Administrator, Division of Medicaid
and Children's Health (DMCH)

23. REMARKS

c: Becky Pasternik-Ikard
Tywanda Cox

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

9. Clinic Services (continued)**(d) State-Operated Freestanding Community Mental Health Centers (CMHCs) and Private Outpatient Behavioral Health Clinics**

Behavioral health practitioner (BHP) services provided by state operated, freestanding CMHCs and Private Outpatient Behavioral Health Clinics on or after July 1, 2018 that are enrolled, qualified clinics approved by the state shall be reimbursed by the Medicaid fee schedule described on Attachment 4.19-B, Page 29 section 13.d.1(A) of the practitioner employed or contracted with the clinic. Physician services provided in the clinic setting are reimbursed using the reimbursement methodology found on Attachment 4.19-B, Page 3.

Federal regulations (42 CFR §447.321) require that the payment system not pay more for clinic services than a reasonable estimate of what Medicare would pay for Medicaid equivalent services in the aggregate.

(e) Supplemental Payments for Behavioral Health Community Networks (BHCN)**Eligibility Criteria**

- In order to maintain access and sustain improvement in clinical and non-clinical care, supplemental payments will be made to BHCNs that meet the following criteria:
 - Must be a freestanding governmental or private provider organization that is certified by and operates under the guidelines of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as a Community Mental Health Center (CMHC) and;
 - Participates in behavioral quality improvement initiatives based on measures determined by and in a reporting format specified by the Medicaid agency.

The state affirms that the clinic benefit adheres to the requirements at 42 CFR 440.90 and the State Medicaid Manual at 4320 regarding physician supervision.

State: Oklahoma
Date Received: 28 September, 2018
Date Approved: 8 November, 2018
Effective Date: 1 July, 2018
Transmittal Number: 18-0029

Revised 07-01-18

TN# 18-0029

Approval Date 11/08/2018

Effective Date 07/01/2018

Supersedes TN# 10-27

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE****13.d. Rehabilitative Services****13.d.1. Outpatient Behavioral Health and Substance Use Disorder Treatment Services****A. Outpatient Behavioral Health Services in Agency Setting**

Services provided by public and private programs as described on Attachment 3.1-A Page 6a-1.1 through Attachment 3.1-A Page 6a-1.3 shall be reimbursed using a state specific fee schedule based on type and level of practitioner employed by the agency. The types of service and minimum qualified practitioners are described in Attachment 3.1.A Page 6a-1.3a through 6a-1.3e. The rate for each service is a set fee per unit of service. All rates are published on the Agency's website www.okhca.org/behavioral-health.

(1) Behavioral Health Practitioners (BHPs)

Payment rates are established for services provided by qualified Level I and Level II (A) BHPs using a state developed fee schedule. Level II (B) BHPs are paid at 90% of the Level II (A) fee schedule.

(2) Other Qualified Staff

Other qualified agency staff include Behavioral Health Rehabilitation Specialists (BHRS), Certified Alcohol and Drug Counselors (CADCs), Certified Peer Recovery Support Specialists (CPRSS or RSS), and Registered Nurses (RNs). Services are paid based on a state-specific fee schedule.

B. EPSDT Rehabilitative Services

Rehabilitative services described in Attachment 3.1 Pages 1a-6.5 through 1a-6.5f are reimbursed in accordance with the state-specific behavioral health fee schedule. The reimbursement methods for Multi Systemic Therapy (MST) and Partial Hospitalization (PHP) are found on Attachment 4.19 B pages 16.2 and 17, respectively.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient behavioral health and substance use disorder treatment services. The Agency's fee schedule rate was set as of July 1, 2018 and is effective for services provided on or after that date. All rates are published on the Agency's website www.okhca.org/behavioral-health.

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TN# 18-0029
Supersedes TN# 13-0009

Approval Date 11/08/2018Effective Date 07/01/2018