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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0033

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 24, 2020

Melody Anthony
State Medicaid Director
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Our Reference: SPA OK 20-0033

Dear Ms. Anthony:

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) to Attachment 4.19-B, OK# 20-0033, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 7, 2020. This state plan amendment revises the rate methodology for new Certified Community Behavioral Health (CCBH) service providers.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2</u> <u>0</u> — <u>0</u> <u>0</u> <u>33</u>	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, 2020
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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


6. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. 447.201(b); 42 C.F.R. 440.130	7. FEDERAL BUDGET IMPACT a. FFY 2020 _____ \$ 0 b. FFY 2021 _____ \$ 355,678
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 30a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B, Page 30a; TN#19-0010
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10. SUBJECT OF AMENDMENT
Revision of rate methodology for new Certified Community Behavioral Health (CCBH) service providers

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

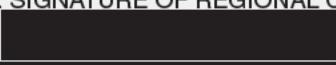
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Traylor Rains 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Melody Anthony	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED 7/7/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED 9/24/2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

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

13.d.3 Reimbursement for CCBH Rehabilitative services *(continued)*

B. CCBH Payments for Non-Established Clients

Non-established CCBH clients are those program users that receive crisis services directly from the CCBH without receiving a preliminary screening and risk assessment by the CCBH and those referred to the CCBH directly from other outpatient behavioral health agencies for pharmacologic management. Payments for services provided to non-established clients will be separately billable:

1. **Crisis Assessment and Intervention** – Facility-based, crisis stabilization unit services delivered at Red Rock CMC are not included in the facility-specific PPS rate and payment is made based on the methodology in Attachment 4.19-B, Item 13.d.3(A)(2), Other State Plan Covered Services.
2. **Care Coordination for Drug and Specialty Court Referrals** – In addition to the psychiatrist evaluation paid on a fee-for-service basis, separate payment may be made for at least 15 minutes of clinical staff time directed by a physician, per calendar month. The rate is \$45 per encounter. Drug and Specialty Court case managers bill as usual to Medicaid.

C. Development of the PPS Rates

1. **Existing CCBH Services** – Monthly rates were developed based on provider-specific cost report data from the fourth quarter of state fiscal year (SFY) 2018 (April 1, 2018 to June 30, 2018). The rates include allowable CCBH costs for services rendered by a certified provider, including all qualifying sites of the certified provider established prior to July 1, 2019.
2. **New CCBH Services** – For CCBHs that are certified by ODMHSAS after July 1, 2019, the State will establish an interim PPS rate by reference to 90% of the average rates of existing urban CCBHs.
 - a. Providers will be required to file the most recent 12-month cost report that encompasses the first full year of activity in the CCBH program.
 - b. Provider-specific PPS rates will be set based on the first full year (12-month) cost report, inflated to the midpoint of the rate year by the March update of the Medicare Economic Index (MEI), and will be effective on the July 1 following the end of the cost report year.
 - c. Claims paid subsequent to the effective date of the provider-specific rate but before the provider-specific rate is determined will be subject to retroactive adjustment upon implementation of the provider-specific rate. The State will perform a mass adjustment in the MMIS. Claims will be re-adjudicated once pricing is updated in the MMIS.

D. Reimbursement for Special Populations

Effective July 1, 2019, the State will review care needs and rates for clients assigned to special population categories every 90 days to determine a need for continued stay at this level of service intensity and if the client has been admitted for an inpatient psychiatric hospital stay. If the client has been admitted during this time period, the State will pay the provider the standard rate for services rendered to that client.

E. Updates to Rates

Provider-specific monthly rates will be updated annually by the March update of the MEI to reflect changes due to inflation.

The State will review cost reports bi-annually to determine adequacy of the rates. The Agency's fee schedule rates for CCBH services were set as of July 1, 2019 and are effective for services provided on and after that date. All rates are published on the Agency's website at okhca.org/behavioral-health.

F. Avoiding Duplication of Payment for Care Management/Coordination

Individuals eligible for CCBH services are eligible for all needed Medicaid covered services; however, duplicate payment is prohibited. The State will assure that CCBH care coordination (CC) and payments will not duplicate other state plan or waiver CC activities. The State will avoid duplication through MMIS edits and person-centered planning processes to advance an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration.