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State/Territory Name: Oklahoma

State Plan Amendment (SPA) OK: 21-0041

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

August 23, 2022

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

RE: SPA OK 21-0041

Dear Director Anthony,

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) to Attachment 4.19-B, OK# 21-0041, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 26, 2021. This state plan amendment updates and clarifies the frequency and method for re-basing Certified Community Behavioral Health (CCBH) Prospective Payment System (PPS) rates based on cost reports.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. 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 Robert Bromwell at 410-786-5914 or Robert.bromwell@cms.hhs.gov.

Sincerely,



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>1</u> — <u>0</u> <u>0</u> <u>41</u>	2. STATE Oklahoma
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2021	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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*)

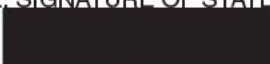
6. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. 447.201(b); 42 C.F.R. 440.130	7. FEDERAL BUDGET IMPACT a. FFY 22 \$ <u>0.00</u> b. FFY 23 \$ <u>0.00</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 30a Attachment 4.19-B, Page 30a-1 [NEW] Attachment 4.19-B, Page 30	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B, Page 30a; TN #20-0033 Attachment 4.19-B, Page 30

10. SUBJECT OF AMENDMENT

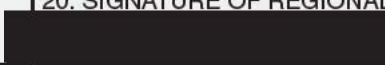
Updating and clarifying the frequency and method for re-basing Certified Community Behavioral Health (CCBH) Prospective Payment System (PPS) rates based on cost reports.

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 October 26, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 10/26/2021	18. DATE APPROVED August 23, 2022
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

Pen and ink changed authorized via email on 8/23/2022 to include Attachment 4.19-B, Page 30 to blocks 8 and 9.

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

13.d.3 Reimbursement for CCBH Rehabilitative services

A. Payment for Established/Existing Clients

Program users that receive preliminary screening and risk assessment to determine acuity of needs directly from the CCBH prior to or concurrent with the receipt of additional CCBH services are considered established/existing clients of a CCBH. Reimbursement for CCBH rehabilitative services provided to these clients will be one of three provider-specific monthly bundled rates. The monthly bundled rate varies by category and level of service intensity.

Standard Population (StdPop) – CCBH users not in special populations.

Special Populations (SpPop):

SpPop1 – Adults (ages eighteen (18) and over) with Serious Mental Illness (SMI) including those with or co-occurring substance use disorder (SUD); and

SpPop2 – This population includes children and youth (ages six (6) through twenty-one (21)) with Serious Emotional Disturbance (SED) and complex needs, including those with co-occurring mental health and substance use disorders.

The appropriate monthly bundled rate will be paid when a CCBH program delivers at least one CCBH bundled code, which includes one of the services specified in A. (1) and (2) below, and when a valid individual procedure code is reported for the calendar month.

- (1) **Rehabilitative Services** – The monthly bundled rate is inclusive of all services described in Attachment 3.1-A, Page 6a-1.14 to Page 6a-1.16 (1-9) with the following exceptions:
 - **Behavioral Health Integrated (BHI) Services** – Do not trigger a monthly bundled payment when billed alone in a calendar month but may be reimbursed at the fee-for-service (FFS) rate. (See 13.d.3.E. within Attachment 4.19-B for more information on care coordination service delivery).
- (2) **Other State Plan Covered Services** – The monthly bundled rate also includes services covered elsewhere in the plan (see table below) with the following exception:
 - **Behavioral Health Screenings** when billed without a CCBH Rehabilitation service in a calendar month.

CCBH Activity / Service	Medicaid Authority	State Plan Page
Crisis Urgent Recovery Center Intervention Services	<ul style="list-style-type: none"> • Clinic Services • EPSDT Rehabilitative Services 	Attachment 3.1-A, Page 4a-1.4 (b) Attachment 3.1-A, Pages 1a-6.5 (iii)
Behavioral Health Initial and Comprehensive Assessment	<ul style="list-style-type: none"> • Other Practitioners' Services • Physician Services 	Attachment 3.1-A, Page 3a-1a (b) and (c) Attachment 3.1-A, Page 2a-2 (5)
Primary Care Screening and Monitoring of Health Risk	<ul style="list-style-type: none"> • EPSDT Screenings • Physician Services 	Attachment 3.1-A, Page 1a-6 (A) Attachment 3.1-A, Page 2a-2 (5)
Targeted Case Management	<ul style="list-style-type: none"> • Targeted Case Management 	Supp. to Attachment 3.1-A, Page 1b
Outpatient Mental Health and Substance Abuse Services u/21	<ul style="list-style-type: none"> • EPSDT Rehabilitative Services 	Attachment 3.1-A, Page 1a-6.5a items A and B
Peer/Youth Family Caregiver Supports. Under 21 Outpatient Substance Abuse Prevention Counseling, Under 21	<ul style="list-style-type: none"> • EPSDT Rehabilitative Services • EPSDT Prevention 	Attachment 3.1-A, Page 1a 6.5b – item iv and v; Page 1a-6.5c -items vi-ix Attachment 3.1-A, Page 1a-6.6 item 9

**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 Services** – For crisis assessment and intervention services described on Page 6a-1.14, section 13.d.3.D(1) and urgent recovery clinic services described in Attachment 3.1-A, Page 1a-6.5 section (iii) and Page 4a-1.4(b), payment is made based on the methodology in Attachment 4.19-B, Page 29, Item 13.d.1(A), and Attachment 4.19-B, page 24, with the following exception:
 - Facility-based crisis stabilization services provided to clients receiving crisis services directly from a CCBH but who are established at another CCBH at the time of service provision.
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 CCBH 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**
 - a. For CCBHs that are certified by ODMHSAS between July 1, 2019 and September 30, 2021:
 - i. The State will establish an interim monthly bundled rate by reference to 90% of the average rates of existing urban CCBHs. 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.
 - ii. Provider-specific monthly bundled 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.
 - iii. Claims paid at the interim monthly bundled rates before the provider-specific monthly bundled rate is established will be subject to retroactive adjustment upon implementation of the provider-specific monthly bundled rate. The State will perform a mass adjustment in the MMIS. Claims will be re-adjudicated once pricing is updated in the MMIS.
 - b. For CCBHs that are certified by ODMHSAS beginning October 1, 2021:
 - i. The State will establish interim monthly bundled rates by reference to 90% of the average standard and special population rates of existing urban and rural CCBHs.
 - ii. Provider-specific monthly bundled rates will be established once the CCBH submits the first audited cost report with 12 months of actual cost and visit data for CCBH services under this Plan. The provider-specific monthly bundled rates will be established upon notification to the provider.
 - iii. All claims paid at the interim monthly bundled rates before the provider-specific monthly bundled rates are established will be subject to retroactive adjustment. The State will perform a mass adjustment in the MMIS. Claims will be re-adjudicated once pricing is updated in the MMIS.
 - c. For qualifying CCBH sites transitioning from the Section 223 Demonstration to the State Plan, the provider-specific monthly bundled rates will be the approved demonstration rates.

Revised 10-01-21

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

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

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. Rate Rebasing and Rate Adjustments

Effective October 1, 2021, CCBH provider-specific monthly bundled rates will be updated as follows:

1. Provider-Specific Rate Rebasing

CCBH monthly bundled rates are rebased two years following rate establishment and two years following the last rebasing. Rates are rebased by dividing the total annual allowable CCBH costs from the CCBH's most recent 12-month audited cost report by the total annual number of CCBH Medicaid and non-Medicaid visits during that 12-month time period. The resulting rate is trended from the midpoint of the cost year to the midpoint of the rate year using the March update of the Medicare Economic Index (MEI).

2. Rate Adjustments for MEI Updates

Payment rates are updated between rebasing periods annually by trending each provider-specific rate by the March update of the MEI for primary care services. Rates are trended from the midpoint of the previous state fiscal year to the midpoint of the following year using the MEI.

3. Rate Adjustments for Changes in Scope

CCBH providers may request a rate adjustment for changes in scope expected to change individual CCBH provider payment rates by 2.5 percent or more. The provider must submit information to the State regarding changes in the scope of services, including changes in the type, intensity, or duration of services, the expected cost of providing the new or modified services, and any projected increase or decrease in the number of visits resulting from the change. Projections are subject to review by a Certified Public Accounting firm and the State. Provider-specific rate adjustments for changes in scope are subject to approval by the State and permitted once per year. The adjustments will take effect with annual rate updates.

The agency's fee schedule rates for CCBH services were set as of October 1, 2021 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.