

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

January 12, 2022

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

Our Reference: SPA OK 21-0042

Dear Ms. Anthony:

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) to Attachment 4.19-B, TN# OK-21-0042, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 26, 2021. This state plan amendment establishes the reimbursement rate for intensive residential substance use disorder (SUD) treatment for adolescents (clinically managed medium-intensity residential services for adolescents, intensive).

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

2 1 — 0 0 42

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

October 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT

a. FFY 22 \$ 126,739.00

b. FFY 23 \$ 117,029.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 30c
Attachment 4.19-B, Page 30c-1 [NEW]9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Attachment 4.19-B, Page 30c; TN# 20-0035

10. SUBJECT OF AMENDMENT

State plan amendment to establish the reimbursement rate for intensive residential substance use disorder (SUD) treatment for adolescents (clinically managed medium-intensity residential services for adolescents, intensive).

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

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

October 26, 2021

16. RETURN TO

Oklahoma Health Care Authority

Attn: Traylor Rains

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

October 26, 2021

18. DATE APPROVED

January 12, 2022

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2021

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.5. Residential Substance Use Disorder (SUD) Reimbursement (continued)

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.3	<p>Clinically Managed Population-Specific High Intensity Residential Services for adults only</p> <p>(Services provided at this level of care include at least twenty-four (24) hours per week of a combination of services that may address both substance use and co-occurring mental health needs. These services may include individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	\$100.00
	<p>Clinically Managed Medium-Intensity Residential Services for Adolescents</p> <p>(Services provided at this level of care include at least twenty-four (24) hours per week of a combination of services that may include individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23. Adolescents attending academic training are required to be provided a minimum of fifteen (15) hours per week of services.)</p>	\$135.00
3.5	<p>Clinically Managed High-Intensity Residential Services for Adults</p> <p>(Services provided at this level of care include at least twenty-four (24) hours per week of a combination of services that may include individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	\$ 85.00
	<p>Clinically Managed Medium-Intensity Residential Services for Adolescents, <i>Intensive</i></p> <p>(Level 3.5 <i>intensive</i> provides the types of services listed under Level 3.5; however, the required number of treatment hours at level 3.5 <i>intensive</i> is at least thirty-seven (37) hours per week of a combination of services.)</p>	\$160.00
	<p>Clinically Managed High-Intensity Residential Services for Adults, <i>Intensive</i></p> <p>(Level 3.5 <i>intensive</i> provides the types of services listed under Level 3.5; however, the required number of treatment hours at level 3.5 <i>intensive</i> is at least thirty-seven (37) hours per week of a combination of services.)</p>	\$160.00

REVISED 10-01-21

TN# 21-0042

Approval Date 1/12/2022

Effective Date 10-01-21

Supersedes TN# 20-0035

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

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement (continued)

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.7	<p>Medically Monitored High-Intensity Inpatient Services for Adolescents</p> <p>(Facilities must provide 24 hour, 7 days a week physician supervision, as well as 24 hour, 7 days a week monitoring from licensed nurses to members who are withdrawing or are intoxicated from alcohol or other drugs but are not experiencing medical or neurological symptoms that would require hospitalization. Medications are prescribed and administered if needed. A combination of services that may be provided includes individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	\$200.00
3.7	<p>Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults</p> <p>(Facilities must provide 24 hour, 7 days a week physician supervision, as well as 24 hour, 7 days a week monitoring from licensed nurses to members who are withdrawing or are intoxicated from alcohol or other drugs but are not experiencing medical or neurological symptoms that would require hospitalization. A combination of services that may be provided includes individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	\$200.00

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