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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 22-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 8, 2022

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

Re: Oklahoma (OK) State Plan Amendment (SPA) 22-0016

Dear Ms. Anthony:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OK 22-0016. This amendment proposes to establish Partial Hospitalization Program (PHP) services for individuals ages 21 through 64 with substance use disorder, mental health diagnoses, and/or co-occurring disorders within the Medicaid state plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130 and 440.20. This letter is to inform you that OK Medicaid SPA 22-0016 was approved on June 8, 2022, with an effective date of September 1, 2022.

If you have any questions, please contact Stacey S. Steiner at 214-767-6479 or via email at stacey.steiner@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Traylor Rains
Sandra Puebla
Kasie McCarty

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 6</u>	2. STATE <u>O K</u>
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130; 42 CFR 440.20

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 85,198
b. FFY 2023 \$ 1,009,122

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3,1-A, Page 1a-6,5f
Attachment 3,1-A, Page 6a-1,3f
Attachment 3,1-A, Page 6a-1,3g
Attachment 3,1-A, Page 6a-1,3h
Attachment 3,1-A, Page 6a-1,4
Attachment 4,19-B, Introduction Page 2
Attachment 4,19-B, Page 1b
Attachment 4,19-B, Page 29

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)


Attachment 3,1-A, Page 1a-6,5f; TN# 19-13
Attachment 3,1-A, Page 6a-1,3f; TN# New
Attachment 3,1-A, Page 6a-1,3g; TN# New
Attachment 3,1-A, Page 6a-1,3h; TN# New
Attachment 3,1-A, Page 6a-1,4; TN# 15-06
Attachment 4,19-B, Introduction Page 2; TN# 21-06
Attachment 4,19-B, Page 1b; TN# 19-13
Attachment 4,19-B, Page 29; TN# 18-29

9. SUBJECT OF AMENDMENT
Establishing Partial Hospitalization Program (PHP) services for individuals ages 21 through 64 with substance use disorder, mental health diagnoses, and/or co-occurring disorders within the State Plan.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Melody Anthony

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
March 11, 2022

15. RETURN TO
Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105


FOR CMS USE ONLY

16. DATE RECEIVED March 11, 2022	17. DATE APPROVED June 8, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
September 1, 2022

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

19. SIGNATURE OF APPROVING OFFICIAL


21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

**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)

(D) Eligibility Criteria: PHP/IOP

Any child 0-20 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. Treatment is time limited and must be offered a minimum of 3 hours per day, 5 days a week.
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 provided within the PHP setting;
 - Peer-to-Peer services;
 - Therapeutic Day Treatment (TDT);
 - Multi-Systemic Therapy (MST);
 - Inpatient/residential psychiatric or residential substance use disorder services;
 - Program of Assertive Community Treatment (PACT);
 - Certified Community Behavioral Health services

(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

Revised 09-01-22

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d. Rehabilitation Services**13.d.1. Outpatient Behavioral Health Services** *(continued)*

D. Limitation on Services: All services will be subject to medical necessity criteria, and most require prior authorization by OHCA or its designated agent. Members residing in a nursing facility are not eligible for outpatient behavioral health services.

Partial Hospitalization Program (PHP) 42 CFR 410.43

Treatment is intensive nonresidential, structured, and therapeutic for individuals with substance use disorder (SUD), mental health diagnoses, and/or co-occurring disorders. It can be used as an alternative to and/or a step-down from inpatient or residential treatment or to stabilize a deteriorating condition that may result in a need for inpatient or residential care. PHP services are (1) reasonable and necessary for the diagnosis or active treatment of the individual's condition and (2) reasonably expected to improve the individual's condition and functional level and to prevent relapse or hospitalization/residential care.

For the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population, services are furnished based on medical necessity and as per Attachment 3.1-A, page 1a-6.5e.

A. Service Components

PHP includes the service components listed within Attachment 3.1-A, Page 6a-1.3g through 6a-1.3h and must be directed by a physician, physician's assistant, or advanced registered nurse practitioner that meets the requirements of a Level 1 Behavioral Health Practitioner (BHP) in accordance with Attachment 3.1-A, Page 6a-1.3a.

B. Limitations

Treatment is time limited, based on medical necessity, and must be offered a minimum of 3 hours per day, 5 days a week. Individuals must meet ongoing medical necessity criteria and services must be prior authorized by OHCA or its designated agent. Length of program participation or the need to move up or down the continuum of services to another level of care is based on the individual's needs.

PHP cannot be billed in conjunction with the following services:

- Inpatient/residential psychiatric or residential substance use disorder services;
- Individual/family/group therapy for behavioral health and/or substance abuse;
- Psychosocial rehabilitation services/substance abuse skills development (individual and group);
- Targeted Case Management;
- Mobile crisis intervention provided within the PHP setting;
- Peer Recovery Support;
- Program of Assertive Community Treatment;
- Therapeutic Day Treatment;
- Multi-Systemic Treatment; and/or
- Certified Community Behavioral Health services.

New 09-01-22

TN# 22-0016Approval Date 6/8/2022Effective Date 9/1/2022Supersedes TN# None

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d. Rehabilitation Services *(continued)***13.d.1. Outpatient Behavioral Health Services** *(continued)***Partial Hospitalization Program (PHP)** *(continued)***C. Eligible Providers**

PHP providers eligible for reimbursement must meet the accreditation requirements as per Attachment 3.1-A, page 6a-1.1 (A) and be an incorporated organization governed by a board of directors.

PHP service components are provided by qualified professionals as specified within the table below. The staff providing PHP services are employees or contractors of the enrolled agency. The agency is responsible for ensuring that all services are provided by properly credentialed clinicians.

All PHP services are provided by a clinical team consisting of a licensed physician, a registered nurse, and one or more Behavioral Health Practitioners; see Attachment 3.1-A, Page 6a-1.3a for provider qualifications. The clinical team may also include one or more Qualified Behavioral Health Technicians (QBHTs) and/or Recovery Support Specialists; see Attachment 3.1-A, Page 6a-1.5 and Page 6a-1.3e for provider qualifications.

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.

D. Service Descriptions

The amount and frequency of services is provided in alignment with the member's individualized service plan.

Care Management

Care management services includes assessment of a member; development of a specific treatment plan; and referral and linkage to community supports and community-based or lower level of care services to promote continued recovery. Care management services are performed by a Behavioral Health Practitioner, or Certified Behavioral Health Case Manager, refer to the chart below for provider qualifications.

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY****13.d. Rehabilitation Services** *(continued)***13.d.1. Outpatient Behavioral Health Services** *(continued)***Partial Hospitalization Program (PHP)** *(continued)***D. Service Descriptions** *(continued)***Partial Hospitalization Program
Individual Provider Qualifications**

Service	Service State Plan Page	Provider	Provider Qualifications State Plan Page
Behavioral health/alcohol and drug assessment	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3a-b
Behavioral health/alcohol and drug service plan development	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3a-b
Individual, group, and/or family therapy	Attachment 3.1-A, Page 6a-1.2	Licensed Behavioral Health Practitioner (LBHP)	Attachment 3.1-A, Page 6a-1.3a
Psychosocial rehabilitation services/substance abuse skills development (individual and group)	Attachment 3.1-A, Page 6a-1.3	Licensed Behavioral Health Practitioner (LBHP);	Attachment 3.1-A, Page 6a-1.3b
		Certified Behavioral Health Case Manager II (CM II)	Attachment 3.1-A, Page 6a-1.3b
Medication training and support	Attachment 3.1-A, Page 6a-1.3	Registered Nurse; Physician Assistant; Advanced Registered Nurse Practitioner	Attachment 3.1-A, page 6a-1.3b
Crisis intervention services	Attachment 3.1-A, Page 6a-1.3	Licensed Behavioral Health Practitioner (LBHP)	Attachment 3.1-A, Page 6a- 1.3a and 1.3d
Care management	Attachment 3.1-, Page 6a-1.3g	Behavioral Health Practitioner (BHP);	Attachment 3.1-A, Page 6a-1.3a-b
		Certified Alcohol & Drug Counselor (CADC);	Attachment 3.1-A, Page 6a-1.3e
		Certified Behavioral Health Case Manager I or II (CM I or II)	Supplement 1 to Attachment 3.1-A, Page 1e

(E) Non-Covered Services

- Room and Board
- Educational costs
- Services to inmates of public institutions
- Routine supervision and non-medical support services in school setting
- Child care
- Respite
- Personal Care

New 09-01-22

TN# 22-0016Approval Date 6/8/2022Effective Date 9/1/2022Supersedes TN# None

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

13.d. Rehabilitation Services (continued)

13.d.2 Program of Assertive Community Treatment (PACT)

PACT is an evidence-based service delivery model for providing comprehensive community-based behavioral health treatment and rehabilitation services to address mental health and co-occurring substance use disorders for individuals with more intensive psychiatric needs. Services are furnished by a multidisciplinary and mobile mental health team who functions interchangeably to provide the rehabilitation and treatment designed to enable the consumer to live successfully in the community in an independent or semi-independent arrangement.

A. Eligible Organizations

In addition to the accreditation requirements for provider organizations listed in Attachment 3.1-A, Page 6a-1.1, providers of PACT services are provided by specific teams within a SoonerCare contracted outpatient behavioral health organization and must be certified by the Oklahoma Department of Mental Health and Substance Abuse Services. In order to have a sufficient range of expertise represented on the team and enough staff to cover evenings and weekends, on-call duty, and vacations, the team in most cases should be made up of 10-12 FTE. PACT team members shall provide “first responder” crisis response 24 hours a day, 7 days a week, 365 days a year to consumers experiencing a crisis.

B. Multidisciplinary Team

Team members must collectively possess a wide range of aptitudes and professional skills, individual competence and experience working with individuals with severe and persistent mental illness. Qualified team members include:

- Behavioral Health Professionals (BHPs);
- Nurses (RN or LPN);
- Qualified Behavioral Health Technicians (QBHTs); and
- Certified Peer Recovery Support Specialists (PRSS).

The team leader or a clinical staff designee shall assume responsibility for supervising and directing all PACT team activities. The team lead must be a BHP (Level 1 or Level 2). PRSS services must be provided under the supervision of a BHP. Refer to Attachment 3.1-A, Pages 6a-1.5-1.6f for a complete description of provider qualifications.

DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES**Effective Dates for Reimbursement Rates for Specified Services: (continued)**

Service	State Plan Page	Effective Date
4.b. EPSDT (continued) • Other Practitioner – Applied Behavior Analysis (ABA) Services	Attachment 4.19-B, Page 28.13	July 1, 2019
Christian Science Nurses	Attachment 4.19-B, Page 28.5	October 1, 2019
Dentures	Attachment 4.19-B, Page 28.6	October 1, 2019
Respiratory Care	Attachment 4.19-B, Page 28.7	October 1, 2019
Private Duty Nursing Services	Attachment 4.19-B, Page 28.8	October 1, 2019
Physical Therapist	Attachment 4.19-B, Page 28.9	February 1, 2021
Occupational Therapist	Attachment 4.19-B, Page 28.10	February 1, 2021
Speech Language Pathologist	Attachment 4.19-B, Page 28.10.1	February 1, 2021
Christian Science Sanatoria	Attachment 4.19-B, Page 28.11	October 1, 2018
Other Practitioner – Licensed Clinical Social Worker	Attachment 4.19-B, Page 28.12	October 1, 2019
Outpatient Behavioral Health and Substance Use Disorder Treatment Services A. Outpatient Behavioral Health Services in Agency Setting B. Partial Hospitalization Program (PHP)	Attachment 4.19-B, Page 29	July 1, 2018 September 1, 2022
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services	Attachment 4.19-B, Page 32	October 1, 2019
Diabetes Self-management Training (DSMT) Services	Attachment 4.19-B, Page 43	January 1, 2020

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

Outpatient Hospital Reimbursement *(continued)***E. Therapeutic Services**

1. Payment is made for drugs and supplies for outpatient chemotherapy. A separately billable facility fee payment is made for administration based on Medicare APC group 0117. Claims cannot be filed for an observation room, clinic, or ER visits on the same day.
2. For each therapeutic radiology service or procedure, payment will be the technical component of the Medicare RBRVS.

F. Clinic Services and Observation/Treatment Room

A fee will be established for clinic visits and certain observation room visits. Reimbursement is limited to one unit per day per patient, per provider. The payment rates are based on APC groups 601 and 0339, respectively. Separate payment will not be made for observation room following outpatient surgery.

G. Hospital-based Community Mental Health Centers (CMHCs) Operated by Units of Government

1. CMHCs will be paid on the basis of cost in accordance with the following methodology: An overall outpatient cost-to-charge ratio (CCR) for each hospital will be calculated using the most recently available cost reports, with data taken from Worksheet C, Part 1. The overall CCR for each hospital will be applied to the Medicaid charges for the state fiscal year to determine the Medicaid costs for the year.
2. The agency's fee schedule rates are set as of July 1, 2006 and in effect for services provided on or after that date. All rates are published on the agency's website located at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.
3. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%

H. *Reserved section.*

Revised 09-01-22

TN# 22-0016Approval Date 6/8/2022Effective Date 9/1/2022Supersedes TN # 19-0013

**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. Partial Hospitalization Program (PHP)

The reimbursement rate is \$160.50 per encounter up to 23 hours and 59 minutes, converted from a blend of the 2010 Medicare two tiered per diem payment approach for partial hospitalization services: one for days with three services (APC172) and one for days with four or more services (APC173).

Physician services, physician assistant services, nurse practitioner and clinical nurse specialist services, qualified psychologist services, and services furnished to SNF residents are separately covered and not paid as partial hospitalization services.

PHP reimbursement is all-inclusive of the service components, with the exception of the following:

- Physician services;
- Medications; and/or
- Psychological testing by a licensed psychologist.

C. 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. All rates are published on the Agency's website www.okhca.org/behavioral-health.

Revised 09-01-22

TN# 22-0016

Approval Date 6/8/2022Effective Date 9/1/2022Supersedes TN# 18-29