

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 24-0001**

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

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November 27, 2024

Traylor Rains  
State Medicaid Director  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

Re: Oklahoma State Plan Amendment (SPA) – 24-0001

Dear Director Rains:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to streamline behavioral health workforce credentialing and modifies qualifications for Case Managers I and II.

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. This letter informs you that Oklahoma Medicaid SPA TN 24-0001 was approved on November 19, 2024, with an effective date of September 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oklahoma State Plan.

If you have any questions, please contact Stacey Steiner at (469) 904-1068 or via email at [Stacey.Steiner@cms.hhs.gov](mailto:Stacey.Steiner@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James G.  
Scott -S  
Date: 2024.11.27 11:54:14  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Kasie McCarty  
Heather Cox

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 1

2. STATE

O K

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 0.00  
b. FFY 25 \$ 0.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Refer to Attachment for a list of all State Plan pages that are being  
amended.8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Refer to Attachment for a list of all State Plan pages that  
are being amended.

9. SUBJECT OF AMENDMENT

State Plan Amendment to streamline behavioral health workforce credentialing and modify qualifications for Case Managers I  
and II.

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:

The governor's office does not review state plan  
material.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Traylor Rains13. TITLE  
State Medicaid Director14. DATE SUBMITTED  
September 27, 2024

15. RETURN TO

Oklahoma Health Care Authority  
Attn: Traylor Rains  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105cc: Kasie McCarty; Heather Cox; Bradley Downs; Jeanette  
Cochran; Michael Carter**FOR CMS USE ONLY**16. DATE RECEIVED  
September 27, 202417. DATE APPROVED  
November 19, 2024**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
September 1, 202419. SIGNATURE OF APPROVING OFFICIAL  
Digitally signed by James G. Scott -S  
Date: 2024.11.27 11:55:11 -06'00'20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

## **List of State Plan Pages**

*OK-24-0001 Behavioral Health Workforce Case Manager SPA*

CMS 179 Form Question 7

Oklahoma Health Care Authority

1. Attachment 3.1-A Page 1a-6.4a
2. Attachment 3.1-A Page 1a-6.4b
3. Attachment 3.1-A Page 6a-1.2
4. Attachment 3.1-A Page 6a-1.2a
5. Attachment 3.1-A Page 6a-1.3
6. Attachment 3.1-A Page 6a-1.3a
7. Attachment 3.1-A Page 6a-1.3b
8. Attachment 3.1-A Page 6a-1.3c
9. Attachment 3.1-A Page 6a-1.3d
10. Attachment 3.1-A Page 6a-1.3e
11. Attachment 3.1-A Page 6a-1.12
12. Attachment 3.1-A Page 6a-1.13
13. Supplement 1 to Attachment 3.1-A Page 1e
14. Supplement 1 to Attachment 3.1-A Page 1f

**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** (cont'd)

**Individual Provider Qualifications  
Outpatient Behavioral Health Rehabilitative Services**

<b>Practitioner Group</b>	<b>Qualifications</b>
<b>Qualified Behavioral Health Technician (QBHT)</b>	<u><b>QBHT minimum requirements:</b></u> <ul style="list-style-type: none"> <li>Currently certified as a Behavioral Health Case Manager II (CM II) through the ODMHSAS; <b>or</b></li> <li>Currently a Certified Alcohol and Drug Counselor (CADC).</li> </ul>
<b>Qualified Behavioral Health Aide I (QBHA I)</b>	<u><b>QBHA minimum requirements:</b></u> <ul style="list-style-type: none"> <li>Must possess current certification as a Behavioral Health Case Manager;</li> <li>Must complete required training and continuing education; and</li> <li>Be appropriately supervised.</li> </ul>
<b>Qualified Behavioral Health Aide II (QBHA II)</b>	<u><b>QBHA II minimum requirements:</b></u> <ul style="list-style-type: none"> <li>Must meet the minimum qualifications of a QBHA I;</li> <li>Must have either some post-secondary education or a combination of at least two (2) years of personal/professional experience working with children with significant needs; and,</li> <li>Must serve as a full-time stay at home parent in order to meet the significant needs of the child placed in the ITFC foster home.</li> </ul>

Revised 09-01-2024

TN# 24-0001

Approval Date: 11/19/2024

Effective Date 09-01-2024

Supersedes TN# 19-0018

**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** (cont'd)

**Individual Provider Qualifications  
Outpatient Behavioral Health Rehabilitative Services**

<b>Practitioner Group</b>	<b>Qualifications</b>
<b>Peer Recovery Support Specialist (PRSS)</b>	<p><b><u>Minimum Qualifications</u></b></p> <p>Possess a High School Diploma or General Equivalency Diploma (GED), High School Equivalency (HSE) Credential, or college or university degree;</p> <ul style="list-style-type: none"><li>• Have demonstrated self-driven recovery from a mental health and/or substance use disorder or both, or have experience utilizing strategies as a family member/caregiver to support recovery of a child or adolescent with a mental health and/or substance use disorder</li><li>• Be willing to self-disclose about their own recovery or their experience as a family member/caregiver or a child or adolescent with a mental health and/or substance user disorder;</li><li>• Successfully complete required training as prescribed by ODMHSAS; and</li><li>• Pass a competency examination.</li></ul>

Revised 09-01-2024



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

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**13.d Rehabilitative Services** *(continued)***13.d.1. Outpatient Behavioral Health Services** *(continued)***C. Covered Services** *(continued)*

The following services are included in the Outpatient Behavioral Health Services and are included in the fee schedule which is kept current on the Agency data base, the Agency library, and available to the public.

Behavioral Health Assessment by a Non-Physician – Behavioral Health Assessment by a Non-Physician includes a history of psychiatric and/or substance use or addiction-related symptoms, concerns and problems, mental health status, psychosocial history, a DSM multi-axial diagnosis for all five Axis, an evaluation of past and present substance use using validated assessment tools, current and past functioning in all major life areas, as well as the client's strengths and treatment preferences. A moderate complexity modifier is allowed for clients seeking services. This service is performed by a behavioral health practitioner (BHP). Refer to Attachment 3.1-A, Page 6a-1.3a for provider qualifications.

Behavioral Health Service Plan Development by a Non-Physician – This is a process by which the information obtained in the assessment is evaluated and used to develop a service plan that has individualized goals, objectives, activities and services that will enable a client to improve. It is to focus on recovery and must include a discharge plan. This service is conducted by the treatment team, which includes the client, all involved practitioners, and other individuals identified by the client. Refer to Attachment 3.1-A, Pages 6a-1.3a and b for provider qualifications.

Individual/Interactive Psychotherapy – Individual Psychotherapy is a treatment for behavioral health conditions in which the clinician, through definitive therapeutic communication attempts to alleviate, reverse or change maladaptive behaviors or emotional disturbances. Interactive Psychotherapy is generally furnished to children or other individuals who lack the expressive language or communication skills necessary to understand the clinician and usually involves the use of equipment or an interpreter. This service is performed by a (BHP). Refer to Attachment 3.1-A, Page 6a-1.3a for provider qualifications.

Family Psychotherapy – Family Psychotherapy is a psychotherapeutic interaction between a BHP and the client's family, guardian and/or support system. It must be performed by a BHP for the direct benefit of the Medicaid recipient. Refer to Attachment 3.1-A, Page 6a-1.3a for provider qualifications.

Group Psychotherapy – Group Psychotherapy is a method of treating behavioral disorders using the interaction between two or more individuals and the BHP. It must be performed by a BHP. Refer to Attachment 3.1-A, Pages 6a-1.3a for provider qualifications.

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

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(Reserve Page)



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

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**13.d Rehabilitative Services** *(continued)***13.d.1. Outpatient Behavioral Health Services** *(continued)***C. Covered Services** *(continued)*

Psychosocial Rehabilitation Services – Psychosocial rehabilitation services are behavioral health remedial services that are necessary to improve the client's ability to function in the community. They are performed to improve the client's social skills and ability of the client to live independently in the community. They may be performed in a group or one to one. This service is performed by a Behavioral Health Case Manager II or behavioral health practitioner (BHP). Refer to Attachment 3.1-A, Page 6a-1.3b for provider qualifications.

Crisis Intervention Services – Crisis intervention services are performed to respond to acute behavioral or emotional dysfunction as evidenced by severe psychiatric distress. They are performed by a BHP. Refer to Attachment 3.1-A, Page 6a-1.3b for provider qualifications.

Psychological Testing – Psychological testing is provided using generally accepted testing instruments in order to better diagnose and treat a client. This service is performed by a BHP, psychometrist, or psychological technician of a psychologist. Refer to Attachment 3.1-A, Page 6a-1.3b for provider qualifications.

Medication Training and Support – Medication training and support is a review and educational session performed by a registered nurse or a physician assistant focusing on a client's response to medication and compliance with the medication regimen. Refer to Attachment 3.1-A, Page 6a-1.3b for provider qualifications.

Facility-Based Crisis Intervention Services– This service is to provide emergency stabilization to resolve psychiatric and/or substance use crisis. It includes detoxification, assessment, physician care and therapy. It may only be performed by providers designated and qualified by the ODMHSAS to provide care for the community. Facility-based crisis intervention facilities must have 16 beds or less.

Skill Development – Skill development for substance use disorders are behavioral health remedial services that are necessary to improve the client's ability to function in the community. They promote and teach recovery skills necessary to live independently in the community and prevent relapse. They may be performed in a group or one to one. They may be provided by a BHP, a Certified Behavioral Health Case Manager II, or a Certified Alcohol and Drug Counselor. Refer to Attachment 3.1-A, Page 6a-1.3b for provider qualifications.

Behavioral Health Screening – A preliminary screening and risk assessment to determine the likelihood that an individual may be experiencing mental health, addiction, or trauma related disorders. The purpose is not to establish the presence or specific type of such disorder but to establish the need for referral for more in-depth clinical evaluation and assessment and/or referral to relevant service resources. Refer to Attachment 3.1-A, Page 6a-1.3c for provider qualifications.

Peer Recovery Support – Peer recovery support is a service delivery role in the ODMHSAS public and contracted provider system where the provider understands what creates recovery and how to support environments conducive of recovery. The provider works from the perspective of their experiential expertise and specialized credential training. Services include, but are not limited to, teaching the value of every individual's recovery experience; assisting members in determining objectives and how to articulate to reach recovery goals; assisting in creating a crisis plan; and facilitating peer support groups and teaching problem solving techniques. Services may be provided to individuals, groups, and families. Refer to Attachment 3.1-A, Page 6a-1.3c for provider qualifications.

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
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**13.d Rehabilitative Services** (continued)**13.d.1. Outpatient Behavioral Health Services** (continued)**C. Covered Services** (continued)

**Individual Provider Qualifications  
Rehabilitative Services**

Type of Service	Individual Provider Type	Qualifications
<u><b>Behavioral health assessment</b></u>  <u><b>Behavioral health service plan development</b></u>  <u><b>Individual/interactive psychotherapy</b></u>  <u><b>Family psychotherapy</b></u>  <u><b>Group psychotherapy</b></u>	Behavioral Health Practitioner (BHP)	<p><b><u>Level 1:</u></b></p> <p>(A) <b>Psychiatrists</b> - Allopathic or Osteopathic physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, <b>or</b></p> <p>(B) <b>Advanced Practice Registered Nurse (APRN)</b> - Registered nurse with current licensure and certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty; <b>or</b></p> <p>(C) <b>Clinical Psychologists</b> - A clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists; <b>or</b></p> <p>(D) <b>Current resident in psychiatry;</b> <b>or</b></p> <p>(E) <b>Physician Assistants (PA)</b> - An Individual licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions</p> <p><b><u>Level 2:</u></b></p> <p>(A) <b>Licensed, Master's Prepared</b> - Practitioners with a Master's degree and fully licensed to practice in the state in which services are provided, as determined by one of the licensing boards listed below:</p> <ol style="list-style-type: none"> <li>(1) Clinical Social Workers;</li> <li>(2) Professional Counselors;</li> <li>(3) Marriage &amp; Family Therapists;</li> <li>(4) Behavioral Practitioners; <b>or</b></li> <li>(5) Alcohol or Drug Counselor;</li> </ol>

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

**13.d Rehabilitative Services** (continued)**13.d.1. Outpatient Behavioral Health Services** (continued)**C. Covered Services** (continued)**Individual Provider Qualifications****Rehabilitative Services** (continued)

<b>Type of Service</b>	<b>Individual Provider Type</b>	<b>Qualifications</b>
<u><b>Behavioral health assessment</b></u>  <u><b>Behavioral health service plan development</b></u>  <u><b>Individual/interactive psychotherapy</b></u>  <u><b>Family psychotherapy</b></u>  <u><b>Group psychotherapy (continued)</b></u>	Behavioral Health Practitioner (BHP) (continued)	<b>(B) Licensure Candidates</b> - An individual with a Master's degree or higher, actively and regularly receiving board approved clinical supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met by one of the licensing boards listed in Level 1 (C) or Level 2 (A) above, <b>or</b> <b>(C) Psychological Clinicians</b> – Professionals with a Master's degree or higher with certification to provide behavioral health services.
<b>Psychosocial Rehabilitation Services, individual and group</b>	<ul style="list-style-type: none"> <li>• BHP</li> <li>• Certified Alcohol and Drug Counselor (CADC)</li> <li>• Certified Behavioral Case Manager II (CM II)</li> </ul>	See description above for BHP. See description in Supplement 1 to Attachment 3.1-A, Page 1e for CM II. CADC must: <ul style="list-style-type: none"> <li>• Possess a Bachelor's degree in a behavioral health field that is recognized by the Oklahoma Board of Licensed Alcohol and Drug Counselors;</li> <li>• Have at least two years of full-time supervised work experience; and</li> <li>• Otherwise meet the requirements for CADC certification as required by state law.</li> </ul>
<b>Crisis Intervention Services</b>	BHP	See description above for BHP
<b>Psychological Testing -</b>	<ul style="list-style-type: none"> <li>• BHP</li> <li>• Psychometrist</li> <li>• Psychological technician of a psychologist</li> </ul>	See description above for BHP. Certified psychometrist Psychological technician of a psychologist - must have a Bachelor's degree and be actively involved in a Master's level program that has already trained the technician specifically to provide the service under the direct supervision of the psychologist under which the technician is working.
<b>Medication Training and Support</b>	<ul style="list-style-type: none"> <li>• Registered Nurse (RN)</li> <li>• Physician Assistant (PA)</li> <li>• Advanced Registered Nurse Practitioner (APRN)</li> </ul>	Licensed RN Licensed PA Licensed APRN

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY****13.d Rehabilitative Services** *(continued)***13.d.1. Outpatient Behavioral Health Services** *(continued)***C. Covered Services** *(continued)***Individual Provider Qualifications  
Rehabilitative Services** *(continued)*

<b>Behavioral Health Screening</b>	<ul style="list-style-type: none"><li>• BHP</li><li>• CADC</li><li>• CM II</li><li>• CM I</li><li>• C-PRSS</li></ul>	See description for BHP on page 6a-1.3a and 6a-1.3b. See description for CM I and CM II in Supplement 1 to Attachment 3.1- A, Page 1e. See description for CADC and C-PRSS on page 6a-1.3e.
<b>Peer Recovery Support</b>	<ul style="list-style-type: none"><li>• Peer Recovery Support Specialist (PRSS)</li></ul>	<ul style="list-style-type: none"><li>• Possess a High School Diploma or General Equivalency Diploma (GED), High School Equivalency (HSE) Credential, or college or university degree;</li><li>• Have demonstrated self-driven recovery from a mental health and/or substance use disorder, or have experience utilizing strategies as a family member/caregiver to support recovery of child or adolescent with a mental health and/or substance use disorder;</li><li>• Be willing to self-disclose about their own recovery or their experience as a family member/caregiver or a child or adolescent with a mental health and/or substance use disorder;</li><li>• Successfully complete required training as prescribed by ODMHSAS;</li><li>• Pass a competency examination; and</li><li>• Be supervised by a Behavioral Health Practitioner or Certified Alcohol and Drug Counselor.</li></ul>

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

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(Reserve Page)

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
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(Reserve Page)

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY****13.d Rehabilitative Services****13.d.3 Certified Community Behavioral Health (CCBH) Services** *(continued)***C. Interdisciplinary Treatment Team Qualifications** *(continued)*

Provider Type	Individual Provider Qualifications
<b>Qualified Behavioral Health Technician (QBHT)</b>	<p><b>Minimum Qualifications:</b></p> <ul style="list-style-type: none"><li>• Certification as Behavioral Health Case Manager II; or</li><li>• Certification as an Alcohol and Drug Counselor</li></ul> <p>All of the services provided to the client pursuant to the individualized service plan are supervised by a Level I or Level II BHP.</p>
<b>Peer Recovery Support Specialist (PRSS)</b>	<p><b>Minimum Qualifications:</b></p> <ul style="list-style-type: none"><li>• Possess a High School Diploma or General Equivalency Diploma (GED), High School Equivalency (HSE) Credential, or college or university degree;</li><li>• Have demonstrated self-driven recovery from a mental health and/or substance use disorder, or have experience utilizing strategies as a family member/caregiver to support recovery of a child or adolescent with a mental health and/or substance use disorder;</li><li>• Be willing to self-disclose about their own recovery or their expertise as a family member/caregiver or a child or adolescent with a mental health and/or substance use disorder;</li><li>• Successfully complete required training as prescribed by ODMHSAS; and</li><li>• Pass a competency examination.</li></ul>



**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY****13.d Rehabilitative Services****13.d.3 Certified Community Behavioral Health (CCBH) Services** *(continued)***A. Interdisciplinary Treatment Team Qualifications** *(continued)*

<b>Provider Type</b>	<b>Individual Provider Qualifications</b>
<b>Qualified Behavioral Health Aide (QBHA)</b>	<b>Minimum Qualifications:</b> <ul style="list-style-type: none"><li>• Must possess current certification as a Behavioral Health Case Manager;</li><li>• Must complete required training and continuing education; and</li><li>• Be supervised by Level 1 or Level 2 BHP</li></ul>
<b>Licensed Occupational Therapists</b>	<b>Minimum Qualifications:</b> <b>Occupational Therapist and Occupational Therapist Assistant</b> <ul style="list-style-type: none"><li>• Licensed by the State in which the provider practices.</li><li>• Meets the federal requirements at 42 CFR 440.110.</li><li>• An Occupational Therapist Assistant is licensed to provide occupational therapy treatment under the general supervision of a licensed occupational therapist.</li></ul>

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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**CASE MANAGEMENT SERVICES** *(continued)*

**Target Group: Chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons.**

**Qualifications of providers:**

Case managers performing the service must be:

1. Behavioral Health Practitioner (BHP) as described on Attachment 3.1-A Page 6a-1.3a;
2. Currently Certified Alcohol and Drug Counselor (CADC); or
3. Currently certified as a Behavioral Health Case Manager through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). In order to obtain certification as a case manager, individuals must meet the following requirements:
  - a. Case Manager II Qualifications:
    - i. Have a minimum of thirty-six (36) months of direct, documented experience working with persons with mental illness and/or substance use disorder and possess a High School Diploma, General Equivalency Diploma (GED), or High School Equivalency (HSE) Credential; or
    - ii. Have completed sixty (60) college credit hours in a behavioral health related field and have a minimum of twelve (12) months of direct, documented experience working with persons with mental illness and/or substance use disorder; or
    - iii. Have a Bachelor's or Master's degree in any field earned from a regionally accredited college or university recognized by the United States Department of Education (USDE) and have a minimum of six (6) months of direct, documented experience working with persons with mental illness and/or substance use disorder; or
    - iv. Have a Bachelor's or Master's degree in a behavioral health related field earned from a regionally accredited college or university recognized by the United States Department of Education (USDE); or
    - v. Have a current license as a registered nurse in the State of Oklahoma with documented experience in behavioral health care.
  - b. Case Manager I Qualifications:
    - i. Possess a High School Diploma, General Equivalency Diploma (GED), or High School Equivalency (HSE) Credential; and
    - ii. Have a minimum of six (6) months of direct, documented experience working with persons with mental illness and/or substance use disorder.
  - c. Behavioral Health Case Manager I and II candidates must successfully complete case management and/or rehabilitation training and a competency exam as required by ODMHSAS in order to obtain certification.
  - d. Certified Behavioral Health Case Managers I and II must complete twelve (12) hours of continuing education per year as specified by ODMHSAS.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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**CASE MANAGEMENT SERVICES** (continued)

**Target Group: Chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of-home placement due to psychiatric or substance abuse reasons.**

- e. Wraparound Facilitator Case Manager – BHP, CADC or CM II and meets the following:
  - i. Successful completion of the ODMHSAS training for wraparound facilitation within six months of employment;
  - ii. Participation in ongoing coaching provided by ODMHSAS and the employing agency;
  - iii. Successful completion of the wraparound credentialing process within nine months of beginning the process; and
  - iv. Direct supervision or immediate access and a minimum of one hour weekly clinical consultation with a Qualified Mental Health Professional, as required by ODMHSAS.
- f. Intensive Case Manager – BHP, CADC or CM II and has the following:
  - i. A minimum of two years of behavioral health case management experience; and
  - ii. Crisis intervention experience.

Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

- Eligible recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan.
- Eligible recipients will have free choice of the providers of other medical care under the plan.

Freedom of Choice Exception:

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.