

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0035

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

January 12, 2021

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
4345 North Lincoln Boulevard
Oklahoma City, OK 73105


Dear Ms. Anthony:

On October 21, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) Number 20-0035. This SPA establishes coverage and reimbursement of rehabilitation residential substance use disorder (SUD) services in a non-IMD facility.

We are pleased to inform you that SPA 20-0035 was approved on January 7, 2021, with an effective date of October 1, 2020, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Oklahoma State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,

 Digitally signed by James G. Scott -S
Date: 2021.01.12 09:54:36 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Sandra Puebla, Oklahoma Health Care Authority
Kasie McCarty, Oklahoma Health Care Authority
Traylor Rains, Oklahoma Health Care Authority Nancy
Kirchner, DEHPG
Tamara Sampson, FMG
Sophia Hinojosa, Acting Program Branch Manager

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 35

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, 2020

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 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 505,585.00

b. FFY 2022 \$ 493,298.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A; Page 6a-1.21
Attachment 3.1-A; Page 6a-1.22
Attachment 3.1-A; Page 6a-1.23
Attachment 3.1-A; Page 6a-1.24
Attachment 4.19-B; Introduction Page 3
Attachment 4.19-B; Page 30b
Attachment 4.19-B; Page 30c
Attachment 4.19-B; Page 30d
Attachment 4.19-B; Page 30e

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

Establish coverage and reimbursement of rehabilitation residential substance use disorder (SUD) services in a non-IMD facility (16 beds or less)

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

[Redacted Signature]

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

October 21, 2020

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 21, 2020

18. DATE APPROVED

January 7, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

Digitally signed by James G. Scott -5

Date: 2021.01.12 09:55:15 -06'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

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

13.d. Rehabilitative Services**13.d.5 Residential Substance Use Disorder Services****Residential Substance Use Disorder (SUD) Services (42 CFR 440.130(d))**

Residential SUD services are provided as part of a comprehensive continuum of SUD services and are available to all Medicaid eligible individuals with significant functional impairments resulting from an identified SUD diagnosis. Services must be medically necessary and must promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

Services must also be provided in accordance with the American Society of Addiction Medicine (ASAM) Level 3 guidelines. Settings must include 24-hour professionally directed evaluation, observation and medical monitoring, as well as a planned regimen of individualized treatment services. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. The rehabilitation and recovery focus is designed to promote skills for coping with and managing substance use symptoms and behaviors.

A. Eligible Providers

Eligible providers are residential level of care facilities with 16 beds or less:

- Accredited by the Joint Commission, or the Commission on Accreditation of Rehabilitative Facilities (CARF), or the Council on Accreditation (COA); and,
- Certified by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as a residential provider of substance use disorder services, unless exempt from state jurisdiction or an exempted entity as defined in State statute; and,
- Contracted with the State Medicaid Agency; and,
- Provided a Certificate of Need (CON), if required by ODMHSAS, in accordance with applicable State policy.

B. Service Descriptions: Levels of Care

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

Level 3.1 – Clinically Managed Low-Intensity Residential Services for Adolescents and Adults

Low-intensity treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into work, community and family life. Services provided at this level of care include assessment and treatment plan development as well as at least six (6) hours per week of a combination of services that may include individual, group, and/or 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.

Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential Services for Adults

High-intensity treatment is designed to accommodate individuals with cognitive or other impairments, including co-occurring psychiatric disorders. 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. Services provided at this level of care include assessment and treatment plan development as well as 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.

NEW 10-01-20

TN# 20-0035Approval Date 1-07-21Effective Date 10-01-20Supersedes TN# NEW

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

13.d. Rehabilitative Services *(continued)***13.d.5. Residential Substance Use Disorder Services** *(continued)***B. Service Description: Levels of Care** *(continued)***Level 3.5 – Clinically Managed Medium Intensity for Adolescents/High-Intensity for Adults Residential Services**

The goal of this level of service is to prepare individuals for continued treatment at lower levels of care and reintegration back into the community. Services provided at this level of care include assessment and treatment plan development as well as 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. Level 3.5 *intensive* provides the types of aforementioned services for this level of care; however, the required number of treatment hours at level 3.5 *intensive* is at least thirty-seven (37) hours per week of a combination of services.

Level 3.7 – Medically Monitored High Intensity Inpatient Services for Adolescents and Withdrawal Management for Adults

This service provides withdrawal management outside of an acute setting under the direction of a licensed physician. 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 during withdrawal management. The goal of this level of service is to stabilize and prepare individuals for continued treatment at lower levels of care. Please refer to Section C. in Attachment 3.1-A, Page 6a-1.23 for a list of services that may be provided in this setting.

Residential Family-Based Treatment: Programs for Individuals with Dependent Children and Pregnant Women

Services are provided to individuals with dependent children and to pregnant women through specialty programs that provide services in accordance with 13.d.5. (C) and are included in the description of ASAM level of care 3.1 or level of care 3.5/3.5 *intensive*. Treatment hour requirements and types of services provided are the same as those indicated for the respective level of care, with the exception that the treatment hours required for level 3.5 *intensive* in specialty programs is thirty-five (35) hours per week of treatment services. Assessment and treatment plan development are components of care that are required in addition to the required weekly treatment hours.

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

13.d. Rehabilitative Services *(continued)***13.d.5. Residential Substance Use Disorder Services** *(continued)***C. Covered Services & Provider Qualifications****Care Management**

Care management services in residential substance use disorder treatment settings includes assessment of a member; development of a specific treatment plan; and referral and linkage to SUD community supports and community-based or lower level of care services to promote continued recovery after the member discharges from the treatment facility. Care management services are performed by a Behavioral Health Practitioner, Certified Alcohol and Drug Counselor, or Certified Behavioral Health Case Manager, refer to the chart below for provider qualifications.

Service	Service State Plan Page	Provider	Provider Qualifications
Alcohol & drug assessment	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3a-b
Alcohol and/or substance abuse services treatment 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); Drug Counselor (CADC)	Attachment 3.1-A, Page 6a-1.3a Attachment 3.1-A, Page 6a-1.3e
Alcohol and/or substance abuse services, skill development – individual and group	Attachment 3.1-A, Page 6a-1.3	Licensed Behavioral Health Practitioner (LBHP); Behavioral Health Rehabilitation Specialist (BHRS)/Case Manager II; Certified Alcohol & Drug Counselor (CADC)	Attachment 3.1-A, Page 6a-1.3a-b Attachment 3.1-A, Page 6a-1.3b-c Supplement 1 to Attachment 3.1-A, Page 1.3e Attachment 3.1-A, Page 6a-1.3e
Community recovery support	Attachment 3.1-A, Page 6a-1.2a	Recovery Support Specialist (RSS)	Attachment 3.1-A, Page 6a-1.3e
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-1.23	Behavioral Health Practitioner (BHP) Certified Alcohol & Drug Counselor (CADC) Certified Behavioral Health Case Manager (CM II)	Attachment 3.1-A, Page 6a-1.3a-b Attachment 3.1-A, Page 6a-1.3e Supplement 1 to Attachment 3.1-A, Page 1e

NEW 10-01-20

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

13.d. Rehabilitative Services *(continued)*

13.d.5. Residential Substance Use Disorder Services *(continued)*

D. Excluded Services

The following services are excluded from coverage:

- Room and board is not a covered and/or reimbursable service;
- Components that are not provided to or exclusively for the treatment of the eligible individual;
- Services or components of services of which the basic nature is to supplant housekeeping or basic services for the convenience of a person receiving covered services;
- Physician directed services and medications (these services are reimbursed outside of the residential SUD per diem);
- Telephone calls or other electronic contacts (not inclusive of telehealth); and
- Field trips, social, or physical exercise activity groups.

NEW 10-01-20

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
Residential Substance Use Disorder (SUD) Treatment Services	Attachment 4.19-B, Page 30b	October 1, 2020

NEW 10-01-20

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

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

Residential SUD services as described on Attachment 3.1-A page 6a-1.21 through Attachment 3.1-A, page 6a-1.23 will be reimbursed using a state-specific bundled per diem fee schedule, refer to chart below. Bundled per diem rates established are based on historical cost-based data from state-contracted providers. Rates were developed through provider surveys from 1998 to 2019.

42 CFR 431.107 requires that each provider or organization furnishing services agree to keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries and, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the provider for furnishing services under the plan. The State assures that it will review data in order to develop and revise economic and efficient rates, as necessary.

Rates do not include costs related to room and board or other unallowable facility costs. Physician direct services and medications are separately billable and not part of the residential SUD per diem payment. Treatment services for dependent children are separately billable as outpatient behavioral health services, refer to Attachment 3.1-A, page 1a-6.3 through page 1a-6.

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.1	Clinically Managed Low-Intensity Residential Services for Adolescents (Services provided at this level of care include at least six (6) hours per week of a combination of services that may include individual, group, and/or 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.)	\$63.00
	Clinically Managed Low-Intensity Residential Services for Adults (Services provided at this level of care include at least six (6) hours per week of a combination of services that may include individual, group, and/or 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.)	\$46.00

NEW 10-01-20

TN# 20-0035

Approval Date 1-07-21

Effective Date 10-01-20

Supersedes TN# NEW

**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
3.5	<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
	<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 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
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
	<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

NEW 10-01-20

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

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

Residential Family-Based Treatment – Services as described on Attachment 3.1-A page 6a-1.21 and Attachment 3.1-A, page 6a-1.22 will be reimbursed using a state-specific bundled per diem fee schedule, refer to chart below.

42 CFR 431.107 requires that each provider or organization furnishing services agree to keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries and, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the provider for furnishing services under the plan. The State assures that it will review data in order to develop and revise economic and efficient rates, as necessary.

Rates do not include costs related to room and board or other unallowable facility costs. Physician direct services and medications are separately billable and not part of the residential SUD per diem payment. Treatment services for dependent children are separately billable as outpatient behavioral health services, refer to Attachment 3.1-A, page 1a-6.3 through page 1a-6.

ASAM LOC	Placement Criteria	Per Diem Rate
3.1	Individuals with Dependent Children and Pregnant Women	\$117.00
3.5	(Treatment hour requirements and types of services provided are the same as those indicated for the respective level of care, with the exception that the treatment hours required for level 3.5 <i>intensive</i> in specialty programs is thirty-five (35) hours per week of treatment services.)	\$180.00
3.5, <i>Intensive</i>		\$250.00

Performance-Based Payments

For the period beginning October 1, 2020, and until changed by amendment, qualifying non-IMD facilities with 16 beds or less can earn a performance-based payment in the amount of 10% of qualifying per diem payments. To be eligible for these performance-based payments, providers must meet or exceed all state-defined benchmarks for the following metrics during the quarterly reporting period:

ASAM Level 3.1, 3.3, and 3.5 Providers

Measure	Benchmark
Percent of members admitted to/engaged in a lower level of care behavioral health service within seven (7) days of discharge	60% minimum
Percent of members who complete treatment	60% minimum
Percent of members who experience a reduction in drug use for all drugs of choice	85% minimum
Percent of members who are readmitted to the same or higher level of care behavioral health service within ninety (90) days of discharge	10% maximum

ASAM Level 3.7 Providers

Measure	Benchmark
Percent of members admitted to/engaged in a lower level of care behavioral health service within seven (7) days of discharge	60% minimum
Percent of members who complete treatment	60% minimum
Percent of members who are readmitted to the same or higher level of behavioral health care service within ninety (90) days of discharge	10% maximum

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

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

Performance-Based Payments *(continued)*

Calculation of Payment

Each quarter, data from Medicaid claims and prior authorization requests will be analyzed to identify each facility's performance compared to the benchmarks. If a provider meets the minimum benchmark for all measures during the measurement period, all paid per diem Medicaid claims for residential treatment during the measurement period will be identified. To calculate the bonus amount, the amount paid for each claim is multiplied by .1 to provide a 10% performance-based payment. Each quarter, previous payments will be reviewed to identify if any claims which received a performance-based payment were recouped or overpaid. Any recoupment/overpayment will be reduced from current and/or future performance-based payments.

Measure Definition and Data Sources

1. **Planned discharge:** Percent of members discharged from facility with a planned discharge, based on reported discharge type. At discharge, facilities are required to submit a prior authorization request with a completed Client Data Core (CDC) to indicate the member has left the facility or that level of treatment.
2. **Readmission within 90 days:** Percent of members readmitted to the same or higher level of substance use disorder treatment within 90 days of discharge. The CDC is used to identify discharge date and any subsequent admission to identify if the member was readmitted to the same or higher level of treatment within 90 days of discharge.
3. **Follow up after discharge within 7 days:** Percent of members who receive behavioral health treatment at a lower level of care within 7 days of discharge. Using both the Medicaid claims and the CDC data, after a member has been discharged, the data is reviewed to identify if a member enrolled in or received a behavioral health service in a lower level of care within 7 days of discharge.
4. **Reduction in drug use:** Percent of members discharged from facility who reported a reduction in drug use in the past 30 days, based on CDC data. Within the CDC, members may report up to three drugs of choice at admission into treatment. At discharge, facilities are required to submit a CDC to indicate the member has left the agency or that level of treatment. To meet the measure, members must report reduced frequency of use for all drugs of choice on the CDC at discharge

The State will monitor the provision of the quantity and type of services to ensure services are provided in accordance with ASAM criteria and meet medical needs of members through prior authorization review, service quality review, and claims audits.