

PROVIDER CERTIFICATION & CONTRACT MONITORING ANNUAL TRAINING

August 23, 2024

Oklahoma Department of Mental Health and
Substance Abuse Services





TRAINING GOALS

- Awareness and understanding of the changes to contract monitoring processes and requirements
- Awareness and understanding of changes to provider certification standards
- Orientation to provider education materials



AGENDA

Welcome/Introduction

9 am – 9:10 am

Overview of Contract Monitoring Updates

9:10 am – 9:40 am

Overview of Provider Certification Updates

9:40 am – 10:10 am

Overview of Individual Certification Updates

10:10 am – 10:40 am

Q/A

10:40 am – 11 am



Contract Monitoring Staff

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Fiscal Year
2024
Important
Reminders





Important Reminders from FY24

- Verbal Consent is no longer accepted in lieu of signatures. Signatures can be handwritten, or digital/electronic and must be dated
- Case management assessment now needs to include the following:
 - consumer's level of functioning in the community
 - consumer's needs or problems that interfere with the ability to functioning in the community



Important Reminders from FY24

- Tobacco screening age is 13 and older
- Assessments and Treatment Plans must be signed/dated by the:
 - client
 - parent/guardian (if applicable)
 - LBHP/licensure candidate
 - **If it is a licensure candidate, it must be co-signed/dated by a fully licensed clinician.**



Important Reminders from FY24

- Both the assessment and the treatment plan require a consumer signature; however, a single consumer signature for both documents (eg., on the treatment plan) is acceptable as long as it is clearly indicated that it is applicable to both the assessment and the treatment plan.
- If not separately signed, assessments must be given to and viewable to consumers upon request. All consumers must be made aware of their right to make such a request.
- If necessary to maintain the therapeutic relationship, certain items from the assessment may be omitted or redacted before being supplied to the consumer.



Contract Monitoring Guide

- A Contract Monitoring Guide is now available on the ARC website.
 - Documents tab under “ODMHSAS Contracted Agencies Only”
 - [odmhsas.org/picis/Documents/arc Documents.htm](https://odmhsas.org/picis/Documents/arc_Documents.htm)
- This guide includes information related to:
 - Purpose & process for reviews
 - Common findings & examples
 - Important notes regarding recoupment
 - FAQs





FY2024 Clinical Reviews: Common Findings

Plan of Correction Findings:

- Items/issues that do not comply with the FY24 Services Manual.
- Recoupment and/or repayment for residential items (short weekly required hours, missing notes/docs, etc.)
- Tobacco use was incorrectly reported on the CDC.
- ASI/TASI/CAR scores were incorrectly reported on the CDC.



FY2024 Clinical Reviews: Common Findings

Service Verification Issues:

- Service billed was not documented in the note. (29 agencies)
- No goal/objective identified. (18 agencies)
- No progress or barriers to progress and/or progress not related to identified goal/objective. (12 agencies)
- No clinician intervention. (12 agencies)
- Service not related to goal/objective (12 agencies)

Fiscal Year
2025
Updates &
Guidance





Important Changes and Reminders for FY25

Statements of Work Changes (Big SOW & GSUD)

- *"For those Contractors who are contracted with ODMHSAS to provide opioid use disorder and stimulant use disorder treatment services, all requirements of Section 7 of this Statement of Work apply".* (GSUD 7.0 & Big SOW 9.0)
 - This requirement will be monitored by Katie Harrison. For questions regarding this requirement please contact Katie at (Katie.Harrison@odmhsas.org).



Important Changes and Reminders for FY25

Services Manual Changes

- The Family Support Provider (FSP) certification will be merging with the Peer Recovery Support Specialist (PRSS) certification as of September 1, 2024. (SM page 14 & SM page 152-154)
- Requirements for CMI and CMII certifications have changed (Page 13).

For questions, please contact MJ.Clausen@odmhsas.org.



Important Changes and Reminders for FY25

Services Manual Changes

- Per page 10, ODMHSAS requires that all staff administering the ASAM must be an LBHP/LBHP Candidate. This aligns with previous and current contract requirements.



Important Changes and Reminders for FY25

Services Manual Reminder

- Per page 106, Service Plans need to be signed and dated by the Consumer (if 14 or older), Parent/Guardian (if applicable), LBHP/Candidate and co-signer if required.
 - ***Service Plans are not considered valid until all the required signatures/dates are on the plan, including the co-signer***



Important Changes and Reminders for FY25

Services Manual Changes

- Page 107, all group progress notes are required to have the number of consumers attending the group documented in the note .



Important Changes and Reminders for FY25

Services Manual Changes for FY25

- All changes to the Service Manual for FY24 can be found on the last page. (page 151)
 - Added new requirements for CMI and CMII
 - Added requirement for progress notes
 - Added language under residential treatment regarding hour requirements
 - Added language under Service Plan Development and Service Plan Review
 - Changes to Chapter 53 and F-PRSS Certification



Additional Reminders



- Please be sure to notify ODMHSAS of changes to agency-location & personnel
 - Ex: Director or clinical director changes.
- Please complete surveys via the link that is sent to your organization.
- Personnel, Policy & Procedure Review have started. If you have not received your request for information, you will within the next month.
- Clinical Reviews will begin in the 2nd quarter and continue through the 3rd quarter. (Potentially, into the 4th quarter.)
 - Follow up reviews typically take place in the 4th quarter.





Provider Certification Overview

- In this training we will cover the updates to the Oklahoma Administrative Code and how those updates could affect the ODMHSAS provider network.
- We will also touch on items that providers have frequently been cited for over the last year. There are chapter specific questions we can assist with but in this training, we really want to work on those that have been of concern to the entire field.



Provider Certification Staff

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Updates to Provider Certification Standards

Important Notes

- As a reminder, while these rules go into effect 9/1/2024, Provider Certification will not start evaluating providers on these standards until 11/1/2024. This is meant to give providers a lead time to adjust to the new requirements.
- An updated Provider Certification manual reflecting these changes will be available by October 1, 2024.



Changes to Chapter 1: Administration

- 450:1-9-5.6 Quality clinical standards for facilities and programs (f) Critical Incidents has been altered in the following manner.
 - (3) Critical incidents shall be reported to ODMHSAS with specific timeframes, as follows:
 - (A) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall ~~be delivered via fax, or ODMHSAS designated electronic system,~~ reported to ODMHSAS within seventy-two (72) hours of the incident. Critical incidents shall be reported in a form and manner prescribed by ODMHSAS.
 - (B) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately, ~~via telephone or fax, but within not more than~~ not to exceed twenty-four (24) hours of the incident. ~~If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours of the incident.~~ Critical incidents shall be reported in a form and manner prescribed by ODMHSAS.



What the alteration means to providers

- This alteration to chapter one means that critical incidents can still currently be faxed into the designated critical incident number but also gives leeway for more advanced reporting systems in the future.
 - The current fax number is 405-248-9325. Currently, you can send in incidents to this number and they will be accepted as compliant if done in the correct time frames and filled out appropriately.
 - *You will be notified when this changes.*



Changes to Chapter 17: CMHC/CCBHC

Important changes include:

- 450:17-1-6. Service and service areas – special approval of service areas
- 450:17-3-41. Emergency services – inclusion of telehealth in the CMHC emergency response time requirement
- 450:17-5-172. General Staffing – clarification of language regarding needs assessment and staffing as well as clarification on who can serve in the medical director position.
- 450:17-5-173. Staffing; Treatment team – change in terminology for Family Peer Recovery Support Specialist



Changes to Chapter 17: CMHC/CCBHC

Important changes include:

- 450:17-5-176. Available and accessibility of services – change in terminology to “underserved individuals and populations.”
- 450:17-5-176. Available and accessibility of services – Part (g) now requires that there be reporting to ODMHSAS of individuals who are denied services as well as the reason for denial.
- 450:17-5-179. Primary care screening and monitoring – additional items have been added to the primary care screening such as HIV, viral hepatitis and other primary key health indicators determined by the CCBHC medical director.
- 450:17-5-179. Primary care screening and monitoring – Part (d) now requires the Medical Director to develop protocols to specifically address needs of CCBHC consumer population.



Changes to Chapter 17: CMHC/CCBHC

Important changes include:

- 450:17-5-180. Initial assessment, initial care plan, and comprehensive assessment – items have been added to the initial assessment and care plan such as use of alcohol and other drugs, summary of previous treatment, needs assessment for medical care, intimate partner violence, and for children involvement with child welfare and or juvenile justice.
- 450:17-5-180. Initial assessment, initial care plan, and comprehensive assessment – language added that a comprehensive assessment be performed on all CCBHC consumers



Changes to Chapter 17: CMHC/CCBHC

Important changes include:

- 450:17-5-182. Comprehensive care plan, time frames – The standard no longer requires that a consumer comprehensive care plan be completed every 3 months.
- 450:17-5-183. Care Coordination – The standard now requires agreements in place with state licensed and nationally accredited child placing agencies for therapeutic foster care.
- 450:17-5-183. Care Coordination – The standard now expands on the meaning of “understanding” and outlines “MOUs or care coordination agreements.”
- 450:17-5-183. Care Coordination – Additionally, the rules now speak to CCBHC requirements for the development of a crisis plan with each person receiving services.



Changes to Chapter 17: CMHC/CCBHC

Important changes include:

- 450:17-5-184. Crisis services – Change in standards relating to drug and alcohol related overdoses as well as how the CCBHC tracks referrals to 988.
- 450:17-5-189. Community-based mental health care for members of the Armed Forces and Veterans – Change in language to MOU and development of protocol for coordination of care.



Changes to Chapter 23: Crisis Centers (CBSCC)

Important changes include:

- 450:23-3-23. URC Crisis intervention services – language has been changed to reflect presence of LPN or RN available via telehealth or in-person. However, the staff must be available at all times. The facility must also have adequate staff with authority to administer medications at all times.



Commonly Issued Findings

Note: This is not an exhaustive list of all findings that Provider Certification has issued in the last year but is designed to be an overview of items commonly encountered by the Provider Certification review staff. Many of the examples you will find here relate to chapter 1 requirements.

450:1-9-5.4 Core organizational standards facilities and programs



(e) Information Analysis and Performance Improvement.

- (1) With the exception of facilities certified under Chapter 16 of this Title, all facilities and programs shall have an ongoing information analysis and performance improvement system in order to objectively and systematically monitor, evaluate, and improve consumer outcomes and organizational performance.
- (2) The system shall also address the fiscal management of the facility or program.
- (3) Each facility and program shall prepare a year-end management report annually which shall include, at a minimum:
 - (A) An analysis of consumer outcomes and organizational processes, including:
 - (i) A quarterly quality consumer record review to evaluate the quality of service delivery, including:
 - (I) Appropriateness of services;
 - (II) Patterns of service utilization;
 - (III) Consumer involvement in service planning;
 - (IV) Assessment processes;
 - (V) Service planning procedures and compliance;
 - (VI) Alignment between services provided and treatment goals;
 - (VII) Service documentation procedures and compliance; and
 - (VIII) Alignment between services provided and billed service encounters.

450:1-9-5.4 (cont.)



- (A) An analysis of consumer outcomes and organizational processes, including:
 - (ii) A review of staff privileging processes;
 - (iii) A review of critical incidents and consumer grievances and complaints;
 - (iv) An assessment of service provision, including the provision of trauma-informed, co-occurring capable, culturally competent, and consumer-driven services; and
 - (v) Consumer satisfaction.
- (B) Identified areas of improvement; and
- (C) Strategies that will be implemented to address areas of improvement.
- (4) The management report shall be made available to consumers, staff, the governing authority and ODMHSAS upon request.

450:1-9-5.4 Core organizational standards for facilities and programs



- The finding most associated with this standard is that agencies are not always doing comprehensive information analysis and performance improvement. Reviewers have found that many of the key elements have been left out and this causes gaps in information that should have been captured per standards.
 - One easy way to remedy this could be an agency check list with the needed items present when doing the quarterly reviews.

450:1-9-5.6 Quality clinical standards for facilities and programs



(c) Clinical supervision.

(1) With the exception of facilities certified under Chapter 16 of this Title, all facilities and programs shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and Unofficial Copy: OAC Title 450:1 36 Effective 09/15/2022 service staff. For facilities that employ only one service provider, supervision will be in the form of clinical consultation from a qualified service provider in the same field. These policies shall include, but are not limited to:

- (A) Credentials required for the clinical supervisor;
 - (B) Specific frequency for case reviews with treatment and service providers;
 - (C) Methods and time frames for supervision of individual, group, and educational treatment services; and
 - (D) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.
- (2) Ongoing clinical supervision shall be provided and shall address:
- (A) The appropriateness of treatment selected for the consumer;
 - (B) Treatment effectiveness as reflected by the consumers meeting their individual goals; and
 - (C) The provision of feedback that enhances the clinical skills of service providers.

450:1-9-5.6 Quality clinical standards for facilities and programs



- The issue that Provider Certification most commonly finds here is that not all of part (c) is regularly covered. Many agencies will evaluate appropriateness and effectiveness of the clinician who work for them but not render the required feedback to enhance their clinical skills.
- The finding can also pertain to the materials presented being more staffing than clinical supervision. While staffing is key to organizational success, those will **not** meet the requirements outlined in the standard.

450:1-9-5.6 Quality clinical standards for facilities and programs



(b)Staff development and training.

(2) In-service training shall be conducted each calendar year and shall be required within thirty (30) days of each employee's hire date and each calendar year thereafter for all employees on the following topics:

- (A) Fire and safety, including the location and use of all fire extinguishers and first aid supplies and equipment;
- (B) Universal precautions and infection control;
- (C) Consumer's rights and the constraints of the Mental Health Patient's Bill of Rights;
- (D) Confidentiality;
- (E) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101-7115;
- (F) Facility policy and procedures;
- (G) Cultural competence (including military culture if active duty or veterans are being served);
- (H) Co-occurring disorder competency and treatment principles;
- (I) Trauma informed service provision;
- (J) Crisis intervention;
- (K) Suicide risk assessment, prevention, and response; and
- (L) Age and developmentally appropriate trainings, where applicable.

450:1-9-5.6 (cont.)



(3) All clinical staff, direct care staff, and/or volunteers providing direct care shall have non-physical intervention training in techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention within thirty (30) days of being hired with updates each calendar year thereafter. Staff and volunteers shall not participate in an intervention without first completing this training. This standard shall not apply to facilities or programs subject to Chapter 27 of this Title or outpatient programs subject to Chapter 18 of this Title.

(4) The local facility Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. A designated employee or volunteer shall not provide direct care services to consumers until completing this training. This standard shall not apply to facilities or programs subject to Chapter 16 or Chapter 27 of this Title, or outpatient programs subject to Chapter 18 of this Title.

(5) The training curriculum for (3) and (4) of this subsection must be approved by the ODMHSAS commissioner or designee

450:1-9-5.6 Quality clinical standards for facilities and programs



- The issue that Provider Certification most commonly finds is that trainings are not done within 30 days of a PTO or 30 days of hire. Additionally, some years have been missed due to a number of agency factors.
- The easiest solution to these issues would be a quality assurance process put into place in which an agency reviews staff files to ensure trainings are performed and met on a regular basis.

Additional Recommendations from Provider Certification



- Please organize the files sent over to PC in a consistent way.
 - The best organized files will contain screening and intake at the start followed by consent/notification forms.
 - Typically, after that the files contain assessments and service plans followed by progress notes. With files set up in this manner we can ensure accurate results from our review process.
- Please try to send in materials by the requested deadlines.
 - We want our agencies to get timely results from us which means we really appreciate materials sent in on the dates requested.
 - However, we understand that changes do and can occur. Please inform us if additional time is needed or if unexpected delays occur.



Reminders



- Provider Certification is always available to hear questions regarding the intent of the standards and what interpretation the division takes of specific rules.
- We want the process to be as efficient as possible and always welcome feedback on reviews.
- Our goal is for our providers to learn from the process and find ways that regulations can be met in order to satisfy chapter requirements and benefit consumers.
- Provider Certification and ADSAC are now the same division, while we do have separate administrative staff to aid in processing the needed materials. Feel free to send clinical questions regarding the standards directly to Dustin Robins at dustin.robins@odmhsas.org.





Training & Certification Teams

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Changes to Chapter 50: Case Management I & II Criteria

Current CM Requirements

CMI

60 college credit hours *or*
High school diploma *or* eq. w/36 mo. BH exp.

CMII

Bach or Master's Degree *or*
RN with BH experience

New CM Requirements

CMI

High school diploma *or* eq. & 6
mo. experience

CMII

HS dip. *or* eq. & 36 mo. BH exp. *or*
60 college credit hrs. in any field &
12 mo. of BH exp. *or*
Bach or Master's Degree in any
w/6 mo. BH exp. *or*
Bach or Master's Degree in BH field *or*
RN w/BH experience



OHCA Rule/State Plan Change affecting Behavioral Health Aides

Important changes include:

Behavioral Health Aides (BHAs) will be required to minimally attain Case Management I certification, effective September 1, 2024



OHCA Rule/State Plan Change affecting Behavioral Health Aides

Current BHAs with a current CM I or CM II certification do ***not*** need to take any action.

Any current BHAs without CM I or CM II certification will have until ***March 31, 2025***, to become certified. Please note that failure to meet this deadline will result in expiration of the BHA certification.

Current BHAs may apply for either CM I or CM II certification based upon the new eligibility requirements.



Changes to Chapter 53: Peers & Family Peers

Important changes include:

The Family Support Provider program will be integrated within the Peer Recovery Support program, and current Family Support Providers (FSPs) will now be named “Family Peers” (F-PRSS).



Changes to Chapter 53: Peers & Family Peers

A Family Peer is an individual who has lived experience as a caregiver of a child, youth or young adult who has mental health or behavioral health challenges and is certified by ODMHSAS to offer family peer support services.

Family Peers can provide peer services to families of a child or adolescent experiencing a serious emotional disturbance and/or substance use disorder. Unlike FSP service requirements, there is not a requirement for the child or adolescent to meet level 3 or 4 based on CAR scores.



Changes to Chapter 53: Peers & Family Peers

If you are a current Family Support Provider or “FSP”, you will automatically be moved into the role of FPRSS. You should not experience a disruption in billing; however, to retain your certification:

- 1) You will need to complete an application in access control: [ODMHSAS Sign in](#)
- 2) You will have one year, starting September 1, 2024, to complete the new integrated Peer Recovery Support 4-day training.



Changes to Chapter 53: Peers & Family Peers

Important to Remember:

If you do not complete these steps by August 31st, 2025, your certification will expire, and you will no longer be able to bill for F-PRSS services. It is strongly encouraged that you sign up for training as soon as possible in order to avoid a disruption in billing.



Questions?