

## Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's [Proposed Changes Blog](#).

**OHCA COMMENT DUE DATE:** January 11, 2025

The proposed policy is an Emergency Rule. The proposed policy will be presented at the January 7, 2025 Tribal Consultation. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on March 6, 2025 and the OHCA Board of Directors on March 26, 2025.

**Reference: APA WF # 25-01**

**SUMMARY: Functional Family Therapy (FFT)**—OHCA, in collaboration with Oklahoma Juvenile Affairs (OJA) and Oklahoma Human Services (OHS), propose policy changes to improve at risk youth wellness by providing Functional Family Therapy as a Therapeutic service covered by Medicaid. The provisions in Title 42, of Public Health, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) section allows states the ability to utilize Rehabilitative Services for Outpatient services. Functional Family Therapy is a proven evidence-based model which will be included for Medicaid reimbursement for targeted at-risk youth populations.

### LEGAL AUTHORITY

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; the Oklahoma Health Care Authority Board; Oklahoma Title XIX State Plan; Section 1937 of the Social Security Act; 42 CFR 410.43 and 42 CFR 440.130

### RULE IMPACT STATEMENT:

#### STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement  
APA WF # 25-01

A. Brief description of the purpose of the rule:

The proposed policy revisions add Functional Family Therapy as a Therapeutic service covered by Medicaid. The provisions in Title 42, of Public Health, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) section allows states the ability to utilize Rehabilitative Services for Outpatient services. Functional Family Therapy is a proven evidence-based model which will be included for Medicaid reimbursement for targeted at-risk youth populations.

- B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

The proposed rule changes will affect Medicaid eligible at risk youth populations and their families.

- C. A description of the classes of persons who will benefit from the proposed rule:

The proposed rule changes will benefit Medicaid eligible at risk youth populations and their families. The proposed rule changes have the potential to improve access to care and health equity.

- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable economic impact and there are no fee changes associated with the rule change for the above classes of persons or any political subdivisions.

- E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated affect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The estimated yearly budget impact for SFY2026 and SFY2027 will be an increase in the total amount of \$3,280,908.20 with \$1,099,751.33 of state share and \$2,181,156.87 of federal share.

(Oklahoma Juvenile Affairs will pay \$974,100.00 of state share and Oklahoma Human Services will pay \$125, 651.33 of state share each year.)

- F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule changes will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule changes.

- G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The agency does not anticipate that the proposed rule changes will have an adverse effect on small businesses.

- H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there are no other legal methods to achieve the purpose of the proposed rule. Measures included a formal public comment period and tribal consultation.

- I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should have no adverse effect on the public health, safety or environment.

- J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The agency does not anticipate any detrimental effect on the public health and safety if the proposed rule is not passed.

- K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared date: December 5<sup>th</sup>, 2024.

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY  
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE**

**SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES**

**PART 21. OUTPATIENT BEHAVIORAL HEALTH SERVICES**

**317:30-5-241.8. Targeted Therapies for Juveniles**

**A. Multi-systemic therapy (MST)**

MST intensive outpatient program services are limited to children within an Office of Juvenile Affairs (OJA) MST treatment program which provides an intensive, family and community-based treatment targeting specific BH disorders in children with SED who exhibit chronic, aggressive, antisocial, and/or substance abusing behaviors, and are at risk for out of home placement. Caseloads are kept low due to the intensity of the services provided.

- (1) **Qualified professionals.** All MST services are provided by LBHPs or licensure candidates. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Additional team support services may be provided by a behavioral health case manager II (CM II) and/or peer recovery support specialist (PRSS) per OAC 317:30-5-240.3.
- (2) **Documentation requirements.** Providers must comply with documentation requirements in OAC 317:30-5-248.
- (3) **Limitations.** Services are subject to the following:

(A) Partial billing is not allowed. When only one (1) service is provided in a day, providers should not bill for services performed for less than eight (8) minutes.

(B) MST cannot be billed in conjunction with the following:

- (i) Children's psychosocial rehabilitation;
- (ii) Partial hospitalization/intensive outpatient treatment;
- (iii) Targeted case management;
- (iv) Individual, family, and group therapy;
- (v) Mobile crisis intervention;
- (vi) Peer-to-peer services.

(C) Duration of MST services is between three (3) to six (6) months. Weekly interventions may range from three (3) to twenty (20) hours per week. Weekly hours may be lessened as case nears closure.

(4) **Reimbursement.** MST services are reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan.

### **B. Functional Family Therapy (FFT)**

Functional Family Therapy (FFT) is an evidence-based intervention for youth and families. Functional Family Therapy is an intensive short-term therapeutic model that offers services in the home to the entire family. Functional Family Therapy is an empirically grounded, well-documented and highly successful family intervention program for dysfunctional youth. Functional Family Therapy has been successfully applied to a wide range of youth and their families in various multi-ethnic and multicultural contexts.

Target populations range from at-risk preadolescents to youth with very serious problems such as conduct disorder, violent acting-out, substance abuse and other identified problematic behaviors. While Functional Family Therapy targets youth 11- to 19-year-olds, siblings in the home also benefit from FFT services.

(1) **Qualified professionals.** Clinicians are recommended to have a master's degree in psychology, social work, or a related field. In some cases, upon consultation with FFT LLC, bachelor's level clinicians may be acceptable. A Site Supervisor/Lead must have a minimum master's degree in the fields noted above. Functional Family Clinicians must complete clinical training through FFT LLC, while adhering to reporting and consultation requirements for direct service of functional family therapy implementation. In addition, the provider agency must be certified and be trained by FFT, LLC., of Atlanta, Georgia and receive regular consultation. FFT training, consultation, and fidelity monitoring are supervised by Functional Family LLC, the national and international FFT training agency. The fidelity of the FFT model is achieved by a specific training model and a client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability.

(2) **Documentation requirements.** Providers must comply with documentation requirements in OAC 317:30-5-248.

(3) **Limitations.** Services are subject to the following:

(A) Intervention ranges from, on average, 12 to 16 one-hour sessions for mild cases and up to 30 sessions for more complex cases. The duration of FFT is typically three to five months. Weekly interventions may range from 1 to 3 hours per week per family.

(B) FFT cannot be billed in conjunction with the following:

- (i) Family Therapy
- (ii) Acute and Residential Treatment

**(4) Reimbursement.** FFT services are reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan.

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