

## **Rule Impact Statement (2025)**

**A. Purpose of the proposed rule and legal authority** (75 OS § 253(B)(2)(b)(1), 75 OS 303(D)(2)(a))

The proposed policy revisions update requirements for Qualified Residential Treatment Programs (QRTPs) under the Residential Behavioral Management Services (RBMS) policy. The revisions are submitted on behalf of the Oklahoma Department of Human Services (OKDHS). OHCA, at the request of OKDHS, initiated this policy update to revise existing language and enhance quality of care standards for children served in group homes.

Legal Authority: The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board

**B. Brief description of the proposed rule** (75 OS 253(B)(2)(b)(3))

The proposed policy revisions, submitted on behalf of the Oklahoma Department of Human Services (OKDHS), update requirements for Qualified Residential Treatment Programs (QRTPs) under the Residential Behavioral Management Services (RBMS) policy. Updates will add policy language establishing expectations for weekly family therapy and timeframes for updates to the Individual Plan of Care.

**C. Classification of proposed rule** (75 OS 253(B)(2)(b)(2))

**Classification:** ☐ Major ☒ Nonmajor

**Justification:** (Include estimate of total implementation and compliance costs over 5 years and basis for estimate. If  $\geq \$1,000,000 \rightarrow$  classified as major.)

**Total annual implementation and compliance costs:** No compliance or implementation costs are anticipated.

**Methodology used to calculate costs** (75 OS 253(B)(2)(b)(7)):

**D. Description of affected classes of persons most likely to be impacted by the proposed rule** (75 OS 253(B)(2)(b)(4), 75 OS 303(D)(2)(b))

Children in Qualified Residential Treatment Programs, families/guardians, QRTP staff, and OHS custody workers of children in QRTPs that will be involved in the weekly family therapy requirement.

**E. Description of classes who will benefit from the proposed rule** (75 OS 253(B)(2)(b)(5), 75 OS 303(D)(2)(c))

This revision will directly improve the quality and consistency of care for children placed in QRTPs. Families will benefit as it will give them an opportunity to actively participate in their children's treatment, support reunification and long-term stability, and strengthen parenting skills and family resilience

**F. Comprehensive economic impact analysis** (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(d))  
**Methodology used to calculate costs** (75 OS 253(B)(2)(b)(7)):

No additional FTEs are anticipated. Implementation will be absorbed within existing staff capacity.

**G. Probable costs and benefits to OHCA and other agencies** (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(e))

There will be no cost to OHCA or OHS as this service is covered in the State Plan. For OHS and QRTP providers this may lead to shorter lengths of stay in QRTPs, fewer placement disruptions upon step down to lower levels of care, better treatment outcomes, and clearer standards of care.

**H. Economic impact on political subdivisions and whether their cooperation is required** (75 OS 253(B)(2)(b)(8), 75 OS 303(D)(2)(f))

No cooperation from political subdivisions is required.

**I. Economic impact on small businesses** (75 OS 253(B)(2)(b)(9), 75 OS 303(D)(2)(g))

Potential impact on QRTP providers which qualify as small businesses, related to increasing service demand for treatment and oversight standards.

**J. Measures taken to minimize compliance costs and assessment of less costly, less intrusive, or nonregulatory alternatives** (75 OS 253(B)(2)(b)(10), 75 OS 303(D)(2)(h))

This update to policy will be provided by current staff and further clarifies the expectations of treatment and aligns with creating quality of care standards to meet federal Family First Prevention Services Act (FFPSA) standards, which emphasize short-term, clinically appropriate care in the least restrictive environment. Standards include trauma-informed treatment models, family engagement, individualized assessments, nursing/clinical staff, and aftercare planning.

**K. Effect of the rule on public health, safety, and the environment** (75 OS 253(B)(2)(b)(11), 75 OS 303(D)(2)(i))

This update to policy will cause improved clinical oversight, continuity of care, family focused treatment, provide quality assurance, and assist with placement stability.

**L. Detrimental effects if the proposed rule is not implemented** (75 OS 253(B)(2)(b)(12), 75 OS 303(D)(2)(j))

Reduced family engagement leads to weaker long term outcomes and higher rates of reentry into State systems, longer lengths of stay in QRTPs and lack of appropriate placements for children entering into State systems that require QRTPs will be inhibited by not allowing current children in placement to receive appropriate services and step down to lower levels of care with the ultimate end goal being reintegration into a family.

**M. Summary of and preliminary comparison to existing or proposed federal regulations** (75 OS 303(D)(2)(n))

There is no existing federal regulation governing this specific topic. The rule reflects a state policy decision authorized under OHCA's Medicaid state plan/approved waiver terms

**N. Analysis of alternatives to adopting the proposed rule** (75 OS 303(D)(2)(l))

The rule was selected as the best approach to ensure uniformity, transparency, and enforceability. The aligns with quality of care standards and best practices for children impacted by trauma in QRTPs to insure appropriate reintegration.

**O. Estimates of internal OHCA employee time and other resources used to develop the proposed rule** (75 OS 303(D)(2)(m))

200-300 hours (across 2 state agencies, policy/legal, communication, finance, and clinical review)

**P. Date statement prepared or modified** (75 OS 253(B)(2)(b)(13), 75 OS 303(D)(2)(k))

Prepared 12.5.2025

Modified 12.29.2025