

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 rule revisions modify eligibility and reimbursement policy for the Secure Behavioral Health Transportation program in order to provide clarity and ensure program compliance.

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 revisions include clearer language regarding services for which the transportation is covered, facilities to which a member may be transported, a requirement that the member meet criteria for emergency detention prior to transport, and coverage for court-ordered transportation for the purpose of evaluation and/or treatment. Modifications also include clarification that reimbursement is for loaded mileage.

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 $\geq \$1,000,000$ → classified as major.)

Total annual implementation and compliance costs: No implementation or compliance 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))

No financial impacts are expected to result from the proposed rule. Contracted transportation vendors could potentially experience an impact resulting from clearer requirements for transportation, potentially from reduced compensable mileage, OHCA does not anticipate a reduction in rates or higher implementation costs.

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

SoonerCare members will benefit from increased access to this transportation service. Contracted transportation vendors will benefit from clearer, more understandable rules.

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

No economic impact anticipated. Possibility of provider impact due to changed billing practices, but would be offset by clearer rules and more efficient claims processing.

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

No additional costs anticipated to OHCA or other agencies. Benefits include cost containment from clearer requirements, more efficient claims processing. The rule is expected to have no net impact on state revenue, and could result in some cost savings.

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 anticipated impact on political subdivisions. No cooperation is required from political subdivisions.

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

This proposed rule is not expected to produce a fiscal impact on any businesses, and is not anticipated to disproportionately impact small businesses.

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 is necessary in order to provide clarity to existing policy. Clarification will minimize administrative burden to transportation providers due to denied claims, and will help providers align with rules.

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 proposed rule will improve access to care, assist with crisis stabilization and continuity of care, and reduce stigma surrounding behavioral health emergencies. It will enhance members' safety, provide legal safeguards, and provide operational clarity.

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

Not implementing the proposed rule could result in delayed care, higher risk of untreated mental/behavioral health crises, and create more strain on hospital emergency departments.

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

CMS has issued guidance supporting secure behavioral health crisis transport as part of the Medicaid "Continuum of Crisis Services," which includes mobile crisis teams, crisis stabilization,

and safe transportation. This ensures that individuals in acute mental health or substance use crises can be moved safely to appropriate facilities without relying solely on law enforcement (SHO #25-004 Best Practices for Implementing the Continuum of Crisis Services Under Medicaid and CHIP)

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

Any alternative to amending existing rules would result in continued denied claims and confusion on the part of contracted transportation providers. If the service were to not be covered it would contribute to burden on local law enforcement attempting to transport these members.

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

Development of this proposed rule began before the requirement to track internal time and resources used to develop the proposed rule. Estimated at roughly 100 hours of employee time.

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

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