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The proposed rule revisions update and clarify outdated language and clarify policy regarding onsite and mobile crisis intervention services (CIS), facility-based crisis stabilization, and Urgent Recovery Clinics (URCs).

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 rule revisions clarify practitioner qualifications for Onsite and Mobile Crisis Intervention Services. The revisions further define Facility Based Crisis Stabilization as a service and clarify qualifications for its practitioners. Finally, the revisions define coverage for Urgent Recovery Clinics.

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 ≥ $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 classes of persons are anticipated to be negatively impacted by the proposed rule.

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

The proposed rule update strengthens Medicaid's crisis response continuum by clarifying clinician/counselor qualifications, defining facility-based stabilization, and urgent recovery clinics. Members in crisis, practitioners, families, and underserved communities will all benefit from improved access, quality, and equity in behavioral health care.

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)):*

This rule update would standardize, clarify, and strengthen existing coverage. Since coverage already exists through the State Plan there would be minimal (if any) new spending, and improved reimbursement consistency. The proposed rule amendments provide professional role

clarity, assist in continuity of care, and reduce variability ensuring that whether a member is served by mobile crisis, facility-based stabilization, or URCS.

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

For OHCA this update to policy will create improved service quality, reduce long term cost from diverting members away from ERs and IP psychiatric units lowering per-episode costs over time, and create better federal alignment. This will assist local, state, and county agencies/facilities with emergency room relief, law enforcement diversion, and community stabilization through ODMHSAS.

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 impact is expected 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))*

The proposed rule is not expected to negatively impact small business. Small businesses may benefit from having stronger integration into the crisis care continuum.

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))*

Minimal, if any, compliance costs are anticipated. No nonregulatory alternatives would accomplish the needed result, as the issue this proposed rule corrects exists within current 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))*

Improved access to crisis care, reduced emergency room strain, better continuity of care, and Medicaid/MCE members in underserved communities will gain more consistent access to crisis services, reducing disparities in behavioral health care.

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

Inconsistent quality of care, limited access to stabilization services, it would limit the knowledge or urgent recovery pathways, higher Medicaid costs long-term, and over utilization of hospital-based care that could be mitigated by the crisis continuum.

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

The proposed rule update closely aligns with federal CMS guidance on building a full continuum of crisis services. Federal regulations emphasize mobile crisis teams, stabilization centers, and urgent recovery pathways, supported by enhanced federal funding under the American Rescue Plan (ARP) and subsequent CMS guidance.

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

Not providing the clarification by the proposed rule would create persistent inconsistencies in professional qualifications, and missed opportunities to align with federal CMS guidance.

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

Development of the proposed rule began before the requirement to track internal time and resources used in developing the proposed rule. Estimated at approximately 500 staff hours across multiple areas (finance, clinical experts, policy/legal, & communication staff)

P. Date statement prepared or modified *(75 OS 253(B)(2)(b)(13), 75 OS 303(D)(2)(k))*
Prepared 12.5.2025
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