

Rule Impact Statement

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 strengthen discharge and transition planning requirements for children receiving inpatient psychiatric care by ensuring aftercare appointments are scheduled and appropriate step-down services are recommended upon discharge.

Authority: The Oklahoma Health Care Authority Act; 63 O.S. § 5007(C)(2); 63 O.S. § 5006(A)(2); The Oklahoma Health Care Authority Board; 43A O.S. § 5-513; 43A O.S. § 7-102; 42 CFR § 482.43, 42 CFR § 441.155.

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

The Oklahoma Health Care Authority proposes policy revisions to clarify and strengthen agency rules regarding administrative requirements for discharge and transition planning for children receiving inpatient psychiatric care. Revisions clarify expectations for collaboration with external individuals and necessary documentation. These changes will ensure adequate care is being received and will reduce recidivism of inpatient psychiatric admissions.

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

Classification: Nonmajor

Five-year total implementation and compliance costs: There are no anticipated implementation or compliance costs for the agency over the next 5 years.

Estimated annual costs: There are no anticipated annual costs.

One-time costs: There are no one-time costs.

Methodology used to calculate costs (75 OS 253(B)(2)(b)(7)): Discharge planning is already a required component of active treatment; these rule changes simply dictate administrative requirements to ensure appropriate transition planning occurs.

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))

Inpatient psychiatric facility providers and Medicaid members are most likely to be 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))

Providers will benefit from clearer administrative expectations regarding the discharge process. Members will benefit by ensuring they receive appropriate, continuous care post-discharge.

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)):

While some inpatient psychiatric facilities may assert that these requirements pose a financial impact requiring them to hire additional discharge planning staff, the current all-inclusive provider reimbursement rate already accounts for and covers discharge planning activities. Therefore, no new economic impact is calculated.

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

There is no expected cost or negative operational impact to OHCA or other state agencies.

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))

There is no expected impact on political subdivisions, and their cooperation is not required.

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

This proposed rule will likely have a positive economic impact on small businesses, specifically community behavioral health groups and clinics, as it will drive an increase in aftercare appointments scheduled with them upon a member's discharge.

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))

Nonregulatory alternatives have been exhausted. OHCA Utilization Management staff have attempted to educate providers on appropriate discharge planning processes; however, OHCA continues to receive reports from community partners that children are routinely discharged without reliable aftercare appointments scheduled. These discharge requirements are already clearly defined for the adult population, and expanding them to children is the least intrusive regulatory measure to ensure continuity of care and adherence to best practices.

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))

Children receiving inpatient psychiatric care are a highly vulnerable population. Appropriate transition services have been shown to reduce the recidivism rate of inpatient psychiatric admissions. By ensuring adequate aftercare is established prior to discharge, this rule directly improves public health outcomes and safeguards patient safety.

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

Failure to implement the proposed rule will likely result in a continued lack of adequate care post-discharge, leading to higher readmission rates and poorer health outcomes for children.

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

The proposed rule aligns with existing federal regulations regarding hospital conditions of participation for discharge planning and Medicaid inpatient psychiatric standards.

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

OHCA analyzed the alternative of continuing informational provider bulletins and voluntary stakeholder training. That alternative proved insufficient to resolve ongoing reports of youth discharged without outpatient appointments. The rule change is necessary to ensure appropriate aftercare appointments are established, which is critical for the quality and continuity of care.

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

OHCA estimates a total of 35 hours of employee time used to develop this proposed rule. No other resources were used.

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

Prepared August 11, 2026

Modified October 6, 2026