AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d. Rehabilitative Services 42 CFR 440.130(d)
13.d.1. Outpatient Behavioral Health Services

Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized service plan developed to treat the identified mental health and/or substance abuse disorder(s).

A. Eligible Providers

~~Community-based outpatient behavioral health organizations that have a current accreditation status as a provider of behavioral health services from the Commission on the Accreditation of Rehabilitative Facilities (CARF), the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), Accreditation Commission for Health Care (ACHC), or certification from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in accordance with State Statute. Providers accredited by CARF, JCAHO, COA, ACHC, or certified by ODMHSAS must be able to demonstrate that the scope of the current accreditation or certification includes all programs, services, and sites where Medicaid compensated services are rendered.~~

Eligible providers are community-based outpatient behavioral health organizations that must have a current contract to file claims with the OHCA and have a current accreditation or certification status as a provider of behavioral health services from:

(1) The Commission on the Accreditation of Rehabilitative Facilities (CARF); or
(2) The Joint Commission on the Accreditation of Healthcare Organizations (TJC); or
(3) The Council on Accreditation (COA); or
(4) Accreditation Commission for Health Care (ACHC), or
(5) The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in accordance with State Statute.

Accredited providers must be able to demonstrate that the scope of the current accreditation or certification includes all programs, services and sites where Medicaid compensated services are rendered.

B. Provider Specialties

Eligible organizations may provide services in accordance with their accreditation and/or certification specialty:

~~1. Public Programs – Public programs are those organizations that contract directly with the OHCA and are regionally based community mental health centers (CMHCs) and the organizations contracted with ODMHSAS. A provider may be eligible to provide Mental Health and/or Substance Abuse treatment services according to their accreditation and/or certification.~~

~~2. Private Programs – Private programs are those organizations that contract directly with the OHCA and who have no contractual relationship with the ODMHSAS for the provision of Outpatient Behavioral Health services. A provider may be eligible to provide Mental Health and/or Substance Abuse treatment services according to their accreditation and/or certification.~~

(1) **Public Programs** – Public programs are State-operated, freestanding Community Mental Health Centers (CMHCs) and regionally based private behavioral health organizations that contract with ODMHSAS as CMHCs for outpatient behavioral health and/or substance abuse services. CMHCs must also be under the direction of a licensed physician.

(2) **Private Programs** – Private programs are outpatient behavioral health organizations who have no contractual relationship with the ODMHSAS for the provision of outpatient behavioral health services.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services

13.d.3 Certified Community Behavioral Health (CCBH) Services

CCBH service delivery is designed to provide a comprehensive range of mental health and/or substance abuse rehabilitative services. Services are furnished by an interdisciplinary and mobile mental health team who functions interchangeably to enable the client to live successfully in the community in an independent or semi-independent arrangement.

A. Eligible Organizations

(1) Section 223 of the Protecting Access to Medicare Act (PAMA) (PL 113-93) requires that a CCBHC program be one of the following entities:

- A nonprofit organization;
- Part of a local government behavioral health authority;
- An entity operated under authority of the IHS, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the IHS pursuant to the Indian Self-Determination Act;
- An entity that is an urban Indian organization pursuant to a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act (PL 94-437).

(2) In addition to meeting one of the requirements above, a CCBH must meet all of the terms and conditions listed below, and be certified by ODMHSAS:

- Accreditation or certification by one of the provider organizations listed in Attachment 3.1-A, Page 6a-1.1, 13.D.1, A;
- Must be under the direction of a licensed physician;
- Meet state administrative rule requirements for CCBHs, to include procedures and agreements in place to facilitate referral for services needed beyond the scope of the facility;
- Have a 24/7 walk-in crisis clinic or psychiatric urgent care, or have an agreement in place with a state-sanctioned alternative;
- Actively use an Office of National Coordinator (ONC) certified Electronic Health Record (EHR) as demonstrated on the ONC Certified Health IT Product List;
- Have a contract with a Health Information Exchange (HIE) and demonstrate staff use of obtaining and sending data through the HIE as well as policy stating frequency of use and security protocols; and
- Report on encounter, clinical outcomes, and quality improvement. This includes meeting all federal and state specifications of the required CMS quality measure reporting, as well as performance improvement reports outlining activities taken to improve outcomes.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services
13.d. Certified Community Behavioral Health (CCBH) Services

B. Interdisciplinary Treatment Team

The interdisciplinary treatment team is composed of practitioners qualified to furnish covered services. The clinical treatment team members must include:

- Behavioral Health Professionals (BHPs);
- Nurses (RN or LPN);
- Qualified Behavioral Health Technicians (QBHTs);
- Certified Peer Recovery Support Specialists (PRSS and FSPs); and optionally
- Qualified Behavioral Health Aides (QBHAs); and
- Licensed Occupational Therapists.

The treatment team also includes the client, the family/caregiver of child clients, the adult client's family to the extent the adult client does not object, and any other person the client chooses.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services
13.d. Certified Community Behavioral Health (CCBH) Services *(continued)*

C. Interdisciplinary Treatment Team Qualifications

Provider Type	Individual Provider Qualifications
Behavioral Health Professionals (BHPs)	***Level 1:*** **A. Psychiatrists** – Allopathic or Osteopathic physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, **or** **B. Advanced Practice Registered Nurses (APRNs)** – Registered nurse with current licensure and certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty; **or** **C. Clinical Psychologists** – A clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists; **or** **D. Current resident in psychiatry; or** **E. Physician Assistants (PA)** – An Individual licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions
	Level 2: **A. Licensed, Master's Prepared**- Practitioners with a master's degree and fully licensed to practice in the state in which services are provided, as determined by one of the licensing boards listed below: (1) Licensed Clinical Social Workers (LCSWs); (2) Licensed Professional Counselors (LPC) (3) Licensed Marriage & Family Therapists (LMFTs); (4) Licensed Behavioral Practitioners (LBPs); (5) Licensed Alcohol and Drug Counselor (LADCs) **B. Licensure Candidates**– An individual with a master's degree or higher eligible to pursue licensure in one of the specialties listed in (A) above, actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met by one of the licensing boards listed in (A) above. **C. Psychological Clinicians** – Professionals with a master's degree or higher with certification to provide behavioral health services
Nurses	**A.** Registered Nurse; **B.** License Practical Nurse • Individual must be currently licensed by the Oklahoma licensing Board; • Each nurse shall have at least one (1) year of mental health experience or work a total of forty (40) hours at a psychiatric medication clinic within the first three (3) months of employment.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services

13.d.3 Certified Community Behavioral Health (CCBH) Services (cont'd)

C. Interdisciplinary Treatment Team Qualifications (cont'd)

Provider Type	Individual Provider Qualifications
Qualified Behavioral Health Technician (QBHT)	**Minimum Qualifications:** Bachelor's Degree and: • Certification as Behavioral Health Case Manager II; or • Certification as an Alcohol and Drug Counselor **For substance abuse services:** Must meet the minimum requirements for a QBHT or BHP, **and** • Successful completion of at least two years full time work experience; AND • Certification, training; and competency in alcohol and/or substance abuse~~.~~
Certified Peer Recovery Support Specialist (PRSS)	**Minimum Qualifications:** • Self- identified clients who are in recovery from mental illness and/or substance use; or • A parent of a child with a similar mental illness and/or substance use disorder, or • An adult with an on- going and/or personal experience with a family member; or • An adult with an on- going and/or personal experience with a family member with a similar mental illness and/or substance use disorder; and • Have a high school diploma or equivalent; • Successful completion of required training according to a curriculum approved by the ODMHSAS prior to providing the service; and • Pass certification examination. **Peer Recovery Support Specialist (PRSS)** • Be at least 18 years of age; • Have demonstrated recovery from a mental illness, substance abuse disorder or both; and • Be willing to self-disclose about their own recovery; **Supervision:** Must be supervised by a competent mental health professional meeting the requirements of a Level 1 or Level 2 BHP or Nurse **Training and Certification:** Must complete twelve (12) hours of continuing education per year and submit documentation of attendance for the continuing education to ODMHSAS annually.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services

13.d.3 Certified Community Behavioral Health (CCBH) Services *(continued)*

C. Interdisciplinary Treatment Team Qualifications *(continued)*

Provider Type	Individual Provider Qualifications
Certified Peer Recovery Support Specialist (PRSS) (cont'd)	**Family Support Provider (FSP)** • Be 21 years of age, and: • have successful experience (child is stable at home in the community) as a family member of a child or youth with serious emotional disturbance, or • have lived experience as the primary caregiver of a child or youth who has received services for substance use disorder and/or co-occurring substance use and mental health, or • have lived experience being the caregiver for a child with Child Welfare/Child Protective Services involvement; and • pass OSBI background check. **Supervision** • Must function under the general direction of a Level 1 or Level 2 BHP, or systems of care team, with a BHP available at all times to provide back up, support, and/or consultation. • Treatment plans must be overseen and approved by a Level 1 or Level 2 BHP. **Training** Must successfully complete Family Support Training according to a curriculum approved by the ODMHSAS; and pass the examination with a score of 80% or better.
Qualified Behavioral Health Aide (QBHA)	**Minimum Qualifications:** • Must have a high school diploma or equivalent; and • Must complete required training and continuing education; and • Be appropriately supervised
Licensed Occupational Therapists	**Minimum Qualifications:** **Occupational Therapist** • Licensed by the State in which the provider practices; • Enrolled Provider for the Oklahoma Medicaid Program. **Occupational Therapist Assistant** A person licensed to provide occupational therapy treatment under the general supervision of a licensed occupational therapist. **Occupational Therapy Aide** "Occupational therapy aide" means a person who assists in the practice of occupational therapy and whose activities require an understanding of occupational therapy, but do not require the technical or professional training of an occupational therapist or occupational therapy assistant.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services

13.d.3 Certified Community Behavioral Health (CCBH) Services *(continued)*

D. Covered Service Components and Descriptions

CCBH services are an array of comprehensive rehabilitative services that create access, stabilize people in crisis, and provide the needed treatment and recovery support services for those with the most serious and complex mental health and substance use disorders. CCBH services integrate additional diagnostic, screening and preventive services (covered elsewhere in the plan) to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration.

(1) Crisis Assessment and Intervention Services

An immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health or substance abuse crisis. Services include the following:

- 24-hour mobile crisis teams;
- Emergency crisis intervention service;
- Crisis stabilization with availability of BHP 24 hours/day for evaluation and assessment; and
- Facility based crisis stabilization, provided directly by the clinic or by a state-sanctioned alternative.

The mobile crisis team consists of Level 1 or Level 2 BHPs and a QBHT, or just a Level 1 or Level 2 BHP.

(2) Care Coordination / Care Management

Activities provided that have the purpose of coordinating and managing the care and services furnished to each client, assuring a fixed point of responsibility for providing treatment, rehabilitation and support services. Care coordination may be provided face-to face or non-face to face.by a BHP, Nurse, QBHT, FSP or PRSS.

(3) Person-Centered and Family-Centered Treatment Planning

A process in which the information obtained in the initial screenings and assessments are used to develop a treatment plan that has individualized goals, objectives, activities, and services that will enable the client to improve. For children and youth assessed as Seriously Emotionally Disturbed (SED) with complex needs, treatment planning is a Wraparound process consistent with System of Care values, in accordance with Attachment 3.1-A, Page 1a-6.5. A Wraparound planning process supports children and youth in returning to or remaining in the community. This service is conducted by the treatment team listed in 13d.(B). The plan must be reviewed and signed off by a Level 1 or 2 BHP.

(4) Psychotherapy

Individual psychotherapy is a face-to-face treatment for mental illness or behavioral disturbances, in which the clinician, through definitive therapeutic communication, attempts to alleviate, reverse or change maladaptive behaviors or emotional disturbances. Family psychotherapy is a face- to- face psychotherapeutic interaction between a clinician and the client's family. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, care givers, friends, and others as defined by the family. Family therapy must be provided for the direct benefit of the client**.** This service must be provided by a Level 1 or Level 2 BHP.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services
13.d.3 Certified Community Behavioral Health (CCBH) Services *(continued)*
D. Covered Service Components and Descriptions *(continued)*

(5) Medication Training and Prescription Administration

a. Services include the following: A review and medication educational session focused on client's response to medication and compliance with the medication regimen; helping clients develop the ability to take medications with greater independence; and/or assisting the client in accessing medications and medication administration. These services may be performed by a licensed RN.

b. Prescription administration consists of ordering of medication and carefully monitoring medication response and side effects. Prescription administration is performed by psychiatrists (including residents), APRNs, or physician assistants under the supervision of a physician. Prescription administration cannot be reported on the same day as an Evaluation and Management (E/M service.

(6) Psychiatric Rehabilitation Services

Behavioral health remedial services that are necessary to improve the client's ability to function in the community. They are performed to improve the client's social skills and ability of the client to live independently in the community. Services include individual or group skill building activities that focus on:

a. the restoration of skills to be used by individuals in their living, learning, social and working environments;
b. social, problem solving and coping skill development;
c. illness and medication self-management;

This service is performed by a QBHT under supervision of BHP or Nurse.

(7) Health Promotion and Wellness Self-Management

Services are designed to restore, rehabilitate and support the individual's overall health and wellness. Services are intended for clients to provide purposeful and ongoing psychoeducation and counseling that are specified in the individual's person-centered, individualized plan of care. These services are designed to improve self-management and restore the individual's health in such a way as to avoid the need for costlier medical and pharmaceutical interventions. Components include:

- Delivery of manualized wellness management interventions via group and individual work such as Wellness Recovery Action Plans (WRAP) or Illness/Wellness Management and Recovery (IMR/WMR). These self-designed wellness processes are used to get well, stay well, and make one's life the way they want it to be. Components include:
  - Identification of simple and safe wellness tools;
  - Identification of things to do every day to stay as well as possible;
  - Identification of upsetting events, early warning signs and signs that things are much worse, and using wellness tools to develop action plans for responding at these times;
  - Creating a crisis plan; and
  - Creating a post-crisis plan.
  - Facilitate the development of a personal crisis management plan, including suicide prevention or psychiatric advance directive; and
  - Restoration of skills needed to cope with specific symptoms and stress management.

This service is provided by RN, LPN or QBHT with wellness certification.

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services

13.d.3 Certified Community Behavioral Health (CCBH) Services (cont'd)
D. Covered Service Components and Descriptions (cont'd)

(8) Peer Supports, Peer Counseling and Family/Caregiver Supports

These activities include individual and group skill-building activities to restore and strengthen the client's unique social and family relationships. Services for adults include:

- psycho-educational services (e.g., provide accurate information on mental illness & treatment to families and facilitate communication skills and problem solving;
- teaching coping skills to families in order to support the client's recovery;
- enlisting family support in recovery of the client;
- facilitating the client's natural supports through access to local support networks; and trainings, such as NAMI's Family-to-Family;
- helping client's expand network of natural supports.

The parents/legal guardians of Medicaid-eligible children can receive Peer Support services when the service is directed exclusively toward the benefit of a Medicaid-eligible child. Activities could include:

- developing formal and informal supports;
- instilling confidence, assisting in the development of goals;
- serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child with emotional, behavioral or cooccurring disorders.

Eligible team members include individuals that meet the qualifications for CPRSS. Refer to Attachment 3.1-A Page 6a-1.12 and 13 for provider qualifications.

(9) Occupational Therapy

The therapeutic use of everyday life activities (occupations) with an individual or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings for the purpose of promoting health and wellness. Occupational therapy services are provided to those who have, or are at risk, for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restrictions. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life. This service is provided by a qualified occupational therapist. Refer to Attachment 3.1-A Page 6a-1.1 for provider qualifications.

(10) Co-Occurring Treatment for Substance Abuse

Treatment to assist the individuals' own substance use, its effects and patterns on themselves, and relationship between medications and their own illness. Treatment includes but is not limited to the services listed in (1-8) above. Individual psychotherapy may be provided as a supportive adjunct to group sessions.

All team members providing substance abuse treatment must be appropriately registered, certified, or licensed.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

13.d Rehabilitative Services (cont'd)
13.d.3 Certified Community Behavioral Health (CCBH) Services (cont'd)

(11) Other Covered Services

In addition to the activities and services described in D (1)-(10) above, the following Medicaid services covered elsewhere in the plan may be provided in the CCBH:

CCBHC Activity/ Service	Medicaid Authority	State Plan Page
Care Coordination for enrollees with SMI or SED	• Health Homes	Behavioral Health Home (BHH) SPAs
Crisis Urgent Recovery Center Crisis Behavioral Health Services for children and families	• Clinic Services • EPSDT Rehabilitative Services	Attachment 3.1-A, Page 4a-1.4 Attachment 3.1-A, Pages 1a-6.5a
Behavioral Health Screening, Assessment, and Diagnosis, including Risk Assessment	• Other Practitioners' Services • Physician Services	Attachment 3.1-A, Page 3a-1a); Attachment 3.1-A, Page 2a-2
Outpatient Clinic Primary Care Screening and Monitoring of Key Health Indicators and Health Risk; Prevention Services	• Clinic Services • Physician Services • EPSDT Screenings	Attachment 3.1-A, Page 4a-1.4 Attachment 3.1-A, Page 2a-2 Attachment 3.1-A, Page 1a-6
Targeted Case Management	• Targeted Case Management	Supp. to Attachment 3.1-A, Page 1b).
Psychiatric Rehabilitation, Under 21	• EPSDT Rehabilitative Services	Attachment 3.1-A, Page 1a-6.5a to 1a 6.5b; 1a6.5c (IOP &TDT)
Peer/Youth Family Caregiver Supports. Under 21 Outpatient Substance Abuse Prevention Counseling, Under 21	• EPSDT Rehabilitative Services • EPSDT Prevention	Attachment 3.1-A, Page 1a 6.5b - Page 1a-6.5c Attachment 3.1-A, Page 1a-6.6

E. Mode of Service Delivery

Services may be provided face-to-face, or using telehealth, including other digital remote patient management tools (e.g. iPad), in accordance with state requirements.

F. Limitation on Services

(1) Initial screening, assessment and diagnosis must be completed to receive the service(s). CCBH services must be medically necessary and recommended by a physician, BHP or other licensed practitioner of the healing arts within the scope of his/her practice under state law. Services are covered when provided in accordance with a person-centered and family-centered treatment plan. Employment services, personal care services, childcare and respite services are not billable activities.

(2) Clients living in an IMD, nursing facility or inmates of public correctional institutions are not eligible for CCBH services.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

13.d.3 Reimbursement for Rehabilitative services provided in a CCBH

A. Population Categories

For payment purposes, clients will be categorized as follows:

(1) **Established/Existing Client –** A clinic user that receives a preliminary screening and risk assessment to determine acuity of needs directly from the CCBH prior to or concurrent with the receipt of additional CCBH services;
(2) **Non-established/New Client –** A clinic user that receives a crisis service directly from the CCBHC without receiving a preliminary screening and risk assessment by the CCBH;
(3) **Non-established Client – Drug and/or Other Specialty Court Referrals**
A CCBH user that is referred to the CCBH directly from other outpatient behavioral health agencies for pharmacologic management;
(4) **Special Populations** (SpPop**) –** CCBH users with certain conditions specified by the State;
(5) **Standard Population** (StdPop) – CCBH users not in special populations.

B. Levels of Service Intensity for Clients with Certain Conditions

The state has identified the following populations with certain conditions as defined below:

(1) **SpPop1 –** Adults (ages 18 and over) with SMI or Co-Occurring Substance Abuse Disorder (SUD);
(2) **SpPop2 –** Children and youth (ages 6 through 17) with Serious Emotional Disturbance (SED) or co-occurring mental health and SUD;
(3) **SpPop3 –** Adults with significant SUD that meet the American Society of Addiction Medicine (ASAM) Level II criteria;
(4) **SpPop4 –** Adolescents with significant SUD that meet the ASAM) Level II criteria; and
(5) **SpPop5 –** Adults that are either homeless or meet first break psychosis criteria**.**

C. Payment for Established/Existing Clients

Reimbursement is made based on a provider-specific per member per month (PMPM) rate. The PMPM rate varies by category and level of service intensity and is paid when a CCBHC program delivers at least one CCBH bundled code, which includes one of the services specified in C. (1) and (2) below, and when a valid individual procedure code Is reported for the prior authorization month.

(1) **Rehabilitative Services** - The PMPM rate is inclusive of all services described in Attachment 3.1-A, Page 6a-1.13 to 6a1.16 (1-9) with the following exception:
- **Care Coordination** – Care coordination does not trigger a PMPM payment when billed alone in a prior authorization month. (See 13.d.3 D. for more information on care coordination service delivery).

(2) **Other State Plan Covered Services** - The PMPM rate also includes services covered elsewhere in the plan (See Attachment 3.1-A, Page 17).

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

13.d.3 Reimbursement for Rehabilitative services provided in a CCBH *(continued)*

D. Avoiding Duplication of Payment for Care Coordination

Individuals eligible for CCBH services are eligible for all Medicaid covered services, however duplicate payment is prohibited. The state will assure that CCBH care coordination and payments will not duplicate other care coordination activities. Other care coordination-like activities include: BHHs, Primary Care Case Management (PCCM) and TCM. The state will avoid duplication through prior authorization, agreements or arrangements with external entities and MMIS edits.

(1) Payment for Care Coordination - Established Clients Eligible for BHH

a. Care coordination activities provided directly by CCBH staff, including consultation between professionals, are built into the cost of providing CCBH services, but it is not in and of itself a billable service. In contrast, a CCBH may also participate in the Medicaid program as a BHH, and care coordination is a discrete service under this benefit.

b. The state will ensure non-duplication of services by paying the first PMPM claim (either CCBH or BHH) in a calendar month. Subsequent claims in the same calendar month will be denied.

c. Outreach & Engagement (O/E) – O/E is also built into the CCBH rate but is only separately reimbursable as a BHH benefit. O/E may only be paid once per month per client and may not be paid if CCBH or BHH is billed for the same time period.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

13.d.3 Reimbursement for CCBH services *(continued)*

(2) Payment for Care Coordination Provided by External Entities - Established Clients

a. CCBH care coordination activities may complement, and not duplicate, care coordination activities provided directly or through referral by external entities, hereafter referred to as care coordination partners (CCPs). CCPs may include, but are not limited to:

- **SoonerCare Choice Primary Care Case Management (PCCM) Providers,** including FQHCs, RHCs, Indian Health, Health Access Networks (HANs) and SoonerCare Health Management Programs (SHMPs);
- **Inpatient Psychiatric Hospitals** (discharge planning);
- **Other community supports and providers, such as schools**; and
- **TCM providers** including OKDHS Child Welfare, Office of Juvenile Affairs, OSDH, and other Medicaid waiver services providers (i.e., Aging services).

b. In order to ensure non-duplication with CCP activities, CCBH care coordination is carried out through agreements, partnerships or formal contracts where roles and responsibilities are clearly delineated. Adequate communication and collaboration between CCPs are essential to best address the client's needs and preferences.

c. **CCP Billing** – CCPs will continue to bill as usual to Medicaid.

d. **Freedom of Choice** – The agreement shall not limit the client's freedom to choose their provider of case management/targeted case management.

e. **Lead Entity** – The CCBH staff will be responsible clinically for the care coordination, including services to which it refers clients.

E. Payments for Non-Established Clients

(1) Crisis Assessment and Intervention – Facility-based, crisis stabilization unit services delivered at Red Rock CCBH is not included in the facility-specific rate and payment is made based on the methodology in Attachment 4.19-B, Page 29.

(2) Care Management for Drug and Specialty Court Referrals – Separate payment may be made once in the same calendar month for the CCBH psychiatrist evaluation and clinical staff time for care management. Payment is made in accordance with the Physician fee schedule. Care management is equivalent to 100% of Medicare CPT 99484. Drug and Specialty Court CCPs bill as usual to Medicaid.

F. Development of the PMPM Rate

The uniform statewide monthly rates were developed based on clinic-specific cost report data from the fourth quarter of state fiscal year (SFY) 2018 (April 1, 2018 to June 30, 2018). The rates include allowable CCBH costs for services rendered by a certified clinic, including all qualifying sites of the certified clinic established prior to April 1, 2014. The rates will be reviewed annually and updated as necessary by the MEI.

G. New CCBHs

For CCBHs that are certified after (SFY) 2019, the state will establish an interim PMPM rate by reference to the average rates of existing urban CCBHs. After the initial year, the rates shall be established using the facility's most recent annual cost report data inflated to the midpoint of the rate year by the increase in the MEI. The rates will be reviewed annually and updated as necessary.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

13.d.3 Reimbursement for CCBH services *(continued)*

H. Quality Reporting - Quality measures, and thresholds are published on the ODMHSAS website at ODMHSAS.org.

I. Clinic Upper Payment Limit (UPL) – BHP services and Physician services (Attachment 3.1-A, Page 2a-2) reported by the CCBH are not included in the clinic UPL calculations.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of CCBH Services. The Agency's fee schedule rates for CCBH services were set as of April 1, 2018 and are effective for services provided on and after that date. All rates, are published on the Agency's website www.okhca.org.