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

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found *(continued)*

B. Diagnosis and Treatment ~~(cont'd)~~ *(continued)*

5. Rehabilitative Services: Outpatient Behavioral Health - (42 CFR 440.130 (d)).

Services provided to children, youth and young adults with significant emotional, behavioral and mental health needs, including substance abuse. The intent of these services is to provide the clinical intervention and support necessary to successfully maintain each individual in his or her home or community and to enable individuals that have traditionally been served in more restrictive settings to live in community settings and participate fully in family and community life.

(a) Agency Requirements

All rehabilitative services are provided by the provider organizations listed in Attachment 3.1 A, Page 6a-1.1. In addition to the agency accreditation requirements, specific certifications/participation standards are required to provide the following services:

i. **Children's Psychosocial Rehabilitation (CPSR) -** Children and families will have free choice to obtain services from any willing and qualified provider.

ii. **Crisis Intervention Services –** Agencies with mobile teams and facility-based crisis stabilization programs must be contracted with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Facility-based crisis programs must have less than 17 beds.

iii. **Multi-Systemic Therapy (MST) –** Individual providers must be licensed and trained by MST, Inc. and receive regular consultation from them**.**

iv. **Partial Hospitalization (PHP)/Intensive Outpatient (IOP) Treatment; Therapeutic Day Treatment (TDT) -** PHP/IOP and TDT must have outpatient behavioral health accreditation specific to PHP/IOP or day treatment programs.

v. **Residential Behavioral Management Services (RBMS) –** The individual provider who furnishes a RBMS service must meet the State's minimum qualifications for its provision. See Attachment 3.1-A, Page 1a-6.4 through 1a-6.4b for individual provider qualifications.

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

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found *(continued)*

B. Diagnosis and Treatment *(continued)*

8. Rehabilitative Services: Outpatient Behavioral Health *(continued)*

(c) Covered Services *(continued)*

xi. Residential Behavioral Management Services (RBMS)

RBMS are an array of treatment services provided in a single day in the least restrictive environment. The group setting is restorative in nature, allowing children, youth, and young adults with significant emotional, behavioral and mental health needs to develop the necessary control to function in a less restrictive environment. Medical necessity criteria must be met for reimbursement of RBMS. RBMS are reimbursed on a per diem, per recipient basis, in accordance with the intensity of supervision and treatment required for the group setting in which the recipient is placed. Refer to Attachment 4.19-B, Page 39 though Page 39.1 for a list of RBMS levels of care. The treatment components of RBMS include:

(1) Treatment plan development – A comprehensive individualized plan of care for each resident shall be formulated with documented input from the RBMS agency which has permanent or temporary custody of the child and when possible, the parent. This plan must be revised and updated with documented involvement of the RBMS agency. An individual plan of care is considered inherent in the provision of therapy and is not covered as a separate item of behavioral management services.

(2) Individual therapy – Individual therapy must be a face-to-face interaction, age appropriate, and the techniques and modalities employed relevant to the goals and objectives of the individual's plan of care. Services must be provided in a confidential setting.

(3) Group therapy – Group therapy must be a face-to-face interaction, age appropriate and the techniques and modalities employed relevant to the goals and objectives of the individual's plan of care. Group size should not exceed six members and group therapy sessions must be provided in a confidential setting**.**

(4) Family therapy – Family therapy is a face-to-face interaction between a qualified behavioral health provider and family, to facilitate emotional, psychological or behavioral changes and promote successful communication and understanding. The RBMS agency must work with the caretaker to whom the resident will be discharged, as identified by the OHCDS, to support and enhance the child's relationships with family members if the plan for the child indicates family reunification. Any service provided to family must have the child as the focus.

(5) Alcohol and other drug abuse treatment education, prevention, therapy – The RBMS agency must provide alcohol and other drug abuse treatment for residents who have emotional or behavioral problems related to substance abuse/chemical dependency, to begin, maintain and enhance recovery from alcoholism, problem drinking, drug abuse, drug dependency addiction or nicotine use and addiction. For residents who have no identifiable alcohol or other drug use, abuse, or dependency, age appropriate education and prevention activities are appropriate.

(6) Basic living skills development/redevelopment – The RBMS agency must provide age appropriate and goal directed activities designed for each resident to restore, retain, and improve the basic skills necessary to independently function in home or community based settings.

(7) Social skills development/redevelopment – The RBMS agency must provide age appropriate, culturally sensitive, goal directed activities designed for each resident to restore, retain and improve the self-help, communication, socialization, and adaptive skills necessary to reside successfully in home and community based settings**.**

(8) Behavioral Redirection – The RBMS agency must be able to provide behavioral redirection management by agency staff as needed 24 hours a day, 7 days per week. The agency must ensure staff availability to respond in a crisis to stabilize residents' behavior and prevent placement disruption.

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

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found *(continued)*

B. Diagnosis and Treatment *(continued)*

8. Rehabilitative Services: Outpatient Behavioral Health *(continued)*

(d) Exclusions and Limitations

i. All behavioral health services must be subject to the medical necessity criteria. The services listed in 8(c) iv - x are initiated following the completion of a diagnostic screen or assessment and subsequent development of a plan of care.

ii. Only specialized, rehabilitation or psychological treatment services to address unique, unusual or severe symptoms or disorders will be authorized. Concurrent documentation must be provided that these services are not duplicative in nature.

iii. A QBHT who also provides case management services must document case management separately from rehabilitation services and may not refer to their own agency.

(e) Non-Covered Services

i. Room and Board;
ii. Educational costs;
iii. Services to inmates of public institutions;
iv. Services to clients in Institutions for Mental Diseases (IMDs);
v. Routine supervision and non-medical support services in school setting;
vi. Child care;
vii. Respite;
viii. Personal Care

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

Eligible providers are community-based outpatient behavioral health organizations that 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.

Providers accredited 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.

Residential Behavioral Management Services (RBMS) are provided in group settings through Organized Health Care Delivery Systems (OHCDS). OHCDS are child placing agencies with the delivery of health care services as an identifiable component of its mission. A Memorandum of Agreement (MOA) between the OHCA and the OHCDS must be in effect before reimbursement can be made for compensable services. This MOA identifies that the OHCDS is responsible for the Medicaid state share required for federal financial participation for all RBMS provided.

B. Provider Specialties

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

(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 freestanding outpatient behavioral health organizations certified for the provision of outpatient behavioral health and/or substance abuse services. Private programs may be non-profit or for-profit and may have no contractual relationship with the ODMHSAS for the provision of outpatient behavioral health services.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Residential Behavioral Management Services (RBMS)

~~A per diem rate will be established for each residential level of care in which behavior management services are provided. For purposes of this plan amendment, the rates were computed as follows:~~

~~2 State fiscal year 1998 contracted residential care services per diems were arrayed by level of care from highest to lowest cost.~~

~~3 A direct care cost adjustment factor for behavior management services was determined for each level of care. A factor of eighteen percent (18%) was used for Level C services, which is the least resource intense level of care.~~

~~4 Each level of care contracted per diem was multiplied by the associated direct care adjustment factor to arrive at the Medicaid reimbursement rate. The resulting rate for: level C services is comparable to the statewide rate for providing one unit of rehabilitative treatment services in a non-residential setting~~

~~The payment is an all-inclusive daily rate for all behavior management services provided under the auspices of the OHCDS in one day. Room and Board costs, educational costs and related administrative costs are not reimbursable. RBMS are limited to a maximum of one service per day per eligible recipient.~~

~~(a)~~ Organized Health Care Delivery Systems:

(1) Oklahoma Department of Human Services; The Oklahoma Department of Human Services (DHS) is an Organized Health Care Delivery Systems (OHCDS) with health care services identified as a component of its mission. A Memorandum of Agreement (MOA) between the Oklahoma Health Care Authority (OHCA) and the DHS in required before reimbursement will be made for RBMS services. The MOA identifies that the DHS is responsible for the Medicaid state share required for federal financial participation for all RBMS provided. RBMS are limited to a maximum of one service per day, per eligible recipient. The Oklahoma DHS RBMS levels of care are as follows:

i. **Level C** – Minimum supervision and treatment
ii. **Level D** – Close supervision and treatment
iii. **Level D+** – Highly intensive supervision and treatment
iv. **Level E** – Maximum supervision and treatment
v. **Level E+** – Maximum supervision and treatment
vi. **Level E Enhanced** – Maximum supervision and treatment
vii. **Intensive Treatment Services (ITS) Group Home** –Maximum supervision and treatment; Crisis and stabilization intervention treatment

(2) Oklahoma Office of Juvenile Affairs: The Oklahoma Office of Juvenile Affairs (OJA) is an Organized Health Care Delivery Systems (OHCDS) with health care services identified as a component of its mission. A Memorandum of Agreement (MOA) between the Oklahoma Health Care Authority (OHCA) and the OJA in required before reimbursement will be made for RBMS services. The MOA identifies that the OJA is responsible for the Medicaid state share required for federal financial participation for all RBMS provided. The OJA RBMS levels of care:

(i) **Level D+** – Highly intensive supervision and treatment
(ii) **Level E** – Maximum supervision and treatment

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Residential Behavioral Management Services (RBMS) *(continued)*

(b) Per Diem Rates: A per diem rate will be established for each level of care in which residential behavioral management services (RBMS) are provided. RBMS are limited to a maximum of one service per day, per eligible recipient. The rates for RBMS are computed as follows: The total per day, per eligible recipient is a sum of staffing, facility, and operational costs, with an additional administrative cost of fifteen (15) percent for each level of care. The total is then divided by the number of available beds for the applicable level of care. The per diem rate is compensable for both Title XIX and Title IV-E (foster care). The allocation of costs between Title XIX and Title IV-E is as follows.

(1) Staffing Cost: Staffing cost is calculated using state salary and benefit package guidelines for similar jobs. Positions within a group home consist of direct care staff and supervisors, nurses, therapists, Program Director, and administrative staff. The total of all staff costs are combined, and then divided by the total number of available beds for the applicable level of care, resulting in a per diem, per recipient rate.

(i) Direct care staff perform basic living skills redevelopment, social skills redevelopment, and behavioral redirection to children in the facility during all times the child is awake and not in school, whether on or off campus. See Attachment 3.1-A, Page 1a-6.5g for a description of RBMS treatment components. The direct care staff time is calculated as follows: 24 hours in a day, minus 8 hours for average sleep time per day, minus 2.96 hours for average school time per day (*Oklahoma requires 1,080 per year*); this equals 13.04 hours per day for RBMS treatment components, or 54.34% of the day.

(ii) Therapist and nurse salaries are 100% compensable under Title XIX. See Attachment 3.1-A, Page 1a-6.5g for a description of RBMS treatment components.

The percent of program staff allocated to Medicaid is as follows:

$$\frac{(54.34\% \times \text{Direct Care Sal.} + \text{Therapist Sal.} + \text{Nurse Sal.})}{(\text{Direct Care Sal.} + \text{Therapist Sal.} + \text{Nurse Sal.})}$$

(2) Facility Cost: Facility cost is based on the Oklahoma Child Care licensing standard for the minimum square footage of living quarters for each resident. That square footage is then grossed up to include common spaces, administrative office space, and activity areas. The total square footage is used to calculate the total facility cost by using the standard rent estimates for Oklahoma. The total cost is then divided by the total number of available beds for the level of care into a, per diem, per recipient rate.

(3) Excluded Operational Costs: Excluded costs of the cost allocation are Title IV-E operational costs which include food, clothing, transportation, liability insurance (required), accreditation (if applicable), and miscellaneous expenditures. The amounts for food, clothing, and transportation come from the United States Department of Agriculture (USDA) report titled “Expenditures on Children by Families” also known as “The Cost of Raising a Child” report. Liability Insurance and miscellaneous come from actual cost incurred by facilities and reported on audited financial statements. The total cost is then divided by the total number of available beds for the level of care into a, per diem per recipient rate.

OKLAHOMA HEALTH CARE AUTHORITY

PROPOSED REIMBURSEMENT METHODOLOGY AND BUDGET IMPACT

RESIDENTIAL BEHAVIOR MANAGEMENT SERVICES – GROUP SETTING

DHS-OJA

	1	2	3	4	5	6	7	8	9	10	11	12
	Total Beds		1998 Contracted per Diem Rat	Direct Care Cost Adj Factor	**Medicaid Proposed Rate**	Beds x 365 **Total Bed Days**		Days x Medicaid % **Total Medicaid Days**		Col 5 x Medicaid Days **Total Payments**		Grand Total
Level	DHS	OJA				DHS	OJA	DHS	OJA	DHS	OJA	
D&E	8	16	174.29	0.67	117.61	2,920	5,840	2,891	5,548	$ 339,998	$ 652,521	$ 992,518
Wilderness - 1		12	151.00	0.58	88.28	-	4,380	-	4,161	$ -	$ 367,337	$ 367,337
E	36	108	136.00	0.53	71.61	13,140	39,420	13,009	37,449	$ 931,583	$ 2,681,828	$ 3,163,411
Wilderness - 2		12	134.00	0.52	69.52	-	4,380	-	4,161	$ -	$ 289,281	$ 289,281
OJA - Oper		33	125.00	0.48	60.50	-	12,045	-	11,443	$ -	$ 692,251	$ 692,251
D+	124	12	85.49	0.33	28.30	45,260	4,380	44,807	4,161	$ 1,267,924	$ 117,745	$ 1,385,669
Sanctions		20	75.00	0.29	21.78	-	7,300	-	6,935	$ -	$ 151,037	$ 151,037
D	0	23	72.62	0.28	20.42	-	8,395	-	7,975	$ -	$ 162,843	$ 162,843
C	16	28	46.49	0.18	8.37	5,840	10,220	5,782	9,709	$ 48,382	$ 81,247	$ 129,628
Total	184	208				67,160	102,200	66,488	97,090	2,587,886	5,223,552	7,811,438
FEDERAL @ .7051										1,824,719	3,683,127	5,507,845
STATE										763,168	1,540,425	2,303,593

Notes: Column

1 Total DHS contracted beds for each level of care

2 Total OJA contracted beds for each level of care

3 1998 Per Diem Rates Paid for Residential Services for each level of care

4 Direct care cost adjustment factor

5 Proposed rate – Column 3 multiplied by column 4

6,7 Annual bed days – days for each agency multiplied by 365

8,9 Estimated number Annual Medicaid days per year - (Column 6 or 7 multiplied by the estimated Medicaid percentage - 99% DHS; 95% OJA)

10,11 Estimated annual Medicaid payments by level of care (Total Medicaid days multiplied by interim rate

12 Grand Total Sum of columns 11 and 12

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