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)

Individual Provider Qualifications

Outpatient Behavioral Health Rehabilitative Services

Practitioner Group	Qualifications
Qualified Behavioral Health Technicians (QBHTs)	**(A)** ***Behavioral Health Rehabilitation Specialist (BHRS):*** • An individual that possesses a Bachelor's degree earned from a regionally accredited college or university recognized by the Department of Education and completion of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) training for BHRS; **or** • **A Registered Nurse -** A registered nurse that has behavioral health experience, and current licensure in the state where services are provided, and training by ODMHSAS as a BHRS; **or** • **A Certified Alcohol and Drug Counselor** (CADC)**; or** • **A Certified Psychiatric Rehabilitation Practitioner** (CPRP). **(B)** ***Effective July 1, 2013, a BHRS must meet the following***: • Currently certified as a Behavioral Health Case Manager II (CM II) through the ODMHSAS; **or** • Currently Certified Alcohol and Drug Counselor (CADC). *A BHRS designation between July 1, 2010 and June 30, 2013 will be recognized until June 30, 2014, at which point individuals must meet qualifications in (B) above. **(C) Psychological Technician** • Must be actively involved in a Master level program that has already trained the applicant specifically to provide the service under the direct supervision of the psychologist.
Qualified Behavioral Health Aide I (QBHA I)	**QBHA minimum requirements:** • Must have a high school diploma or equivalent; and • Must complete required training and continuing education; and • Be appropriately supervised.
Qualified Behavioral Health Aide II (QBHA II)	**QBHA II minimum requirements:** • Have either some post-secondary education or a combination of at least two (2) years of personal/professional experience working with children with significant needs; • Complete evidence-informed Intensive Treatment Family Care (ITFC) foster parent training; • Receive face-to-face supervision with a Licensed BHP; • Receive weekly contact with the foster care agency professional staff; • Complete a minimum of twenty (20) hours of required annual continuing education trainings. Six (6) hours of the twenty (20) training hours must be clinical in nature; • Must serve as a full-time stay at home parent in order to meet the significant needs of the child placed in the ITFC foster home; and • Must be contractually obligated to serve the child in their ITFC home without disruption to the service array for the duration of their contract.

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

13.d Rehabilitative Services (continued)

13.d.1. Outpatient Behavioral Health Services (continued)

C. Covered Services (continued)

Psychosocial Rehabilitation Services – Psychosocial Rehabilitation services are 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. They may be performed in a group or one to one. This service is performed by a Behavioral Health Rehabilitation Specialist (BHRS) or licensed behavioral health professional. Refer to Attachment 3.1-A, Page 6a-1.3b through 1.3d for provider qualifications.

Crisis Intervention Services – Crisis intervention is performed to respond to acute behavioral or emotional dysfunction as evidenced by severe psychiatric distress. It is performed by a ~~licensed~~ behavioral health professional. Refer to Attachment 3.1-A, Page 6a-1.3a and Page 6a-1.3b for provider qualifications.

Psychological Testing – Psychological testing is provided using generally accepted testing instruments in order to better diagnose and treat a client. Refer to Attachment 3.1-A, Page 6a-1.3d for provider qualifications.

Medication Training and Support – Medication Training and Support is a review and educational session performed by a registered nurse or a physician assistant focusing on a client's response to medication and compliance with the medication regimen.

Crisis Intervention Services (facility based stabilization) – This service is to provide emergency stabilization to resolve psychiatric and/or substance abuse crisis. It includes detoxification, assessment, physician care and therapy. It may only be performed by providers designated and qualified by the ODMHSAS to provide care for the community. Facility based stabilization crisis intervention facilities must have 16 beds or less.

Alcohol and Drug Assessment – Assessment for alcohol and drug disorders includes an assessment of past and present use, the administration of the Addictions Severity Index, current and past functioning in all major life areas as well as client strengths, weaknesses and treatment preferences. It is performed by a licensed behavioral health professional.

Alcohol and/or Substance Abuse Services Treatment Plan Development – This service is performed by the licensed behavioral health professional and other professionals who comprise the treatment team as well as the client and other resource persons identified by the client. The current edition of the American Society of Addiction Medicine criteria must be followed. It must contain individualized goals, objectives, activities and services that support recovery. It must include a discharge plan.

Alcohol and/or Substance Abuse Services, Skill Development – Skills development for alcohol and other substance abuse disorders are behavioral health remedial services that are necessary to improve the client's ability to function in the community. They promote and teach recovery skills necessary to live independently in the community and prevent relapse. They may be performed in a group or one to one. They may be provided by a licensed behavioral health professional, a behavioral health rehabilitation specialist, or a certified alcohol and drug counselor.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

4b. Early and Periodic screening, diagnostic and treatment (cont'd)

(d) Outpatient Behavioral Health Services in Licensed, Therapeutic Foster Family Homes (TFFHs)

Outpatient behavioral health services in licensed TFFHs is an array of services provided based on the needs of the individual, and includes the following four (4) program components:

i. **Children's Psychosocial Rehabilitation (CPSR) -** Reimbursement will be made in accordance with a state-specific child health fee schedule. A unit of service equals 15 minutes.

ii. **Targeted Case Management (TCM) -** Reimbursement will be made in accordance with the methodology in Attachment 4.19-B, Pages 36 or 37.

iii. **Behavioral Health Practitioner (BHP) Services -** Reimbursement will be made in accordance with the methodology in Attachment 4.19 B, page 16 (a).

iv. **Preventive Services -** Substance Abuse Counseling**.** Reimbursement will be made in accordance with a state-specific child health fee schedule. A unit of service equals a session.

(e) Outpatient Behavioral Health Service Limitations in TFFHs

i. The **CPSR-TBS** rate is based on a reasonable estimate of the salaries and fringe benefits of the QBHA I/QBHA II and overhead costs, including clinical oversight, and assumes a maximum of two (2) individuals per QBHA I in the TFFH at one time or a maximum of one (1) individual per QBHA II in the TFFH at one time. The resulting rate reflects the costs of working as the change agent for the individual's daily living skills as well as the added attention given to their future independent living needs (refer to Att. 3.1.A, Page 1a-6.5b for a description). The rate does not include the costs of: ~~R~~room and ~~B~~board; ~~E~~educational; ~~T~~transportation; or ~~R~~respite care.

ii. **CPSR (IIH and TBS)** are limited to 6 units each per day. CPSR (IIH) -Group is limited to 16 units per day.

Provider type	Rate per 15 minute unit
QBHA I	$9.81
QBHA II	$21.43

iii. **TCM** - *Avoiding Duplication of Services*: State law requires that a child placed in out-of-home care receive regular contact* by the caseworker, which is documented in an individual service plan (ISP). Based on national level of care guidelines and Treatment Foster Care (TFC) program standards, individuals that meet the medical necessity criteria for treatment provided in TFFHs require a higher intensity of case management to coordinate their service needs, than individuals placed in lower levels of care. The recommended National TFC standards are that, at a minimum, the private agency provide two (2) face-to-face contacts per month that supplement (rather than replace) the planned monthly, contact by the government agency. This active, intensive monitoring of the Individual care plan (ICP) ensures that the individual's needs are adequately addressed in the less restrictive environment. The private provider's activities also include transition planning that begins upon the day of admission, which is related to the child's physical and behavioral health needs. For example, transition includes aftercare planning for continuity of care and treatment, such as linking and ensuring follow-up with a primary care physician for monitoring use of psychotropic medication, follow-up to appropriate outpatient behavioral health services to continue the intervention goals that have been achieved, and community reintegration. The government agency's Medicaid costs for case management (billed in weekly units of service) have been cost allocated in accordance with 42 CFR 441.18(d). The private provider agency has a formal relationship with the government agency to collaborate and integrate the ICP with the government agency's individual service plan, in order to avoid duplication of services.

iv. **CPSR and BHP** services cannot be billed in conjunction with the following:

- Partial Hospitalization/Intensive Outpatient (PHP/IOP);
- Therapeutic Day Treatment (TDT), (unless outlined in the ICP, in order to enhance the child's capacity to remain in the community and included in the IEP);
- Multi-systemic Therapy (MST);
- Facility-based crisis stabilization.

~~* At least once per month is required in accordance with the January 4,2012 Compromise and Settlement Agreement, *D.G. vs. Yarborough, Case No. 08-CV-074,* a.k.a., the "Pinnacle Plan").~~

~~The agency's fee schedule rate was set as of April 1, 2013 and is effective for service provided on or after that date. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of EPSDT Services, and any annual/periodic adjustments are published on the agency's website @ www.okhca.org~~

Revised ~~04-01-2013~~09-01-2019

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Supersedes

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