METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

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

B. CCBH Payments for Non-Established Clients

Non-established CCBH clients are those program users that receive crisis services directly from the CCBH without receiving a preliminary screening and risk assessment by the CCBH and those referred to the CCBH directly from other outpatient behavioral health agencies for pharmacologic management. Payments for services provided to non-established clients will be separately billable:

1. **Crisis Assessment and Intervention** – Facility-based, crisis stabilization unit services delivered at Red Rock CMC are not included in the facility-specific PPS rate and payment is made based on the methodology in Attachment 4.19-B, Item 13.d.3(A)(2), Other State Plan Covered Services.
2. **Care Coordination for Drug and Specialty Court Referrals** – In addition to the psychiatrist evaluation paid on a fee-for-service basis, separate payment may be made for at least 15 minutes of clinical staff time directed by a physician, per calendar month. The rate is $45 per encounter. Drug and Specialty Court case managers bill as usual to Medicaid.

C. Development of the PPS Rates

1. **Existing CCBH Services –** Monthly rates were developed based on provider-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 provider, including all qualifying sites of the certified provider established prior to July 1, 2019.
2. **New ~~CCBHs~~ CCBH Services –** For CCBHs that are certified by ODMHSAS after July 1, 2019, the State will establish an interim PMPM rate by reference to 90% of the average rates of existing urban CCBHs. ~~After the initial year, the final CCBH rate shall be established based on the cost reporting year that ends June 30, using the facility's most recent annual cost report data inflated to the midpoint of the rate year by the MEI.~~
   a. Providers will be required to file the most recent 12-month cost report that encompasses the first full year of activity in the CCBH program.
   b. Provider-specific monthly rates will be set based on the first full year (12-month) cost report, inflated to the midpoint of the rate year by the Medicare Economic Index (MEI), and will be effective on the July 1 following the end of the cost report year. The rate may be adjusted based on other state-determined factors consistent with state policy.
   c. Claims paid subsequent to the effective date of the provider-specific rate but before the provider-specific rate is determined will be subject to retroactive adjustment upon implementation of the provider-specific rate.

D. Reimbursement for Special Populations

Effective July 1, 2019, the State will review care needs and rates for clients assigned to special population categories every 90 days to determine a need for continued stay at this level of service intensity and if the client has been admitted for an inpatient psychiatric hospital stay. If the client has been admitted during this time period, the State will pay the provider the standard rate for services rendered to that client.

E. Updates to Rates

Provider-specific monthly rates will be updated annually by the MEI to reflect changes due to inflation.

The State will review cost reports bi-annually to determine adequacy of the rates. The Agency's fee schedule rates for CCBH services were set as of July 1, 2019 and are effective for services provided on and after that date. All rates are published on the Agency's website at okhca.org.

F. Avoiding Duplication of Payment for Care Management/Coordination

Individuals eligible for CCBH services are eligible for all needed Medicaid covered services; however, duplicate payment is prohibited. The State will assure that CCBH care coordination (CC) and payments will not duplicate other state plan or waiver CC activities. The State will avoid duplication through MMIS edits and person-centered planning processes to advance an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration.