

## Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 15-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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January 27, 2016

Ms. Becky Pasternik-Ikard  
State Medicaid Director  
Oklahoma Health Care Authority  
4345 North Lincoln Blvd.  
Oklahoma City, Oklahoma 73105

Our Reference: SPA OK 15-06

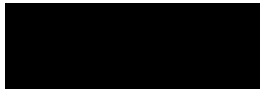
Dear Ms. Pasternik-Ikard:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 15-06, dated December 30, 2015. This state plan amendment proposes to align the Program of Assertive Community Treatment (PACT) service with the Health Home service, including for reimbursement purposes.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of April 1, 2015. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions, please contact Suzette Seng, of my staff, at (214) 767-6478 or by e-mail at [Suzette.Seng@cms.hhs.gov](mailto:Suzette.Seng@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator

Cc: Tywanda Cox

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 5 - 0 6</b>	2. STATE <b>Oklahoma</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>April 1, 2015</b>
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS A NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.130(d)</b>	7. FEDERAL BUDGET IMPACT a. FFY 2015 <b>\$15,774</b> b. FFY 2016 <b>\$188,361</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A, Page 3a-1a Attachment 3.1-A, Page 6a-1.4 Attachment 3.1-A, Page 6a-1.5 Attachment 3.1-A, Page 6a-1.6 Attachment 3.1A, Page 6a-1.6a Attachment 3.1-A, Page 6a-1.7 Attachment 3.1-A, Page 6a-1.8 (DELETE) Attachment 3.1-A, Page 6a-1.9 (DELETE) Attachment 4.19B, Page 29a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  (NONE-NEW) Attachment 3.1-A, Page 6a-1.4, TN 13-08 Attachment 3.1-A, Page 6a-1.5, TN 12-02 Attachment 3.1-A, Page 6a-1.6, TN 12-02 Attachment 3.1A, Page 6a-1.6a, TN 08-03 Attachment 3.1-A, Page 6a-1.7, TN 10-32 Attachment 3.1-A, Page 6a-1.8, TN 13-13 Attachment 3.1-A, Page 6a-1.9, TN 10-32 Attachment 4.19B, Page 29a, TN 13-09
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10. SUBJECT OF AMENDMENT  
**Revise PACT for Health Homes**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO  Oklahoma Health Care Authority Attn: Tywanda Cox 4345 N. Lincoln Oklahoma City, OK 73105
13. TYPED NAME <b>Nico Gomez</b>	
14. TITLE <b>Chief Executive Officer</b>	
15. DATE SUBMITTED <b>June 30, 2015</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>01 June, 2015</b>	18. DATE APPROVED <b>27 January, 2015</b>

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>01 April, 2015</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Bill Brooks</b>	22. TITLE <b>Associate Regional Administrator Division of Medicaid and Children's Health</b>

23. REMARKS  
c: Nico Gomez  
Garth Splinter  
Tywanda Cox  
**FORM CMS-179 (07/92)**

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

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**6.d. Other Licensed Practitioners (cont'd)****G. Licensed Behavioral Health Practitioner Services**

Medical or other remedial care provided by qualified behavioral health practitioners (BHPs) within scope of practice defined under State law in an outpatient behavioral health agency setting. Please refer to Attachment 3.1-A, Page 1a-6.4 to 1a6.4b for BHP provider qualifications.

**(a) Mental Health/Substance Use Disorder (MH/SUD) Screening**

A preliminary screening and risk assessment provided at the time of first contact, for all new consumers requesting, or being referred for behavioral health services, to determine acuity of needs. To qualify for reimbursement, the screener (which may be a QBHT or PRSS under the supervision of the BHP) must use evidence-based or otherwise standardized and validated screening tools approved by OHCA and ODMHSAS, that are appropriate for the age and/or developmental stage of the consumer. Prior to September 1, 2015, MH/SUD screens are available for all populations and reimbursed with state dollars only unless the member is in PACT. MH/SUD screens for PACT members are reimbursed with federal and state dollars. Effective September 1, 2015, MH/SUD screens are reimbursed with federal and state dollars for all populations.

**(b) Initial Evaluation**

The initial evaluation is a face-to-face (or telemedicine) evaluation of the consumer based upon the information gleaned from the MH/SU screening, which requires the gathering of very basic information designed to guide preliminary treatment and determination of other needs.

This information may be obtained from self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police courts, and outpatient and inpatient facilities, where applicable, culminating in a comprehensive initial assessment.

**(c) Comprehensive Assessment (CA)**

The comprehensive assessment is the organizational process of gathering and analyzing more complete information to allow a full diagnosis and adequate basis for treatment plan development. Information includes current and past information with each consumer and the family and/or support system and other significant people to evaluate: 1) mental and functional status, 2) effectiveness of past treatment, 3) current treatment, rehabilitation and support needs to achieve individual goals and support recovery; and 4) the range of individual strengths (e.g. knowledge gained from dealing with adversity or personal/professional roles, talents, personal traits) that can act as resources to the consumer and his/her recovery planning team in pursuing goals. The extent of the CA will depend on the individual consumer and applicable program or accreditation requirements.

- i. Qualified, master's prepared behavioral health professionals may provide psychiatric Diagnostic Assessments (PDA) for children. The PDA for individuals who meet admission criteria for Programs of Assertive Community Treatment (PACT) are limited to practitioners who meet the qualifications for a psychiatrist or APRN.
- ii. Nursing Assessments are limited to registered nurses in accordance with the State Nurse Practice Act.
- iii. Psychological Tests and Assessments for adults by a psychologist are limited to biopsychosocial assessments when required by OHCA as part of a preoperative prior authorization protocol for organ transplant or bariatric surgical procedures. See 4b, EPSDT for children.
- iv. Alcohol and Drug Assessments are covered when provided by a LADC or other appropriately credentialed, licensed behavioral health professional.

NEW 01-01-15

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TN# 15-06  
Supersedes  
TN# NONE-NEW

Approval Date 1-27-15Effective Date 4-01-15

State: Oklahoma  
Date Received: June 30, 2015  
Date Approved: January 27, 2016  
Date Effective: April 1, 2015  
Transmittal Number: 15-06

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

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

**D. Limitation on Services:** All services will be subject to medical necessity criteria, and most require prior authorization by OHCA or its designated agent. Members residing in a nursing facility are not eligible for outpatient behavioral health services.

**13.d.2 Program of Assertive Community Treatment (PACT)**

PACT is an evidence-based service delivery model for providing comprehensive community-based behavioral health treatment and rehabilitation services to address mental health and co-occurring substance use disorders for individuals with more intensive psychiatric needs. Services are furnished by a multidisciplinary and mobile mental health team who functions interchangeably to provide the rehabilitation and treatment designed to enable the consumer to live successfully in the community in an independent or semi-independent arrangement.

**A. Eligible Organizations**

In addition to the accreditation requirements for provider organizations listed in Attachment 3.1A, Page 6a-1.1, providers of PACT services are provided by specific teams within a SoonerCare contracted outpatient behavioral health organization and must be certified by the Oklahoma Department of Mental Health and Substance Abuse Services. In order to have a sufficient range of expertise represented on the team and enough staff to cover evenings and weekends, on-call duty, and vacations, the team in most cases should be made up of 10-12 FTE. PACT team members shall provide "first responder" crisis response 24 hours a day, 7 days a week, 365 days a year to consumers experiencing a crisis.

**B. Multidisciplinary Team**

Team members must collectively possess a wide range of aptitudes and professional skills, individual competence and experience working with individuals with severe and persistent mental illness. Qualified team members include:

- Behavioral Health Professionals (BHPs);
- Nurses (RN or LPN);
- Qualified Behavioral Health Technicians (QBHTs); and
- Certified Peer Recovery Support Specialists (PRSS).

The team leader or a clinical staff designee shall assume responsibility for supervising and directing all PACT team activities. The team lead must be a BHP (Level 1 or Level 2). PRSS services must be provided under the supervision of a BHP. Refer to Attachment 3.1 A pages 6a 1.5-1.6f for a complete description of provider qualifications.

Revised 01-01-15

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TN# 15-06                      Approval Date 1-27-15                      Effective Date 4-01-15  
Supersedes  
TN# 13-08

State: Oklahoma Date Received: June 30, 2015 Date Approved: January 27, 2016 Date Effective: April 1, 2015 Transmittal Number: 15-06
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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY****13.d Rehabilitative Services****13.d.2 Program of Assertive Community Treatment (PACT)****B. Multidisciplinary Team (cont'd)**

<b>Provider Type</b>	<b>Individual Provider Qualifications</b>
<b>Behavioral Health Professionals (BHPs)</b>	<p><b>Level 1:</b></p> <p>(A) <b>Psychiatrists</b> - Allopathic or Osteopathic physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, <b>or</b></p> <p>(B) <b>Advanced Practice Registered Nurses (APRNs)</b> - 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; <b>or</b></p> <p>(C) <b>Clinical Psychologists</b> - A clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists; <b>or</b></p> <p>(D) <b>Current resident in psychiatry; or</b></p> <p>(E) <b>Physician Assistants (PA)</b> - 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</p> <p><b>Level 2:</b></p> <p>(A) <b>Licensed, Master's Prepared-</b> 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 &amp; Family Therapists (LMFTs);  (4) Licensed Behavioral Practitioners (LBPs);  (5) Licensed Alcohol and Drug Counselor (LADCs)</p> <p>(B) <b>Licensure Candidates</b>— An individual with a Master's degree or higher, 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.</p> <p>(C) <b>Psychological Clinicians</b> – Professionals with a Master's degree or higher with certification to provide behavioral health services</p>
<b>Nurses</b>	<p>(A) Registered Nurse;</p> <p>(B) License Practical Nurse</p> <ul style="list-style-type: none"> <li>• Individual must be currently licensed by the Oklahoma licensing Board;</li> <li>• 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.</li> </ul>
<b>Qualified Behavioral Health Technician (QBHT)</b>	<p>Bachelor's Degree and:</p> <ul style="list-style-type: none"> <li>• Certification as Behavioral Health Case Manager 1 or II; or</li> <li>• Certification as Alcohol and Drug Counselor</li> </ul> <p><b>For substance abuse services:</b> Must meet the minimum requirements for a QBHT, <b>AND</b></p> <ul style="list-style-type: none"> <li>• Certification as an Alcohol and Drug Counselor, and successful completion of at least two years full time work experience; or;</li> <li>• LBHP with certification, training; and competency in alcohol and or substance abuse, OR</li> <li>• Be a registered nurse with current licensure.</li> </ul>
<b>Certified Peer Recovery Support Specialist (PRSS)</b>	<p><b>Peer Recovery Support Specialist (PRSS)</b></p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Have demonstrated recovery from a mental illness, substance abuse disorder or both</li> <li>• Be willing to self disclose about their own recovery.</li> </ul>

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TN# 15-06  
Supersedes  
TN# 12-02Approval Date 1-27-15Effective Date 4-01-15

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

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**13.d Rehabilitative Services****13.d.2 Program of Assertive Community Treatment****C. Covered Service Components and Descriptions (Service Contacts)****i. Person-Centered and Family- Centered Treatment Planning and Review**

A process in which the information obtained in the comprehensive assessment is evaluated and used to develop a treatment plan that has individualized goals, objectives, activities, and services that will enable the consumer to improve. The initial assessment is used as a guide until the comprehensive assessment is completed. It is to focus on recovery and must include a discharge plan. This service is conducted by the treatment team, which includes the consumer and involved practitioners. The entire team signs the plan.

**ii. Care Coordination**

Activities provided directly by PACT teams that have the purpose of coordinating and managing the care and services furnished to each consumer, assuring a fixed point of responsibility for providing treatment, rehabilitation and support services.

**iii. Medication Training and Administration**

Services include the following: A review and educational session focused on consumer's response to medication and compliance with the medication regimen, and/or medication administration. Prescription administration, and ordering of medication by appropriate medical staff; assisting the consumer in accessing medications; carefully monitoring medication response and side effects; Helping consumers develop ability to take medications with greater independence. Medication training and administration is performed by a nurse (within scope of practice) or physician assistant under the supervision of a physician.

**iv. Health Promotion and Wellness Self-Management**

Individual and group psychoeducation and counseling to improve the individual's social skills that include psychoeducational individual and group therapy to:

- provide health and nutrition counseling to prevent health problems;
- promote patient education and self-management about chronic illness and mental illness, treatment, and recovery;
- teach skills for coping with specific symptoms and stress management;
- facilitate the development of a personal crisis management plan, including suicide prevention or psychiatric advance directive;
- provide 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).

Any qualified team member may perform this service.

Revised 01-01-15

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

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**13.d Rehabilitative Services****13.d.2 Program of Assertive Community Treatment (continued)****v. Peer and Family Support**

These activities include individual and group skill-building activities to restore and strengthen the consumer's unique social and family relationships that 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 consumer's recovery;
- enlisting family support in recovery of the consumer;
- facilitating the consumer's natural supports through access to local support networks; and trainings, such as NAMI's Family-to-Family; and
- helping consumer's expand network of natural supports.

Family services are for the direct benefit of the consumer. Any qualified team member may perform this service.

**vi. 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 BHP and the consumer's family, guardian and/or support system. Family therapy must be provided for the direct benefit of the consumer. This service must be provided by a BHP.

**vii. 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. This service is performed by a BHP.

**viii. Psychosocial Rehabilitation**

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

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

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

**ix. Co-Occurring Treatment for Substance Abuse**

These services shall include but not be limited to individual and group interventions to assist consumer's to: (A) identify substance use, effects and patterns; (B) Recognize the relationship between substance use and mental illness and psychotropic medications; (C) develop motivation for decreasing substance use; and (D) develop coping skills and alternatives to minimize substance use and achieve periods of abstinence and stability.

Individual counseling may be provided as a supportive adjunct to group sessions. All staff providing substance abuse treatment must be appropriately registered, certified, or licensed.

Revised 01-01-15



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

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**13.d Rehabilitative Services**

**13.d.2 Program of Assertive Community Treatment (continued)**

**D. Limitation on Services**

- (a) PACT services must be medically necessary and recommended by a BHP prior to receiving these services. An initial screening/assessment must be completed to receive the service(s). Covered services are available only to Medicaid eligible consumers with a written treatment plan containing the recommended necessary psychiatric, rehabilitation and support services. The treatment plan is completed by an authorized BHP.
- (b) Employment services, personal care services, childcare and respite services are not billable activities. Consumers living in an IMD, nursing facility or inmates of public correctional institutions are not eligible for PACT services.
- (c) **Health Home Services** – PACT teams may also be designated Health Homes. The service components listed in C. i-iv may also be considered Health Home services and duplicate payment cannot be made.

Revised 01-01-15

TN# 15-06  
Supersedes  
TN# 10-32

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

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**13.d.2. Program of Assertive Community Treatment**

DELETE

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TN# 15-06  
Supersedes  
TN# 13-13

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

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**13.d.2. Program of Assertive Community Treatment**

DELETE

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TN# 15-06 Approval Date 1-27-15 Effective Date 4-01-15  
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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY****13.d Rehabilitative Services (Continued)****13.d.2 Reimbursement for PACT Services**

Reimbursement for PACT service components listed in Att. 3.1A page 6a-1.5 through 6a-1.6a provided by multi-disciplinary team members will be made under a fee schedule.

- (a) Service Contacts** - The fee schedule rate for eligible service contacts by qualified team members is all-inclusive of the service components and will be reimbursed per 15-minute unit, using a Procedure code for PACT. The unit costs were derived from the 2006 average salaries and wages for physicians as reported in the Bureau of Labor Statistics website for occupations for Oklahoma, and actual provider reported costs for the other staffing composition required for a caseload of 100. The rate also accounts for employee benefits, indirect costs, clinical oversight and supervision. Total costs were divided by the annual available productive time. In order to account for the fact that Medicaid enrollment for adults enrolled in PACT may not be continuous, the average caseload of 100 for a team of 10 assumed in the methodology was adjusted by a standardized enrollment continuity ratio for Oklahoma (75.6%) to account for lapses in coverage. The source document for the continuity ratio is from Table 1, "Improving Medicaid's Continuity and Quality of Care", by L. Ku. Targeted Case Management (TCM) service contacts are separately billable.
- (b) Health Home services.** PACT service components share much in common with Health Home requirements. In order to avoid duplication, a portion of the rate for equivalent service contacts was allocated to Health Home services. This portion was based on PACT team place of treatment, using the 2003 *National Program Standards for Assertive Community Treatment Teams*, which has a goal of 75% of services to be provided *in vivo*, (non office-based, non-facility) or in the community. Therefore the PACT rate described in (a) above will be reduced by 25% for any consumer that does not opt-out of Health Homes.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of PACT services. The agency's fee schedule rate was set as of January 1, 2015 and is effective for services provided on or after that date. All rates are published on the Agency's website [www.okhca.org](http://www.okhca.org).

Revised 01-01-15

TN# 15-06  
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TN# 13-09

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