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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

Regional Operations Group

October 28, 2019

Our Reference: SPA OK 19-0018

Melody Anthony
State Medicaid Director
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0018, with an effective date of September 1, 2019. This amendment was submitted to revise coverage and reimbursement policy to establish the provider qualifications and reimbursement rate for Qualified Behavioral Health Aide II (QBHA II).

This letter affirms that OK 19-0018 is approved effective September 1, 2019, as requested by the State.

We are including the CMS-179 and the following amended plan pages:

- Attachment 3.1-A, Page 1a-6.4a
- Attachment 3.1-A, Page 1a-6.5a
- Attachment 3.1-A, Page 6a-1.3
- Attachment 4.19-B, Page 16.1

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

Cc: Billy Bob Farrell, ROG Dallas
Nancy Kirchner, CMS Baltimore
Tia Lyles, CMS Baltimore
Sandra Puebla, OHCA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
1 9 — 0 0 1 8

2. STATE
Oklahoma

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
September 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*)

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

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

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130

7. FEDERAL BUDGET IMPACT
a. FFY 2019 \$ 72,883
b. FFY 2020 \$ 789,971

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 1a-6.4a
Attachment 3.1-A, Page 1a-6.5a
Attachment 3.1-A, Page 6a-1.3
Attachment 4.19-B, Page 16.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, Page 1a-6.4a; TN#13-12
Attachment 3.1-A, Page 1a-6.5a; TN#13-12
Attachment 3.1-A, Page 6a-1.3; TN#10-32
Attachment 4.19-B, Page 16.1; TN# 13-12

10. SUBJECT OF AMENDMENT

Establish provider requirements and reimbursement rate for QBHA II

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME
Kevin Corbett

14. TITLE
Chief Executive Officer

15. DATE SUBMITTED
August 30, 2019

16. RETURN TO

Oklahoma Health Care Authority
Attn: Maria Maule
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
August 30, 2019

18. DATE APPROVED
October 18, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
September 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME
Bill Brooks

22. TITLE Director, Division of Medicaid and Children's Health
Regional Operations Group

23. REMARKS

**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
<p align="center">Qualified Behavioral Health Technicians (QBHTs)</p>	<p>(A) <u>Behavioral Health Rehabilitation Specialist (BHRS):</u></p> <ul style="list-style-type: none"> • 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). <p>(B) <u>Effective July 1, 2013, a BHRS must meet the following:</u></p> <ul style="list-style-type: none"> • Currently certified as a Behavioral Health Case Manager II (CM II) through the ODMHSAS; or • Currently Certified Alcohol and Drug Counselor (CADC). <p>*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.</p> <p>(C) <u>Psychological Technician</u></p> <ul style="list-style-type: none"> • 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.
<p align="center">Qualified Behavioral Health Aide I (QBHA I)</p>	<p><u>QBHA minimum requirements:</u></p> <ul style="list-style-type: none"> • Must have a high school diploma or equivalent; and • Must complete required training and continuing education; and • Be appropriately supervised.
<p align="center">Qualified Behavioral Health Aide II (QBHA II)</p>	<p><u>QBHA II minimum requirements:</u></p> <ul style="list-style-type: none"> • Must meet the minimum qualifications of a QBHA I; and, • 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; and, • 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.

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TN# 19-0018

Approval Date 10/18/2019

Effective Date 09/01/2019

Supersedes TN# 13-0012

**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

(c) Covered Services (continued)

ii. **Children's Psychosocial Rehabilitation (CPSR)** - CPSR is an array of services that are provided in the child's home, or in the location where behavioral challenges are most likely to occur such as school, or in community settings. CPSR (IIH and TBS) services are limited to 6 units each per day for a QBHA I and a QBHA II within the Therapeutic Foster Family Homes (TFFHs) setting. CPSR (IIH)-Group is limited to 16 units per day for a QBHA I and a QBHA II within the Therapeutic Foster Family Homes (TFFHs) setting. CPSR services are available, and limits can be exceeded, for all children, youth and young adults aged 0-21 that meet the medical necessity criteria. The CPSR components are described in (A)-(C) below:

(A) Intensive Family Intervention (IFI) - This is community-based intensive behavioral health intervention delivered to treat emotional disturbances or co-occurring substance use disorders. Services are designed to correct or ameliorate symptoms of mental health and/or substance abuse problems and to reduce the likelihood of the need for more intensive/restrictive services. Services include family therapy with the individual and family directed specifically towards the identified youth and his or her behavioral health needs and goals as identified in the individualized plan of care. Treatment may include trauma-informed and evidence based practices (EBP) related to adverse childhood experiences. IFI services may be provided individually in the office, home or community, or in single or multi-family group sessions. Group sessions may not be provided in the home. IFI services are directed exclusively toward the treatment of the SoonerCare eligible individual. These services are provided by a BHP.

(B) Intensive In-home (IIH) Support, Skills Training - Services are designed to restore, rehabilitate and support the individual's emotional and social development and learning. Services are intended for children, youth and young adults to provide intensive, on-going interventions that are specified in the individual's person-centered, individualized plan of care. This service reinforces the desired behavioral or cognitive changes by assisting the child and family in everyday application of the clinical plan of care's strategies and resultant insights. These services are designed to avoid the need for more restrictive care such as hospitalization and residential care. Components include:

- (1) **"Problem identification"** is made in collaboration with the client in terms of obstacles that are barriers to the client's personal goals in his/her current life;
- (2) **"Goal setting"** generates short-term approximations to the client's personal goals with specification of the social behavior that is required for successful attainment of the short-term, incremental goals. The goal-setting endeavor requires the provider to elicit from the client detailed descriptions of what communication skills are to be learned, with whom are they to be used, where, and when;
- (3) **"Role play" or "behavioral rehearsal"**. Through these, the client demonstrates the verbal, nonverbal, and paralinguistic skills required for successful social interaction in the interpersonal situation set as the goal. Positive and corrective feedback is given to the patient focused on the quality of the behaviors exhibited in the role play;
- (4) **"Social modeling"** is provided by demonstrating the desired interpersonal behaviors in a form that can be vicariously learned by the observing patient;
- (5) **"Behavioral practice"** by the client is repeated until the communication reaches a level of quality tantamount to success in the real-life situation;
- (6) **"Positive social reinforcement"** is given contingent on those behavioral skills that showed improvement;
- (7) **"Positive reinforcement" and "Problem solving"** is provided at the next session based on the patient's experience using the skills on their own in a real life setting, since the last session.

This service, along with all of the components are provided by a QBHT or higher, who works with the client's lead BHP to implement the plan of care. Services may be provided individually or in group sessions. Group sessions may not be provided in the home and must use evidence based practices.

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

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**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: room and board; educational; transportation; or respice care.

- ii. **CPSR (IIH and TBS)** rate reimbursement per 15 unit by QBHA type:

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

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- 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.

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