

Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's [Proposed Changes Blog](#).

OHCA COMMENT DUE DATE: March 3, 2022

The proposed policy changes are Permanent Rules. The proposed policy changes were presented at the January 4, 2022 Tribal Consultation. The proposed rule changes will be presented at a Public Hearing on March 8, 2022. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on March 10, 2022 and the OHCA Board of Directors on March 16, 2022.

Reference: APA WF # 21-29

SUMMARY:

Partial Hospitalization Program (PHP) Services for Adults — The proposed revisions seek to implement PHP services for individuals ages 21 through 64 with substance use disorder, mental health diagnoses, and/or co-occurring disorders. Currently PHP services is a benefit offered to children under the age of 21, only. The proposed rulemaking will delineate covered service components, provider qualifications, as well as the reimbursement methodology for PHP services provided to adults. Additionally, the proposed rulemaking will reorganize current policy at OAC 317:30-5-241.2 (Psychotherapy, Multi-systemic therapy, PHP, and day treatment programs) into independent sections for clarity and easier retrieval. Moreover, the requested rulemaking will clarify that the clinical team for PHP services for children may include a physician, physician's assistant, or advanced registered nurse practitioner. Finally, the proposed rulemaking will correct minor formatting and grammatical errors.

LEGAL AUTHORITY

The Oklahoma Health Care Authority Act, Section 5007 of Title 63 of Oklahoma Statutes; the Oklahoma Health Care Authority Board; Title 42 of the Code of Federal Regulations (C.F.R.), Section 410.43

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement
APA WF # 21-29

A. Brief description of the purpose of the rule:

The proposed revisions seek to implement PHP services for individuals ages 21 through 64 with substance use disorder, mental health diagnoses, and/or co-occurring disorders. Currently PHP services is a benefit offered to children under the age of 21, only. The proposed rulemaking will

delineate covered service components, provider qualifications, as well as the reimbursement methodology for PHP services provided to adults. Additionally, the proposed rulemaking will reorganize current policy at OAC 317:30-5-241.2 (Psychotherapy, Multi-systemic therapy, PHP, and day treatment programs) into independent sections for clarity and easier retrieval. Moreover, the requested rulemaking will clarify that the clinical team for PHP services for children may include a physician, physician's assistant, or advanced registered nurse practitioner. Finally, the proposed rulemaking will correct minor formatting and grammatical errors.

- B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

No classes of persons will be affected by the proposed rule.

- C. A description of the classes of persons who will benefit from the proposed rule:

The proposed rule changes will benefit adult SoonerCare members by providing a service alternative to prevent inpatient hospitalization and achieve community integration.

The proposed rule changes will benefit PHP providers by allowing service and reimbursement of services for the specified adult population.

- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable impact of the proposed rule upon any classes of persons or political subdivisions.

- E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The estimated budget impact, for SFY2023, will be an increase in the total amount of \$771,715 (10 months); with \$160,864 state share. The estimated budget impact, for SFY2024, will be an increase in the total amount of \$1,394,585; with \$290,701 state share. The state share will be paid by the Oklahoma Department of Mental Health and Substance Abuse Services.

- F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

There is no economic impact on political subdivisions.

- G. A determination of whether implementation of the proposed rule will have an adverse effect on

small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule will not have an adverse effect on small business.

- H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

- I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should have a positive effect on the public health, safety, and environment.

- J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The Agency does not anticipate any detrimental effect on the public health, safety, or environment if the proposed rule changes are not implemented.

- K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared: November 1, 2021
Modified: February 23, 2022

RULE TEXT:

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE**

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 3. HOSPITALS

317:30-5-42.1. Outpatient hospital services

(a) Hospitals providing outpatient hospital services are required to meet the same requirements that apply to the Oklahoma Health Care Authority (OHCA) contracted, non-hospital providers performing the same services. Outpatient services performed outside the hospital facility are not reimbursed as hospital outpatient services.

(b) Covered outpatient hospital services must meet ~~all~~ of all the criteria listed in (1) through (4) of this subsection.

- (1) The care is directed by a physician or dentist.
- (2) The care is medically necessary.

- (3) The member is not an inpatient [refer to Oklahoma Administrative Code (OAC) 317:30-5-41].
- (4) The service is provided in an approved hospital facility.
- (c) Covered outpatient hospital services are those services provided for a member who is not a hospital inpatient. A member in a hospital may be either an inpatient or an outpatient, but not both (see OAC 317:30-5-41).
- (d) In the event a member is admitted as an inpatient, but is determined to not qualify for an inpatient payment based on OHCA criteria, the hospital may bill on an outpatient claim for the ancillary services provided during that time.
- (e) Separate payment is made for prosthetic devices inserted during the course of surgery when the prosthetic devices are not integral to the procedure and are not included in the reimbursement for the procedure itself.
- (f) Physical, occupational, and speech therapy services are covered when performed in an outpatient hospital-based setting. Coverage is limited to one (1) evaluation/re-evaluation visit (unit) per discipline per calendar year and fifteen (15) visits (units) per discipline per date of service per calendar year. Claims for these services must include the appropriate revenue code(s).
- (g) Diabetes self-management education and support (DSMES) services are provided to members diagnosed with diabetes. DSMES services are comprised of one (1) hour of individual instruction (face-to-face encounters between the diabetes educator and the member) and nine (9) hours of group instruction on diabetes self-management. Members shall receive up to ten (10) hours of services during the first twelve (12) month period beginning with the initial training date. After the first twelve (12) month period has ended, members shall only be eligible for two (2) hours of individual instruction on DSMES per calendar year. Refer to OAC 317:30-5-1080 through 317:30-5-1084 for specific provider and program requirements, and reimbursement methodology.
- (h) For high-investment drugs, refer to OAC 317:30-5-42.20.
- (i) For partial hospitalization program services for adults and children, refer to OAC 317:30-5-241.2.2 and 317:30-5-241.2.3.

PART 21. OUTPATIENT BEHAVIORAL HEALTH AGENCY SERVICES

317:30-5-241.2. Psychotherapy

(a) ~~Psychotherapy.~~ Individual psychotherapy.

(1) **Definition.** Psychotherapy is a face-to-face treatment for mental illnesses and behavioral disturbances, in which the clinician, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse, or change maladaptive patterns of behavior, and encourage growth and development. Insight oriented, behavior modifying and/or supportive psychotherapy refers to the development of insight of affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality, or any combination of these items to provide therapeutic change. Ongoing assessment of the member's status and response to treatment as well as psycho-educational intervention are appropriate components of individual therapy. The therapy must be goal directed, utilizing techniques appropriate to the service plan and the member's developmental and cognitive abilities.

(2) **Interactive ~~Complexity~~ complexity.** Psychotherapy is considered to involve "interactive complexity" when there are communication factors during a visit that complicate delivery of the psychotherapy by the qualified practitioner. Sessions typically involve members who have other

individuals legally responsible for their care (i.e., minors or adults with guardians); members who request others to be involved in their care during the session (i.e., adults accompanied by one or more participating family members or interpreter or language translator); or members that require involvement of other third parties (i.e., child welfare, juvenile justice, parole/probation officers, schools, etc.). Psychotherapy should only be reported as involving interactive complexity when at least one (1) of the following communication factors is present:

(A) The need to manage maladaptive communication (i.e., related to high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicate delivery of care.

(B) Caregiver emotions/behavior that interfere with implementation of the service plan.

(C) Evidence/disclosure of a sentinel event and mandated report to a third party (i.e., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.

(D) Use of play equipment, physical devices, interpreter, or translator to overcome barriers to therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

(3) **Qualified practitioners.** Psychotherapy must be provided by a ~~licensed behavioral health professional (LBHP)~~ an LBHP or licensure candidate in a setting that protects and assures confidentiality.

(4) **Documentation requirements.** Providers must comply with documentation requirements in OAC 317:30-5-248.

~~(4)(5)~~ **Limitations.** A maximum of four (4) units per day per member is compensable. A cumulative maximum of eight (8) units of individual psychotherapy and family psychotherapy per week per member is compensable. Except for psychotherapy involving interactive complexity as described in this Section, only the member and the qualified practitioner should be present during the session. ~~Psychotherapy for a child younger than three must be medically necessary and meet established Child (0-36 months of Age) criteria as set forth in the Prior Authorization Manual. Individual psychotherapy is not reimbursable for a child younger than the age of thirty-six (36) months.~~ Limitations exclude outpatient behavioral health services provided in a foster care setting.

(b) **Group Psychotherapy**

(1) **Definition.** Group psychotherapy is a method of treating behavioral disorders using the interaction between the qualified practitioner and two (2) or more individuals to promote positive emotional or behavioral change. The focus of the group must be directly related to the goals and objectives in the individual member's current service plan. This service does not include social or daily living skills development as described under ~~Behavioral Health Rehabilitation Services~~ behavioral health rehabilitation services.

(2) **Group sizes.** Group ~~Psychotherapy~~ psychotherapy is limited to a total of eight (8) adult [eighteen (18) and over] individuals except when the individuals are residents of an ICF/IID where the maximum group size is six (6). For all children under the age of eighteen (18), the total group size is limited to six (6).

(3) **Multi-family and conjoint family therapy.** Sessions are limited to a maximum of eight (8) families/units. Billing is allowed once per family unit, though units may be divided amongst family members.

(4) **Qualified practitioners.** Group psychotherapy ~~will~~must be provided by an LBHP or licensure candidate. Group ~~Psychotherapy~~psychotherapy must take place in a confidential setting limited to the qualified practitioner, an assistant or co-therapist, if desired, and the group psychotherapy participants.

(5) Documentation requirements. Providers must comply with documentation requirements in OAC 317:30-5-248.

~~(5)(6)~~(6) Limitations. A maximum of six (6) units per day per member is compensable, not to exceed twelve (12) units per week. Group ~~Psychotherapy~~psychotherapy is not reimbursable for a child younger than the age of ~~three (3)~~thirty-six (36) months. Limitations exclude outpatient behavioral health services provided in a foster care setting.

(c) Family Psychotherapy

(1) **Definition.** Family ~~Psychotherapy~~psychotherapy is a face-to-face psychotherapeutic interaction between a qualified practitioner and the member's family, guardian, and/or support system. It is typically inclusive of the identified member, but may be performed if indicated without the member's presence. When the member is an adult, his/her permission must be obtained in writing. Family psychotherapy must be provided for the direct benefit of the SoonerCare member to assist him/her in achieving his/her established treatment goals and objectives and it must take place in a confidential setting. This service may include the ~~Evidence Based Practice titled Family Psychoeducation~~evidence-based practice "Family Psychoeducation". For children under the age of thirty-six (36) months, family psychotherapy is focused on the infant/young child and parent (or primary caregiver) interactions and the relationship needs of the infant/young child.

(2) **Qualified practitioners.** Family ~~Psychotherapy~~psychotherapy must be provided by an LBHP or licensure candidate.

(3) Documentation requirements. Providers must comply with documentation requirements in OAC 317:30-5-248.

~~(3)(4)~~(4) Limitations. A maximum of four (4) units per day per member/family unit is compensable. A cumulative maximum of eight (8) units of individual psychotherapy and family psychotherapy per week per member is compensable. ~~The practitioner may not bill any time associated with note taking and/or medical record upkeep. The practitioner may only bill the time spent in direct face-to-face contact. Practitioner must comply with documentation requirements listed in OAC 317:30-5-248~~Family psychotherapy for a child younger than thirty-six (36) months must be medically necessary and meet established child [zero (0) through thirty-six (36) months of age] criteria as set forth in the Prior Authorization Manual. Limitations exclude outpatient behavioral health services provided in a foster care setting.

(d) Multi-Systemic Therapy (MST)

~~(1) Definition.~~ MST ~~intensive outpatient program services are limited to children within an Office of Juvenile Affairs (OJA) MST treatment program which provides an intensive, family and community based treatment targeting specific BH disorders in children with SED who exhibit chronic, aggressive, antisocial, and/or substance abusing behaviors, and are at risk for out of home placement. Case loads are kept low due to the intensity of the services provided.~~

~~(2) Qualified professionals.~~ Masters level professionals who work with a team that may include bachelor level staff.

~~(3) Documentation requirements.~~ Providers must comply with documentation requirements in OAC 317:30-5-248.

~~(4) **Service limitations.** Partial billing is not allowed, when only one service is provided in a day, providers should not bill for services performed for less than eight (8) minutes.~~

~~(e) **Children/Adolescent Partial Hospitalization Program (PHP).**~~

~~(1) **Definition.** Partial hospitalization services are services that (1) Are reasonable and necessary for the diagnosis or active treatment of the member's condition; (2) Are reasonably expected to improve the member's condition and functional level and to prevent relapse or hospitalization and (3) Include the following:~~

~~(A) Assessment, diagnostic and service plan services for mental illness and/or substance use disorders provided by LBHPs or licensure candidates.~~

~~(B) Individual/Group/Family (primary purpose is treatment of the member's condition) psychotherapies provided by LBHPs or licensure candidates.~~

~~(C) Substance use disorder specific services are provided by LBHPs or licensure candidates qualified to provide these services.~~

~~(D) Drugs and biologicals furnished for therapeutic purposes.~~

~~(E) Family counseling, the primary purpose of which is treatment of the member's condition.~~

~~(F) Behavioral health rehabilitation services to the extent the activities are closely and clearly related to the member's care and treatment, provided by a Certified Behavioral Health Case Manager II, Certified Alcohol and Drug Counselor (CADC), LBHP, or licensure candidate who meets the professional requirements listed in OAC 317:30-5-240.3.~~

~~(G) Care Coordination of behavioral health services provided by certified behavioral health case managers.~~

~~(2) **Qualified practitioners.**~~

~~(A) All services in the PHP are provided by a clinical team, consisting of the following required professionals:~~

~~(i) A licensed physician;~~

~~(ii) Registered nurse; and~~

~~(iii) One or more of the licensed behavioral health professionals (LBHP) or licensure candidates listed in OAC 317:30-5-240.3(a) and (b).~~

~~(B) The clinical team may also include a Certified Behavioral Health Case Manager.~~

~~(C) The service plan is directed under the supervision of a physician and the number of professionals and paraprofessionals required on the clinical team is dependent on the size of the program.~~

~~(3) **Qualified providers.** Provider agencies for PHP must be accredited by one of the national accrediting bodies; The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), Accreditation Commission for Health Care (ACHC) or The Council on Accreditation (COA) for partial hospitalization and enrolled in SoonerCare. Staff providing these services are employees or contractors of the enrolled agency.~~

~~(4) **Limitations.** Services are limited to children 0-20 only. Children under age six (6) are not eligible for behavioral health rehabilitation services, unless a prior authorization for children ages four (4) and five (5) has been granted by OHCA or its designated agent based on a finding of medical necessity. Services must be offered at a minimum of three (3) hours per day, five (5) days per week. Therapeutic services are limited to four (4) billable hours per day. PHP services are all inclusive with the exception of physician services and drugs that cannot be self-administered, those services are separately billable. Group size is limited to a maximum of eight~~

~~(8) individuals as clinically appropriate given diagnostic and developmental functioning. Occupational, Physical and Speech therapy will be provided by the Independent School District (ISD). Academic instruction, meals, and transportation are not covered.~~

~~(5) **Service requirements.**~~

~~(A) Therapeutic Services are to include the following:~~

~~(i) Psychiatrist/physician face-to-face visit two (2) times per month;~~

~~(ii) Crisis management services available twenty-four (24) hours a day, seven (7) days a week;~~

~~(B) Psychotherapies to be provided a minimum of four (4) hours per week and include the following:~~

~~(i) Individual therapy—a minimum of one (1) session per week;~~

~~(ii) Family therapy—a minimum of one (1) session per week; and~~

~~(iii) Group therapy—a minimum of two (2) sessions per week;~~

~~(C) Interchangeable services which include the following:~~

~~(i) Behavioral Health Case Management (face-to-face);~~

~~(ii) Behavioral health rehabilitation services/alcohol and other drug abuse education except for children under age six (6), unless a prior authorization has been granted for children ages four (4) and five (5);~~

~~(iii) Medication Training and Support; and~~

~~(iv) Expressive therapy.~~

~~(6) **Documentation requirements.** Documentation needs to specify active involvement of the member's family, caretakers, or significant others involved in the individual's treatment. A nursing health assessment must be completed within twenty-four (24) hours of admission. A physical examination and medical history must be coordinated with the Primary Care Physician. Service plan updates are required every three (3) months or more frequently based on clinical need. Records must be documented according to OAC 317:30-5-248.~~

~~(7) **Staffing requirements.** Staffing requirements must consist of the following:~~

~~(A) RN trained and competent in the delivery of behavioral health services as evidenced by education and/or experience that is available onsite during program hours to provide necessary nursing care and/or psychiatric nursing care [one (1) RN at a minimum can be backed up by an LPN but an RN must always be onsite]. Nursing staff administers medications, follows up with families on medication compliance, and restraint assessments.~~

~~(B) Medical director must be a licensed psychiatrist.~~

~~(C) A psychiatrist/physician must be available twenty-four (24) hours a day, seven (7) days a week.~~

~~(f) **Children/Adolescent Day Treatment Program.**~~

~~(1) **Definition.** Day Treatment Programs are for the stabilization of children and adolescents with severe emotional and/or behavioral disturbances. Treatment is designed for children who have difficulty functioning in mainstream community settings such as classrooms, and who need a higher intensity of services than outpatient counseling provides. Treatment is time limited and includes therapeutically intensive clinical services geared towards reintegration to the home, school, and community.~~

~~(2) **Qualified practitioners.** All services in Day Treatment are provided by a team, which must be composed of one (1) or more of the following participants: physician, registered nurse, licensed behavioral health professional (LBHP) or licensure candidate, a case manager, or other~~

certified Behavioral Health/Substance Abuse paraprofessional staff. Services are directed by an LBHP or licensure candidate.

~~(3) **Qualified providers.** Provider agencies for Day Treatment must be accredited to provide Day Treatment services by one of the national accrediting bodies; The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), Accreditation Commission for Health Care (ACHC) or The Council on Accreditation (COA).~~

~~(4) **Limitations.** Services must be offered at a minimum of four (4) days per week at least three (3) hours per day. Behavioral Health Rehabilitation Group size is limited to a maximum of eight (8) individuals as clinically appropriate given diagnostic and developmental functioning. Children under age six (6) are not eligible for behavioral health rehabilitation services, unless a prior authorization for children ages four (4) and five (5) has been granted by OHCA or its designated agent based on a finding of medical necessity.~~

~~(5) **Service requirements.** On-call crisis intervention services must be available twenty-four (24) hours a day, seven (7) days a week (When members served have psychiatric needs, psychiatric services are available which include the availability of a psychiatrist twenty-four (24) hours a day, seven (7) days a week. A psychiatrist can be available either on site or on call but must be available at all times). Day treatment program will provide assessment and diagnostic services and/or medication monitoring, when necessary.~~

~~(A) Treatment activities are to include the following every week:~~

~~(i) Family therapy at least one (1) hour per week (additional hours of FT may be substituted for other day treatment services);~~

~~(ii) Group therapy at least two (2) hours per week; and~~

~~(iii) Individual therapy at least one (1) hour per week.~~

~~(B) Additional services are to include at least one (1) of the following services per day:~~

~~(i) Medication training and support (nursing) once monthly if on medications;~~

~~(ii) Behavioral health rehabilitation services to include alcohol and other drug education if the child meets the criteria established in OAC 317:30-5-241.3 and is clinically necessary and appropriate except for children under age six (6), unless a prior authorization has been granted for children ages four (4) and five (5);~~

~~(iii) Behavioral health case management as needed and part of weekly hours for member;~~

~~(iv) Occupational therapy as needed and part of weekly hours for member; and~~

~~(v) Expressive therapy as needed and part of weekly hours for the member.~~

~~(6) **Documentation requirements.** Service plans are required every three (3) months.~~

317:30-5-241.2.1 Multi-systemic therapy (MST)

MST intensive outpatient program services are limited to children within an Office of Juvenile Affairs (OJA) MST treatment program which provides an intensive, family and community-based treatment targeting specific BH disorders in children with SED who exhibit chronic, aggressive, antisocial, and/or substance abusing behaviors, and are at risk for out of home placement. Caseloads are kept low due to the intensity of the services provided.

(1) **Qualified professionals.** All MST services are provided by LBHPs or licensure candidates. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Additional team support services may be provided by a behavioral health case manager II (CM II) and/or peer recovery support specialist (PRSS) per OAC 317:30-5-240.3.

(2) **Documentation requirements.** Providers must comply with documentation requirements in OAC 317:30-5-248.

(3) **Limitations.** Services are subject to the following:

(A) Partial billing is not allowed. When only one service is provided in a day, providers should not bill for services performed for less than eight (8) minutes.

(B) MST cannot be billed in conjunction with the following:

(i) Children's psychosocial rehabilitation;

(ii) Partial hospitalization/intensive outpatient treatment;

(iii) Targeted case management;

(iv) Individual, family, and group therapy;

(v) Mobile crisis intervention; and/or

(vi) Peer-to-peer services.

(C) Duration of MST services is between three (3) to six (6) months. Weekly interventions may range from three (3) to twenty (20) hours per week. Weekly hours may be lessened as case nears closure.

(4) **Reimbursement.** MST services are reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan.

317:30-5-241.2.2 Partial hospitalization program (PHP) - Children/Adolescent

(a) **Definition.** Partial hospitalization is an intermediary, stabilizing step for children and adolescents who have had inpatient psychiatric hospitalization prior to returning to school and community supports or as a less restrictive alternative when inpatient treatment may not be indicated. PHP services are:

(1) Reasonable and necessary for the diagnosis or active treatment of the member's condition; and

(2) Reasonably expected to improve the member's condition and functional level and to prevent relapse or hospitalization.

(b) **Eligibility criteria.** This service must be prior authorized by OHCA or its designated agent, and individuals must meet ongoing medical necessity criteria. Treatment is time limited, and length of participation is based on the individual's needs.

(c) **Eligible providers.** Provider agencies for PHP must be accredited to provide partial hospitalization services by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Accreditation Commission for Health Care (ACHC) or The Council on Accreditation (COA) for partial hospitalization and enrolled in SoonerCare. Staff providing these services are employees or contractors of the enrolled agency. The agency is responsible for ensuring that all services are provided by properly credentialed clinicians.

(d) **Qualified practitioners.** Program services are overseen by a psychiatrist. The number of professionals and paraprofessionals required on the clinical team is dependent on the size of the program. The clinical team includes the following required professionals:

(1) A licensed physician, physician's assistant, or advanced practice registered nurse [any of whom meet the requirements of an LBHP as described at OAC 317:30-5-240.3(a)];

(2) Registered nurse; and

(3) One (1) or more LBHPs or licensure candidates listed in OAC 317:30-5-240.3(a) and (b).

(4) The clinical team may also include a certified behavioral health case manager.

(e) **Service components.** PHP includes the following services:

- (1) Assessment, diagnostic and service plan services for mental illness and/or substance use disorders provided by LBHPs or licensure candidates;
- (2) Individual/group/family (primary purpose is treatment of the member's condition) psychotherapies provided by LBHPs or licensure candidates;
- (3) Substance use disorder specific services are provided by LBHPs or licensure candidates qualified to provide these services;
- (4) Drugs and biologicals furnished for therapeutic purposes;
- (5) Family counseling, the primary purpose of which is treatment of the member's condition;
- (6) Behavioral health rehabilitation services to the extent the activities are closely and clearly related to the member's care and treatment, provided by a certified behavioral health case manager II, certified alcohol and drug counselor (CADC), LBHP, or licensure candidate who meets the professional requirements listed in OAC 317:30-5-240.3; and
- (7) Care coordination of behavioral health services provided by certified behavioral health case managers.

(f) Limitations. Services are subject to the following:

- (1) Children under age six (6) are not eligible for behavioral health rehabilitation services unless a prior authorization for children ages four (4) and five (5) has been granted by OHCA or its designated agent based on a finding of medical necessity.
- (2) Services must be offered at a minimum of three (3) hours per day, five (5) days per week.
- (3) Therapeutic services are limited to four (4) billable hours per day.
- (4) Group size is limited to a maximum of eight (8) individuals as clinically appropriate given diagnostic and developmental functioning.
- (5) Occupational, physical and speech therapy will be provided by the Independent School District (ISD). Academic instruction, meals, and transportation are not covered.
- (6) PHP services cannot be billed in conjunction with the following:
 - (A) Children's psychosocial rehabilitation services;
 - (B) Residential services [psychiatric residential treatment facility (PRTF) or residential behavior management services (RBMS)];
 - (C) Targeted case management (TCM);
 - (D) Individual, family, or group therapy;
 - (E) Mobile crisis intervention;
 - (F) Peer-to-peer services;
 - (G) Certified Community Behavioral Health (CCBH) services;
 - (H) Day treatment;
 - (I) Multi-systemic therapy (MST).

(g) Service requirements. This service includes:

- (1) Therapeutic services that include the following:
 - (A) Psychiatrist/physician face-to-face visit two (2) times per month; and
 - (B) Crisis management services available twenty-four (24) hours a day, seven (7) days a week.
- (2) Psychotherapies that are provided at a minimum of four (4) hours per week and include the following:
 - (A) Individual therapy - a minimum of one (1) session per week;
 - (B) Family therapy - a minimum of one (1) session per week; and
 - (C) Group therapy - a minimum of two (2) sessions per week.
- (3) Interchangeable services that include the following:

- (A) Behavioral health case management (face-to-face);
- (B) Behavioral health rehabilitation services/alcohol and other drug abuse education, except for children under age six (6), unless a prior authorization has been granted for children ages four (4) and five (5);
- (C) Medication training and support; and
- (D) Expressive therapy.

(h) Documentation requirements. Documentation needs to specify active involvement of the member's family, caretakers, or significant others involved in the individual's treatment. A nursing health assessment must be completed within twenty-four (24) hours of admission. A physical examination and medical history must be coordinated with the primary care physician. Service plan updates are required every three (3) months or more frequently based on clinical need. Records must be documented according to OAC 317:30-5-248.

(i) Staffing requirements. Staffing must consist of the following:

- (1) A registered nurse (RN) trained and competent in the delivery of behavioral health services as evidenced by education and/or experience that is available on-site during program hours to provide necessary nursing care and/or psychiatric nursing care [one (1) RN at a minimum can be backed up by a licensed practical nurse (LPN) but an RN must always be on site]. Nursing staff administers medications, follows up with families on medication compliance, and completes restraint assessments;
- (2) Medical director must be a licensed psychiatrist;
- (3) A psychiatrist/physician must be available twenty-four (24) hours a day, seven (7) days a week.
- (4) One (1) or more LBHPs or licensure candidates listed in OAC 317:30-5-240.3(a) and (b).

(j) Reimbursement. PHP services are reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan. PHP reimbursement is all-inclusive of the service components, except for the following:

- (A) Physician services;
- (B) Medications;
- (C) Psychological testing by a licensed psychologist.

317:30-5-241.2.3 Partial hospitalization program (PHP) - Adults

(a) Definition. PHP is an intensive nonresidential, structured therapeutic treatment for individuals with substance use disorder, mental health diagnoses, and/or co-occurring disorders. It can be used as an alternative to and/or a step-down from inpatient or residential treatment, or to stabilize a deteriorating condition that may result in a need for inpatient or residential care. PHP services are:

- (1) Reasonable and necessary for the diagnosis or active treatment of the individual's condition;
and
- (2) Reasonably expected to improve the individual's condition and functional level and to prevent relapse or hospitalization/residential care.

(b) Eligibility criteria. This service must be prior authorized by OHCA or its designated agent, and individuals must meet ongoing medical necessity criteria. Treatment is time limited, and length of participation is based on the individual's needs.

(c) Eligible providers. Provider agencies for PHP must be accredited to provide partial hospitalization services by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Accreditation Commission for Health Care (ACHC) or The Council on Accreditation (COA) and enrolled in SoonerCare. The staff providing PHP services are

employees or contractors of the enrolled agency. The agency is responsible for ensuring that all services are provided by properly credentialed clinicians.

(d) **Qualified practitioners.** Program services are overseen by a psychiatrist. The number of professionals and paraprofessionals required on the clinical team is dependent on the size of the program. The clinical team includes the following required professionals:

(1) A licensed physician, physician's assistant, or advanced practice registered nurse [any of whom meet the requirements of an LBHP as described at OAC 317:30-5-240.3(a)];

(2) A registered nurse; and

(3) One (1) or more LBHPs or licensure candidates listed in OAC 317:30-5-240.3(a) and (b).

(4) The clinical team may also include a certified behavioral health case manager.

(e) **Service components.** PHP service components include the following, provided by qualified professionals:

(1) Behavioral health/alcohol and drug assessment;

(2) Behavioral health/alcohol and drug service plan development;

(3) Individual/family/group therapy for behavioral health and/or substance abuse;

(4) Psychosocial rehabilitation services/substance abuse skills development (individual and group);

(5) Medication training and support;

(6) Case management;

(7) Crisis intervention services must be available twenty-four (24) hours a day, seven (7) days a week.

(f) **Limitations.** Treatment is time limited, based on medical necessity, and must offered at a minimum of three (3) hours per day, five (5) days a week. PHP cannot be billed in conjunction with the following services:

(1) Inpatient/residential psychiatric or residential substance use disorder services;

(2) Individual/family/group therapy for behavioral health; and/or substance abuse;

(3) Psychosocial rehabilitation services/substance abuse skills development (individual and group);

(4) Targeted case management (TCM);

(5) Mobile crisis intervention;

(6) Peer recovery support;

(7) Program of Assertive Community Treatment (PACT);

(8) Certified Community Behavioral Health (CCBH) services.

(g) **Non-covered services.** The following services are not considered PHP and are not reimbursable:

(1) Room and board;

(2) Educational costs;

(3) Services to inmates of public institutions;

(4) Routine supervision and non-medical support services in school settings;

(5) Child care;

(6) Respite;

(7) Personal care.

(h) **Documentation requirements.** Documentation needs to specify active involvement of the member. A nursing health assessment must be completed within twenty-four (24) hours of admission. Service plan updates are required every three (3) months or more frequently based on clinical need. Records must be documented according to OAC 317:30-5-248.

(i) **Staffing requirements.** Staffing must consist of the following:

(1) A registered nurse (RN) trained and competent in the delivery of behavioral health services as evidenced by education and/or experience that is available on-site during program hours to provide necessary nursing care and/or psychiatric nursing care [one (1) RN at a minimum can be backed up by a licensed practical nurse (LPN) but an RN must always be on site];

(2) Medical director must be a licensed psychiatrist;

(3) A psychiatrist/physician must be available twenty-four (24) hours a day, seven (7) days a week; and

(4) One (1) or more LBHPs or licensure candidates listed in OAC 317:30-5-240.3(a) and (b).

(j) **Reimbursement.** PHP services are reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan. PHP reimbursement is all-inclusive of the service components, except for the following:

(1) Physician services;

(2) Medications;

(3) Psychological testing by a licensed psychologist.

317:30-5-241.2.4 Day treatment program

Day treatment programs are for the stabilization of children and adolescents with severe emotional and/or behavioral disturbances. Treatment is designed for children who have difficulty functioning in mainstream community settings such as classrooms, and who need a higher intensity of services than outpatient counseling provides. Treatment is time limited and includes therapeutically intensive clinical services geared towards reintegration to the home, school, and community.

(1) **Qualified practitioners.** All services in day treatment are provided by a team, which must be composed of one (1) or more of the following participants: physician, registered nurse, licensed behavioral health professional (LBHP) or licensure candidate, a case manager, or other certified behavioral health/substance abuse paraprofessional staff. Services are directed by an LBHP.

(2) **Qualified providers.** Provider agencies for day treatment must be accredited to provide day treatment services by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Accreditation Commission for Health Care (ACHC) or The Council on Accreditation (COA).

(3) **Limitations.** Services must be offered at a minimum of four (4) days per week at least three (3) hours per day. Behavioral health rehabilitation group size is limited to a maximum of eight (8) individuals as clinically appropriate given diagnostic and developmental functioning. Children under age six (6) are not eligible for behavioral health rehabilitation services unless a prior authorization for children ages four (4) and five (5) has been granted by OHCA or its designated agent based on a finding of medical necessity.

(4) **Service requirements.** On-call crisis intervention services must be available twenty-four (24) hours a day, seven (7) days a week (When members served have psychiatric needs, psychiatric services are available which include the availability of a psychiatrist twenty-four (24) hours a day, seven (7) days a week. A psychiatrist can be available either on site or on call but must be available at all times). Day treatment program will provide assessment and diagnostic services and/or medication monitoring, when necessary.

(A) Treatment activities are to include the following every week:

(i) Family therapy at least one (1) hour per week (additional hours of family therapy may be substituted for other day treatment services);

- (ii) Group therapy at least two (2) hours per week; and
 - (iii) Individual therapy at least one (1) hour per week.
- (B) Additional services are to include at least one (1) of the following services per day:
 - (i) Medication training and support (nursing) once monthly if on medications;
 - (ii) Behavioral health rehabilitation services to include alcohol and other drug education if the child meets the criteria established in OAC 317:30-5-241.3 and is clinically necessary and appropriate except for children under age six (6), unless a prior authorization has been granted for children ages four (4) and five (5);
 - (iii) Behavioral health case management as needed and part of weekly hours for member;
 - (iv) Occupational therapy as needed and part of weekly hours for member; and
 - (v) Expressive therapy as needed and part of weekly hours for the member.
- (5) **Documentation requirements.** Service plans are required every three (3) months. Records must be documented according to OAC 317:30-5-248.
- (6) **Reimbursement.** Day treatment program services are reimbursed pursuant to the OHCA fee schedule based on the type and level of practitioner employed by the agency. All rates are published on the Agency's website www.oklahoma.gov/ohca.