**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES**
**OTHER TYPES OF CARE**

**Payment for Federally Qualified Health Center Services ~~(Cont.)~~** *(continued)*

Effective for services provided on or after June 1, 2012, the PPS payment methodology is available for services provided by Licensed Professional Counselors (LPC), Licensed Alcohol and Drug Counselors (LADC), Licensed Marital and Family Therapist (LMFT) and Licensed Behavioral Professionals (LBP) employed by or contracted by FQHCs who provide behavioral health services to children in accordance with the Oklahoma State Plan and HRSA grant award authority or Notice of Look-alike Designation (NLD).

For services provided on and after September 1, 2021, the cost of long-acting reversible contraceptive (LARC) devices will be separated from the PPS reimbursement. Reimbursement is described under the methodology for Physician Administered Drugs in Attachment 4.19-B, Page 7a.

**Scope-of-Service Rate Adjustments**

An FQHC may apply for an adjustment to the per-visit rate or the State may review and adjust the per visit rate based on a change in the scope-of-services provided by the FQHC. A change in scope-of-service means any of the following:

(a) The addition of a new FQHC service (such as adding medical, dental or behavioral health services or another health professional service), or deletion of SoonerCare covered services that are included in the existing prospective payment system reimbursement rate.

(b) A change in service due to amended regulatory requirements or rules.

(c) A change in service resulting from either remodeling an FQHC or relocating an FQHC if it has not elected to be treated as a newly qualified clinic.

(d) A change in types of services due to a change in applicable technology and medical practice utilized by the center or clinic.

(e) Changes in operating costs attributable to capital expenditures associated with a modification of the scope of any of the services provided, including new or expanded service facilities, regulatory compliance, or changes in technology or medical practices at the center or clinic.

(f) A change in the scope of a project approved by HRSA where the change impacts a covered service.

Supersedes TN #_11-12_