METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

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

B. CCBH Payments for Non-Established Clients

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

1. **Crisis Assessment and Intervention** – ~~Facility-based, crisis stabilization unit~~ For crisis assessment and intervention services ~~delivered at Red Rock CMC~~ described in Attachment 3.1-A, Page 6a-1.14, section 13.d.3.D(1), ~~are not included in the facility-specific PPS rate and~~ payment is made based on the methodology in Attachment 4.19-B, Page 29, Item 13.d.~~3~~1(A)~~(2)~~, with the following exception:
   - Facility-based crisis stabilization services provided to clients receiving crisis services directly from a CCBH but who are established at another CCBH at the time of service provision.
2. **Urgent Recovery Clinic services** – Payment for urgent recovery clinic (URC) services are made in accordance with Attachment 4.19-B, page 23, Clinic Services, item (a).
3. **Care Coordination for Drug and Specialty Court Referrals** – In addition to the psychiatrist evaluation paid on a fee-for-service basis, separate payment may be made for at least 15 minutes of clinical staff time directed by a physician, per calendar month. The rate is $45 per encounter. Drug and Specialty Court case managers bill as usual to Medicaid.

C. Development of the PPS Rates

1. **Existing CCBH Services –** Monthly rates were developed based on provider-specific cost report data from the fourth quarter of state fiscal year (SFY) 2018 (April 1, 2018 to June 30, 2018). The rates include allowable CCBH costs for services rendered by a certified provider, including all qualifying sites of the certified provider established prior to July 1, 2019.
2. **New CCBH Services –** For CCBHs that are certified by ODMHSAS after July 1, 2019, the State will establish an interim PPS rate by reference to 90% of the average rates of existing urban and rural CCBHs.
   a. Providers will be required to file the most recent 12-month cost report that encompasses the first full year of activity in the CCBH program.
   b. ~~Provider-specific PPS rates will be set based on the first full year (12-month) cost report, inflated to the midpoint of the rate year by the March update of the Medicare Economic Index (MEI), and will be effective on the July 1 following the end of the cost report year.~~ The provider-specific bundled payment rate will be set based on the most recent 12-month cost report using audited historical cost report data adjusted for the expected cost of delivering CCBH services. Estimates must include the expected cost of providing the full scope of CCBH services and the expected number of visits for the rate period. The initial rates include expected costs and visits that are subject to review by a Certified Public Accounting firm and the State. The bundled monthly rate is calculated by dividing the total annual allowable expected costs of CCBH services by the total annual number of expected CCBH Medicaid and non-Medicaid visits.
   c. Claims paid subsequent to the effective date of the provider-specific rate but before the provider-specific rate is determined will be subject to retroactive adjustment upon implementation of the provider-specific rate. The State will perform a mass adjustment in the MMIS. Claims will be re-adjudicated once pricing is updated in the MMIS.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

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

D. Reimbursement for Special Populations

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

E. ~~Updates to Rates~~ Rate Rebasing and Rate Adjustments

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

~~The State will review cost reports bi-annually to determine adequacy of the rates.~~

CCBH PPS rates are rebased after an initial rate period, following a rate adjustment for a change in scope, and two years following the last rebasing. Rates are rebased by dividing the total annual allowable CCBH costs from the CCBH's most recent 12-month audited cost report by the total annual number of CCBH Medicaid and non-Medicaid visits during that 12-month time period. The resulting rate is trended from the midpoint of the cost year to the midpoint of the rate year using the March update of the Medicare Economic Index (MEI).

Initial provider-specific payment rates are rebased once the CCBH submits the first audited cost report, including a full year of actual cost and visit data for CCBH services under this Plan. Rates are rebased using actual data on costs and visits. Rebased rates take effect July 1 following the end of the cost report year, and the State does not reconcile previous payments to cost.

Payment rates are updated between rebasing periods by trending each provider-specific rate by the March update of the MEI for primary care services. Rates are trended from the midpoint of the previous state fiscal year to the midpoint of the following year using the MEI.

CCBH providers may request a rate adjustment for changes in scope expected to change individual CCBH provider payment rates by 5 percent or more. The provider must submit information to the State regarding changes in the scope of services, including changes in the type, intensity, or duration of services, the expected cost of providing the new or modified services, and any projected increase or decrease in the number of visits resulting from the change. Projections are subject to review by a Certified Public Accounting firm and the State. Provider-specific rate adjustments for changes in scope are subject to approval by the State and permitted once per year. The adjustments will take effect with annual rate updates.

The agency's fee schedule rates for CCBH services were set as of July 1, 2019 and are effective for services provided on and after that date. All rates are published on the Agency's website at okhca.org/behavior-health.

F. Avoiding Duplication of Payment for Care Management/Coordination

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