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: January 2, 2024

The proposed policy changes are Permanent Rules. The proposed policy changes were presented at the Tribal Consultation held on October 31, 2023. The proposed rule changes will also be presented at a Public Hearing on January 8, 2024, is scheduled to be presented to the Medical Advisory Committee on January 4, 2024, and heard by the OHCA Board of Directors on January 17, 2024.

REFERENCE: APA WF 23-22

SUMMARY: The proposed rule changes streamline behavioral health workforce credentialling and modify the qualifications for case managers I and II.

LEGAL AUTHORITY:
The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement
APA WF # 23-22

A. Brief description of the purpose of the rule:

The proposed rule changes include the incorporation of Family Support Providers (FSPs) as certified Peer Recovery Support Specialists (PRSS), similar to other states. Moreover, these changes create multiple career pathways through work experience and/or college credit to increase availability of case managers. Changes will reduce the experience required for CM I and add alternative qualifications for CM II other than a college degree.

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 SoonerCare members who receive behavioral health treatment and support by expanding the number of individuals qualified to provide care.

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 economic impact and there are no fee changes associated with the rule change for the above classes of persons or any political subdivision.

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 proposed rule changes are budget neutral.

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:

The proposed rule will not have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule.

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 businesses as provided by the Oklahoma Small Business Regulatory Flexibility Act.

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 no 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 14, 2023

RULE TEXT:

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

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 21. OUTPATIENT BEHAVIORAL HEALTH SERVICES

317:30-5-240.3. Staff credentials

(a) **Licensed behavioral health professional (LBHPs).** LBHPs are defined as any of the following practitioners:

(1) An allopathic or osteopathic physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry practicing as described in OAC 317:30-5-2.

(2) A practitioner with a current license to practice in the state in which services are provided, within one (1) of the areas of practice listed in (A) through (F). The exemptions from licensure under 59 O.S. § 1353(4) and (5), 59 O.S. § 1903(C) and (D), 59 O.S. § 1925.3(B) and (C), and 59 O.S. § 1932(C) and (D) do not apply to outpatient behavioral health services.

(A) Psychology;
(B) Social work (clinical specialty only);
(C) Professional counselor;
(D) Marriage and family therapist;
(E) Behavioral practitioner; or
(F) Alcohol and drug counselor.

(3) An advanced practice registered nurse (APRN) certified in a psychiatric mental health specialty, and licensed as a registered nurse (RN) with a current certification of recognition from the board of nursing in the state in which services are provided.

(4) A physician assistant who is licensed and in good standing in the state in which services are provided and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

(b) **Licensure candidates.** Licensure candidates are practitioners actively and regularly receiving board-approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one (1) of the areas of practice listed in (2)(A) through (F) above. The supervising LBHP responsible for the member's care must:

(1) Staff the member's case with the candidate;

(2) Be personally available, or ensure the availability of an LBHP to the licensure candidate for consultation while they are providing services;
(3) Agree with the current plan for the member;
(4) Confirm that the service provided by the candidate was appropriate; and
(5) The member's medical record must show that the requirements for reimbursement were met and the LBHP responsible for the member's care has reviewed, countersigned, and dated the service plan and any updates thereto so that it is documented that the licensed professional is responsible for the member's care.

(c) **Certified alcohol and drug counselors (CADCs).** CADCs are defined as having a current certification as a CADC in the state in which services are provided.

(d) **Family peer recovery support specialist (F-PRSS).** The F-PRSS must be certified by ODMHSAS pursuant to requirements found in OAC 450:53.

~~(d)~~(e) **Multi systemic therapy (MST) provider**. Master's level therapist who works on a team established by the Oklahoma Juvenile Affairs Office (OJA) which may include bachelor's level staff.

~~(e)~~(f) **Peer recovery support specialist (PRSS).** The PRSS must be certified by ODMHSAS pursuant to requirements found in OAC 450:53.

~~(f) **Family support and training provider (FSP).** FSPs must:~~

~~(1) Have a high school diploma or equivalent;~~
~~(2) Be twenty-one (21) years of age and have a successful experience as a family member of a child/adolescent with serious emotional disturbance, or a minimum of have lived experience as the primary caregiver of a child/adolescent who has received services for substance use disorder and/or co-occurring substance use and mental health, or have lived experience being the caregiver for a child/adolescent with Child Welfare/Child Protective Services involvement;~~
~~(3) Successfully complete family support training according to a curriculum approved by ODMHSAS and pass the examination with a score of eighty percent (80%) or better;~~
~~(4) Pass Oklahoma State Bureau of Investigation (OSBI) background check;~~
~~(5) Have treatment plans be overseen and approved by a licensed behavioral health professional (LBHP) or licensure candidate; and~~
~~(6) Function under the general direction of an LBHP, licensure candidate or systems of care team, with an LBHP or licensure candidate available at all times to provide back up, support, and/or consultation.~~

(g) **Qualified behavioral health aide (QBHA)**. QBHAs must:

(1) ~~Have completed sixty (60) hours or equivalent of college credit; or may substitute one (1) year of relevant employment and/or responsibility in the care of children with complex emotional needs for up to two (2) years of college experience~~Possess current certification as a Behavioral Health Case Manager I;~~ and~~
(2) Have successfully completed the specialized training and education curriculum ~~provided~~prescribed by the ODMHSAS;~~ and~~
(3) Be supervised by a bachelor's level individual with a minimum of two (2) years case management or care coordination experience;~~ and~~
(4) Have service plans be overseen and approved by an LBHP or licensure candidate; and
(5) Function under the general direction of an LBHP, or licensure candidate and/or systems of care team, with an LBHP or licensure candidate available at all times to provide back up, support, and/or consultation.

(h) **Behavioral health case manager.** For behavioral health case management services to be compensable by SoonerCare, the provider performing the services must be an LBHP, licensure candidate, CADC or have and maintain a current certification as a ~~case manager~~Behavioral Health Case Manager II (CM II) or ~~case manager~~Behavioral Health Case Manager I (CM I) from ODMHSAS in accordance with requirements found in OAC 450:50. ~~The requirements for obtaining these certifications are as follows:~~

~~(1) The CM II must meet the requirements in (A), (B), (C) or (D) below:~~

~~(A) Possess a bachelor's or master's degree in a behavioral health related field earned from a regionally accredited college or university recognized by the United States Department of Education (USDE) or a bachelor's or master's degree in education; and complete web-based training for behavioral health case management and behavioral health rehabilitation as specified by ODMHSAS; and complete one (1) day of face-to-face behavioral health case management training and two (2) days of face-to-face behavioral health rehabilitation training as specified by ODMHSAS; and pass web-based competency exams in behavioral health case management and behavioral health rehabilitation.~~

~~(B) Be licensed and in good standing as a registered nurse in the state in which services are provided, with experience in behavioral health care; complete web-based training for behavioral health case management and behavioral health rehabilitation as specified by ODMHSAS; complete one (1) day of face-to-face behavioral health case management training and two (2) days of face-to-face behavioral health rehabilitation training as specified by ODMHSAS; and pass web-based competency exams for behavioral health case management and behavioral health rehabilitation.~~

~~(C) Possess a bachelor's or master's degree in any field earned from a regionally accredited college or university recognized by the USDE and a current certification or Children's Certificate in Psychiatric Rehabilitation from the US Psychiatric Rehabilitation Association (USPRA); complete the behavioral health case management web-based training as specified by ODMHSAS; complete one (1) day of face-to-face behavioral health case management training; and pass web-based competency exams for behavioral health case management. Applicants who have not received a certificate in children's psychiatric rehabilitation from the USPRA must also complete the behavioral health rehabilitation web-based training as specified by ODMHSAS.~~

~~(D) Possess a bachelor's or master's degree in any field and proof of active progression toward obtaining a clinical licensure master's or doctoral degree at a regionally accredited college or university recognized by the USDE and complete web-based training for behavioral health case management and behavioral health rehabilitation as specified by ODMHSAS; complete one (1) day of face-to-face behavioral health case management training and two (2) days of face-to-face behavioral health rehabilitation training as specified by ODMHSAS; and pass web-based competency exams in behavioral health case management and behavioral health rehabilitation.~~

~~(2) The CM I meets the requirements in either (A) or (B) and (C):~~

~~(A) Completed sixty (60) college credit hours; or~~

~~(B) Possesses a high school diploma with thirty-six (36) total months of experience working with persons who have a mental illness and/or substance abuse. Documentation of experience on file with ODMHSAS; and~~

~~(C) Completes two (2) days of ODMHSAS specified behavioral health case management training and passes a web-based competency exam for behavioral health case management.~~

~~(3)~~(1) A Wraparound ~~facilitator case manager is~~Facilitator Case Manager must be an LBHP, licensure candidate or CADC that meets the qualifications for CM II and has the following:

(A) Successful completion of the ODMHSAS training for wraparound facilitation within six (6) months of employment; and

(B) Participate in ongoing coaching provided by ODMHSAS and employing agency; ~~and~~

(C) Successfully complete wraparound credentialing process within nine (9) months of beginning process; and

(D) Direct supervision or immediate access and a minimum of one (1) hour weekly clinical consultation with a qualified mental health professional, as required by ODMHSAS.

~~(4)~~(2) An Intensive ~~case manager is~~Case Manager must be an LBHP, licensure candidate, or CADC that meets the provider qualifications of a CM II and has the following:

(A) A minimum of two (2) years behavioral health case management experience~~, crisis diversion experience,~~; and

~~(B) Must have attended the ODMHSAS six (6) hours intensive case management training.~~

(B) Crisis diversion experience.

317:30-5-241.5 Support services

(a) **Program of Assertive Community Treatment (PACT) Services**.

(1) **Definition**. PACT is provided by an interdisciplinary team that ensures service availability 24 hours a day, seven days a week and is prepared to carry out a full range of treatment functions wherever and whenever needed. An individual is referred to the PACT team service when it has been determined that his/her needs are so pervasive and/or unpredictable that it is unlikely that they can be met effectively by other combinations of available community services, or in circumstances where other levels of outpatient care have not been successful to sustain stability in the community.

(2) **Target population**. Individuals 18 years of age or older with serious and persistent mental illness and co-occurring disorders. PACT services are those services delivered within an assertive community-based approach to provide treatment, rehabilitation, and essential behavioral health supports on a continuous basis to individuals 18 years of age or older with serious mental illness with a self-contained multi-disciplinary team. The team must use an integrated service approach to merge essential clinical and rehabilitative functions and staff expertise. This level of service is to be provided only for persons most clearly in need of intensive ongoing services.

(3) **Qualified practitioners**. Providers of PACT services are specific teams within an established organization and must be operated by or contracted with and certified by the ODMHSAS in accordance with 43A O.S. 319 and OAC 450:55. The team leader must be an LBHP or Licensure Candidate.

(4) **Limitations**. PACT services are billable in 15 minute units. A maximum of 105 hours per member per year in the aggregate is allowed. All PACT compensable SoonerCare services are required to be face-to-face. The following services are separately billable: Case management, facility-based crisis stabilization, physician and medical services.

(5) **Service requirements**. PACT services must include the following:

(A) PACT assessments (initial and comprehensive);

(i) **Initial assessment.** is the initial evaluation of the member based upon available information, including self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police, court, and outpatient and inpatient facilities, where applicable, culminating in a comprehensive initial assessment. Member assessment information for admitted members shall be completed on the day of admission to the PACT. The start and stop times for this service should be recorded in the chart.

(ii) **Comprehensive assessment.** is the organized process of gathering and analyzing current and past information with each member 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 member and his/her recovery planning team in pursuing goals. Providers must bill only the face-to-face service time with the member. Non-face to face time is not compensable. The start and stop times for this service should be recorded in the chart.

(B) Behavioral health service plan (moderate and low complexity by a non-physician treatment planning and review) is a process by which the information obtained in the comprehensive assessment, course of treatment, the member, and/or treatment team meetings is evaluated and used to develop a service plan that has individualized goals, objectives, activities and services that will enable a member to improve. The initial assessment serves as a guide until the comprehensive assessment is completed. It is to focus on recovery and must include a discharge plan. It is performed with the direct active participation by the member. SoonerCare compensation for this service includes only the face to face time with the member. The start and stop times for this service should be recorded in the chart.

(C) Treatment team meetings (team conferences with the member present) is a billable service. This service is conducted by the treatment team, which includes the member and all involved practitioners. For a complete description of this service, see OAC 450:55-5-6 Treatment Team Meetings. This service can be billed to SoonerCare only when the member is present and participating in the treatment team meeting. The conference starts at the beginning of the review of an individual member and ends at the conclusion of the review. Time related to record keeping and report generation is not reported. The start and stop times should be recorded in the member's chart. The participating psychiatrist/physician

should bill the appropriate CPT code; and the agency is allowed to bill one treatment team meeting per member as medically necessary.

(D) Individual and family psychotherapy;

(E) Individual rehabilitation;

(F) Recovery support services;

(G) Group rehabilitation;

(H) Group psychotherapy;

(I) Crisis Intervention;

(J) Medication training and support services;

(K) Blood draws and /or other lab sample collection services performed by the nurse.

(b) **Therapeutic Behavioral Services.**

(1) **Definition**. Therapeutic behavioral services include behavior management and redirection and behavioral and life skills remedial training provided by qualified behavioral health aides. The behavioral health aide also provides monitoring and observation of the child's emotional/behavioral status and responses, providing interventions, support and social skills redirection when needed. Training is generally focused on behavioral, interpersonal, communication, ~~self help~~self-help, safety and daily living skills.

(2) **Target population**. This service is limited to children with serious emotional disturbance who are in an ODMHSAS contracted systems of care ~~community based~~community-based treatment program, or are under OKDHS or OJA custody residing within a RBMS level of care, who need intervention and support in their living environment to achieve or maintain stable successful treatment outcomes.

(3) **Qualified practitioners**. Qualified Behavioral Health Aides (QBHA) must possess certification as a Behavioral Health Case Manager I and be trained/credentialed through ODMHSAS.

(4) **Limitations**. The ~~Behavioral Health Aide~~QBHA cannot bill for more than one individual during the same time period. Therapeutic behavioral services by a BHA, Treatment Parent Specialist (TPS) or Behavioral Health School Aide (BHSA) cannot be delivered during the same clock time.

(5) **Documentation requirements**. Providers must follow requirements listed in OAC 317:30-5-248.

~~(c) **Family Support and Training**.~~

~~(1) **Definition**. This service provides the training and support necessary to ensure engagement and active participation of the family in the service plan development process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Child Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child. Parent Support ensures the engagement and active participation of the family in the service plan development process and guides families toward taking a proactive role in their child's treatment. Parent Training is assisting the family with the acquisition of the skills and knowledge necessary to facilitate an awareness of their child's needs and the development and enhancement of the family's specific problem-solving skills, coping mechanisms, and strategies for the child's symptom/behavior management.~~

~~(2) **Target population**. Family Support and Training is designed to benefit the SoonerCare eligible child experiencing a serious emotional disturbance who is in an ODMHSAS contracted~~

~~systems of care community based treatment program, are diagnosed with a pervasive developmental disorder, or are under OKDHS or OJA custody, are residing within a RBMS level of care or are at risk for out of home placement, and who without these services would require psychiatric hospitalization.~~

~~(3) **Qualified practitioners**. Family Support Providers (FSPs) must be trained/credentialed through ODMHSAS.~~

~~(4) **Limitations**. The FSP cannot bill for more than one individual during the same time period.~~

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

~~(d)~~(c) **Peer Recovery Support Services ~~(PRSS)~~**.

(1) **Definition**. Peer recovery support services are an EBP model of care which consists of a qualified ~~peer recovery support specialist provider~~Peer Recovery Support Specialist (PRSS) who assists individuals with their recovery from behavioral health disorders. Recovery Support is a service delivery role in the ODMHSAS public and contracted provider system ~~throughout the behavioral health care system~~ where the provider understands what creates recovery and how to support environments conducive of recovery. The role is not interchangeable with traditional staff members who usually work from the perspective of their training and/or their status as a licensed behavioral health provider; rather, this provider works from the perspective of their experimental expertise and specialized ~~credential~~ training. They lend unique insight into mental illness and what makes recovery possible because they are in recovery.

(2) **Target population**. ~~Children 16~~Members age sixteen (16) years of age and over with SED and/or substance use disorders and adults 18 and over with SMI and/or substance use disorder(s).

(3) **Qualified professionals**. Peer Recovery Support Specialists (PRSS) must be certified through ODMHSAS pursuant to OAC 450:53.

(4) **Limitations**. The PRSS cannot bill for more than one individual service during the same time period. This service can be an individual or group service. Groups have no restriction on size.

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

(6) **Service requirements**.

(A) PRSS staff utilizing their knowledge, skills and abilities will:

(i) teach and mentor the value of every individual's recovery experience;

(ii) model effective coping techniques and self-help strategies;

(iii) assist members in articulating personal goals for recovery; and

(iv) assist members in determining the objectives needed to reach his/her recovery goals.

(B) PRSS staff utilizing ongoing training must:

(i) proactively engage members and possess communication skills/ability to transfer new concepts, ideas, and insight to others;

(ii) facilitate peer support groups;

(iii)assist in setting up and sustaining self-help (mutual support) groups;

(iv) support members in using a Wellness Recovery Action Plan (WRAP);

(v) assist in creating a crisis plan/Psychiatric Advanced Directive;

(vi) utilize and teach problem solving techniques with members or their family members;
(vii) teach members how to identify and combat negative self-talk and fears;
(viii) support the vocational choices of members and assist him/her in overcoming job-related anxiety;
(ix) assist in building social skills in the community that will enhance quality of life. Support the development of natural support systems;
(x) assist other staff in identifying program and service environments that are conducive to recovery and;
(xi) attend treatment team and program development meetings to ensure the presence of the member's voice and to promote the use of self-directed recovery tools.

(d) **Family Peer Recovery Support Services**.

(1) **Definition**. Family peer recovery support services are an EBP model of care which consists of a qualified Family Peer Recovery Support Specialist (F-PRSS) who assists individuals with their recovery from behavioral health disorders. Family Peer Recovery Support Specialists (F-PRSS) ensure the engagement and active participation of the child or adolescent and their family during treatment and guide them toward taking a proactive role in the recovery journey, for the benefit of the SoonerCare eligible child or adolescent.

(2) **Target population**. Children and adolescents with SED and/or substance use disorders.

(3) **Qualified professionals**. Family Peer Recovery Support Specialists (F-PRSS) must be certified through ODMHSAS pursuant to OAC 450:53. An F-PRSS may provide services to children and adolescents, along with their family members.

(4) **Limitations**. The F-PRSS cannot bill for more than one individual service during the same time period. This service can be an individual or group service. Groups have no restriction on size.

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

(6) **Service requirements**.

(A) F-PRSS staff utilizing their knowledge, skills and abilities will:

(i) teach and mentor the value of every individual's recovery experience;
(ii) model effective coping techniques and self-help strategies;
(iii) assist members, with engagement from their family members, in articulating personal goals for recovery;
(iv) assist members, with engagement from their family members, in determining the objectives needed to reach his/her recovery goals;
(v) assist the member and their family members with the acquisition of the skills and knowledge necessary to facilitate an awareness of treatment needs;
(vi) support the service plan development process and the ongoing implementation and reinforcement of skills learned throughout the treatment process;
(vii) develop and enhance problem-solving skills, coping mechanisms, and strategies for the member's symptom/behavior management;
(viii) facilitate peer support groups;
(ix) assist in setting up and sustaining self-help (mutual support) groups;

(x) assist in building social skills in the community that will enhance quality of life and support the development of natural support systems;

(xi) assist other staff in identifying program and service environments that are conducive to recovery; and

(xii) attend treatment team and program development meetings to ensure the presence of the member's voice and to promote the use of self-directed recovery tools.