

CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 65. CASE MANAGEMENT SERVICES FOR OVER 21

317:30-5-585. Eligible providers (REVOKED)

~~Services are provided by case management agencies established for the purpose of providing case management services.~~

~~(1) **Provider agency requirements.** The agency must demonstrate its capacity to deliver case management services in terms of the following:~~

~~(A) On or after July 1, 2007, the OHCA will require agencies to have accreditation appropriate to case management from JCAHO, CARE, COA, or AOA, and meet the standards of the accreditation agency at all times.~~

~~(B) The OHCA reserves the right to obtain a copy of any accreditation audit and/or site visit reports from the provider and/or the accreditation agency.~~

~~(C) Agencies that are eligible to contract with the OHCA to provide case management services for seriously mentally ill adults must be community based.~~

~~(D) Agencies must be able to demonstrate the ability to develop and maintain appropriate patient records including, but not limited to, assessments, service plans, and progress notes.~~

~~(E) An agency's behavioral health case management staff must serve the target group on a 24 hour on call basis.~~

~~(F) Each site operated by a case management facility must have a separate provider number. A site is defined as an office, clinic, or other business setting where case management services are routinely performed. When services are rendered at the patient's residence, a school, or an appropriate community based setting, a site is determined according to where the professional staff conduct administrative duties and where the patient's chart and other records are kept. Failure to obtain and utilize site specific provider numbers will result in disallowance of services.~~

~~(2) **Provider types.**~~

~~(A) **ODMHSAS public and private facilities.** Public ODMHSAS facilities are regionally based Community Mental Health Centers. Private ODMHSAS facilities are providers that have contracted with the ODMHSAS to provide mental health, substance abuse, and case management treatment services. Both of these provider types must also contract with the OHCA directly to receive SoonerCare reimbursement.~~

~~(B) **Private facilities.** Private facilities are those~~

~~facilities that contract directly with the Oklahoma Health Care Authority to provide case management services.~~

~~(3) **Service provider education and experience requirements before July 1, 2001.** For case management services to be compensable by SoonerCare, the case manager performing the service must maintain current case management certification from the Department of Mental Health and Substance Abuse Services. For those case managers who are certified on or before July 1, 2001, the following education and experience requirements apply:~~

- ~~(A) Associate's degree in a related human service field, OR;~~
- ~~(B) Two years of college education plus two years or more human service experience, OR;~~
- ~~(C) Bachelor's degree in a related human service field plus one year or more human service experience, OR;~~
- ~~(D) Master's degree in a related human service field.~~

~~(4) **Service provider education and experience requirements after July 1, 2001.** The following education and experience requirements apply after July 1, 2001.~~

- ~~(A) Bachelor's or Master's degree in a mental health related field including, but not limited to psychology, social work, occupational therapy, family studies, sociology, criminal justice, school guidance and counseling, OR~~
- ~~(B) A current license as a registered nurse in Oklahoma; OR~~
- ~~(C) Certification as an alcohol and drug counselor allowed to provide substance abuse case management to those with alcohol and/or other drug dependencies or addictions as a primary or secondary DSMIV Axis I diagnosis, AND~~
- ~~(D) Current case management certification from the Department of Mental Health and Substance Abuse Services.~~

~~(5) **Service provider education and experience requirements after July 1, 2007.** For behavioral health case management services to be compensable by SoonerCare, the case manager performing the service must have and maintain a current behavioral health case manager certification from the ODMHSAS and meet either (A), (B), or (C) below, and (D):~~

- ~~(A) Certified Behavioral Health Case Manager III B meets the Licensed Behavioral Health Professional status as defined at OAC 317:30-5-240, and passes the ODMHSAS web-based Case Management Competency Exam.~~
- ~~(B) Certified Behavioral Health Case Manager II B a bachelor's or master's degree in a behavioral health field, earned from a regionally accredited college or~~

~~university recognized by the United States Department of Education, which includes but is not limited to psychology, social work/sociology, occupational therapy, family studies, human resources/services counseling, human developmental psychology, gerontology, early childhood development, chemical dependency studies, school guidance/counseling/education, rehabilitative services, and/or criminal justice; a current license as a registered nurse in Oklahoma with experience in behavioral health care; or a current certification as an alcohol and drug counselor in Oklahoma, and pass the ODMHSAS web-based Case Management Competency Exam, and complete seven hours of ODMHSAS specified CM training.~~
~~(C) Certified Behavioral Health Case Manager I-B meets the following requirements:~~

- ~~(i) completed 60 college credit hours; or~~
- ~~(ii) high school diploma with 36 total months of experience working with persons who have a mental illness. Documentation of experience must be on file with ODMHSAS; and~~
- ~~(iii) passes the ODMHSAS web based Case Management Competency Exam, and completes 14 hours of ODMHSAS specified CM training.~~

~~(D) All certified case managers must fulfill the continuing education requirements as laid out in OAC 450:50-5-4.~~

317:30-5-586. Coverage by category (REVOKED)

~~Payment is made for case management services as set forth in this Section.~~

~~(1) **Adults.** Payment is made for services to adults as follows:~~

~~(A) **Description of case management services.** Services under case management are not comparable in amount, duration and scope. The target group for case management services is the chronically and/or severely mentally ill. Chronically and/or severely mentally ill individuals refer to institutionalized adults or adults at risk of institutionalization. All case management services will be subject to medical necessity criteria. The criteria will be applied to each individual case by an agent designated by the OHCA or its designated agent.~~

- ~~(i) Behavioral health case management services are provided to assist consumers in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. The behavioral health case manager provides referral, linkage and advocacy on behalf of consumers, to help consumers access appropriate~~

community resources. Case management is designed to assist individuals in accessing services for themselves. The consumer has the right to refuse case management and cannot be restricted from other services because of a refusal of case management services. However, in referring a consumer for medical services, the case manager should be aware that the SoonerCare program is limited in scope. The behavioral health case manager must monitor the progress in gaining access to services and continued appropriate utilization of necessary community resources. Behavioral case management is designed to promote recovery, maintain community tenure, and to assist individuals in accessing services for themselves following the case management guidelines established by the ODMHSAS. In order to be compensable, the service must be performed utilizing the ODMHSAS Strengths Based model of case management. This model of case management assists individuals in identifying and securing the range of resources, both environmental and personal, needed to live in a normally interdependent way in the community. The focus for the helping process is on strengths, interests, abilities, knowledge and capacities of each person, not on their diagnosis, weakness or deficits. The relationship between the service member and the behavioral health case manager is characterized by mutuality, collaboration, and partnership. Helping activities are designed to occur primarily in the community, but may take place in the behavioral health case manager's office, if more appropriate. The community based behavioral health case management agency will coordinate with the member by phone or face to face, to identify immediate needs for return to home/community. The case manager will provide linkage/referral to physicians/medication services, counseling services, rehabilitation and/or support services as described in the case management service plan. During the follow-up phase of these referrals or links, the behavioral health case manager will provide aggressive outreach if appointments or contacts are missed within two business days of the missed appointments. Community/home based case management to assess the needs for services will be scheduled as reflected in the case management service plan, but not less than one time per month. (ii) An eligible member/parent/guardian will not be

~~restricted and will have the freedom to choose a behavioral health case management provider as well as providers of other medical care.~~

~~(iii) In order to ensure that case management services are not duplicated by other staff, case management activities will be provided in accordance with a comprehensive individualized treatment/service plan.~~

~~(iv) The service plan must include general goals and objectives pertinent to the overall recovery needs of the member. Progress notes must relate to the service plan and describe the specific activities performed. Behavioral health case management service plan development is compensable time if the time is spent communicating with the participation by, as well as, reviewed and signed by the member, the behavioral health case manager, and a licensed behavioral health case manager, and a licensed behavioral health professional as defined at OAC 317:30-5-240.~~

~~(v) SoonerCare reimbursable behavioral health case management services include the following:~~

~~(I) Gathering necessary psychological, educational, medical, and social information for the purpose of service plan development.~~

~~(II) Face to face meetings with the child and/or the parent/guardian/family member for the implementation of activities delineated in the service plan.~~

~~(III) Face to face meetings with treatment or service providers, necessary for the implementation of activities delineated in the service plan.~~

~~(IV) Supportive activities such as non face-to-face communication with the child and/or parent/guardian/family member or the behavioral health case manager's travel time to and from meetings for the purpose of development or implementation of the service plan.~~

~~(V) Non face-to-face communication with treatment or service providers necessary for the implementation of activities delineated in the service plan.~~

~~(vi) Reimbursable case management does not include:~~

~~(I) physically escorting or transporting a member to scheduled appointments or staying with the member during an appointment; or~~

~~(II) monitoring financial goals; or~~

~~(III) providing specific services such as shopping or paying bills; or
(IV) delivering bus tickets, food stamps, money, etc.; or
(V) services to nursing home residents; or
(VI) counseling or rehabilitative services, psychiatric assessment, or discharge; or
(VII) filling out forms, applications, etc., on behalf of the member when the member is not present; or
(VIII) filling out SoonerCare forms, applications, etc., or;
(IX) services to members residing in ICF/MR facilities.~~

~~(B) **Providers.** Case management services must be provided by a Community Mental Health Center or other qualifying provider agency of case management. Two different provider agencies may not bill case management service(s) for the same member on the same day.~~

~~(2) **Children.** Coverage for children is found in OAC 317:30-5-596.~~

~~(3) **Individuals eligible for Part B of Medicare.** Case management services provided to Medicare eligible members should be filed directly with the fiscal agent.~~

**PART 67. BEHAVIOR BEHAVIORAL HEALTH CASE MANAGEMENT SERVICES
FOR INDIVIDUALS UNDER 21 YEARS OF AGE**

317:30-5-595. Eligible providers

Services are provided by ease management outpatient behavioral health agencies established for the purpose of providing behavioral health outpatient and case management services.

(1) **Provider agency requirements.** Services are provided by outpatient behavioral health agencies contracted with OHCA that meet the requirements under OAC 317:30-5-240. The agency must demonstrate its capacity to deliver behavioral health case management services in terms of the following items:

(A) ~~On or after July 1, 2004, OHCA will require agencies to have~~ Agencies must hold current accreditation appropriate to outpatient behavioral health ease management from JCAHO, CARF, COA, or AOA, and maintain the standards of the accreditation at all times.

(B) OHCA reserves the right to obtain a copy of any accreditation audit and/or site visit reports from the provider and/or the accreditation agency.

(C) Agencies that are eligible to contract with OHCA to provide behavioral health case management services to eligible individuals ~~under the age of 21~~ must be

~~community based with a history of serving seriously emotionally disturbed (SED) children and their families.~~

(D) The agency must be able to demonstrate the ability to develop and maintain appropriate patient records including but not limited to assessments, service plans, and progress notes.

(E) An agency must agree to follow the Oklahoma Department of Mental Health and Substance Abuse Services established behavioral health case management rules found in OAC 450:50.

(F) An agency's behavioral health case management staff must serve the target group on a 24 hour on call basis.

(G) Each site operated by a behavioral health outpatient and case management facility must have a separate provider number, per OAC 317:30-5-240.2. ~~A site is defined as an office, clinic, or other business setting where case management services are routinely performed. When services are rendered at the patient's residence, a school, or an appropriate community based setting, a site is determined according to where the professional staff conduct administrative duties and where the patient's chart and other records are kept. Failure to obtain and utilize site specific provider numbers will result in disallowance of services.~~

(2) **Provider types Qualifications.**

~~(A) **ODMHSAS public and private facilities.** Public ODMHSAS facilities are regionally based Community Mental Health Centers. Private ODMHSAS facilities are providers that have a contract with the ODMHSAS to provide Mental Health, Substance Abuse, and Case Management Treatment Services. Both of these provider types must also contract with the OHCA directly to receive SoonerCare reimbursement.~~

~~(B) **Private facilities.** Private facilities are those facilities that contract directly with the Oklahoma Health Care Authority to provide case management (CM) services.~~

~~(3)(A) **Service provider education and experience requirements if certified before July 1, 2001.** For case management services to be compensable by SoonerCare, the case manager performing the service must maintain current case management certification from the Oklahoma Department of Mental Health and Substance Abuse Services ODMHSAS. For those case managers who are certified on or before July 1, 2001, the following education and experience requirements apply:~~

~~(A) (i) Associate's Associate degree in a related human service field, OR;~~

~~(B) (ii) Two years of college education plus two years or more human service experience, OR;~~

~~(C)~~ ~~(iii)~~ ~~Bachelor's~~ Bachelors degree in a related human service field plus one year or more human service experience, OR;

~~(D)~~ ~~(iv)~~ ~~Master's~~ Masters degree in a related human service field.

~~(4)~~**(B) Service provider education and experience requirements if certified after July 1, 2001 and before July 1, 2007.** For behavioral health case management services to be compensable by SoonerCare, the case manager performing the service must have and maintain a current ~~children's~~ behavioral health case manager certification from the ODMHSAS and have a:

~~(A)~~ ~~(i)~~ ~~Bachelor's~~ Bachelors or ~~Master's~~ masters degree in a mental health related field including, but not limited to psychology, social work, occupational therapy, family studies, sociology, criminal justice, school guidance and counseling; OR

~~(B)~~ ~~(ii)~~ A current license as a registered nurse in Oklahoma with experience in behavioral health care; OR

~~(C)~~ ~~(iii)~~ Certification as an alcohol and drug counselor allowed to provide substance abuse case management to those with alcohol and/or other drug dependencies or addictions as a primary or secondary ~~DSMIV~~ DSM-IV Axis I diagnosis; and

~~(D)~~ ~~(iv)~~ Current case management certification from the ODMHSAS.

~~(5)~~**(C) Service provider education and experience requirements if certified after July 1, 2007.** For behavioral health case management services to be compensable by SoonerCare, the case manager performing the service must have and maintain a current ~~children's~~ behavioral health case manager certification from the ODMHSAS and meet either ~~(A)~~ ~~(i)~~, ~~(B)~~ ~~(ii)~~, or ~~(C)~~ ~~(iii)~~ below, and ~~(D)~~ ~~(iv)~~:

~~(A)~~ ~~(i)~~ Certified Behavioral Health Case Manager III – meets the Licensed Behavioral Health Professional status as defined at OAC 317:30-5-240, and passes the ODMHSAS web-based Case Management Competency Exam.

~~(B)~~ ~~(ii)~~ Certified Behavioral Health Case Manager II– a ~~bachelor's~~ bachelors or ~~master's~~ masters degree in a behavioral health field, earned from a regionally accredited college or university recognized by the United States Department of Education, which includes ~~but is not limited to~~ psychology, social work/sociology, occupational therapy, family studies, human resources/services counseling, human developmental psychology, gerontology, early childhood development, chemical dependency studies, school guidance/counseling/education, rehabilitative services, education and/or criminal justice; a current license as a registered nurse in Oklahoma with experience in

behavioral health care; or a current certification as an alcohol and drug counselor in Oklahoma, and pass the ODMHSAS web-based Case Management Competency Exam, and complete seven hours of ODMHSAS specified CM training. (After July 1, 2010: Any bachelors or masters degree earned from a regionally accredited college or university recognized by the USDE).

~~(C)~~ (iii) Certified Behavioral Health Case Manager I- meets the requirements in either ~~(i)~~ (I) or ~~(ii)~~ (II), and ~~(iii)~~ (III):

~~(i)~~ (I) completed 60 college credit hours; or
~~(ii)~~ (II) has a high school diploma with 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

~~(iii)~~ (III) passes the ODMHSAS web-based Case Management Competency Exam, and completes 14 hours of ODMHSAS specified CM training.

(D) **Wraparound Facilitator Case Manager** - meets the qualifications for CM II or CM III and has the following:

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

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

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

(iv) Direct supervision or immediate access and a minimum of one hour weekly clinical consultation with a Qualified Mental Health Professional, as required by ODMHSAS;

(E) **Intensive Case Manager** - meets the provider qualifications of a Case Manager II or III and has the following:

(i) A minimum of 2 years Behavioral Health Case Management experience, crisis intervention experience, and

(ii) must have attended the ODMHSAS 6 hours Intensive case management training.

~~(D)~~ (F) All certified case managers must fulfill the continuing education requirements as outlined under OAC 450:50-5-4.

317:30-5-596. Coverage by category

Payment is made for behavioral health case management services as set forth in this Section.

~~(1) **Adults.** Coverage for adults is found in OAC 317:30-5-586.~~

~~(2) (1) **Children.** Payment is made for services to persons under age 21 rendered to SoonerCare members as~~

follows:

(A) **Description of behavioral health case management services.** Services under behavioral health case management are not comparable in amount, duration and scope. The target group for behavioral health case management services are persons under age 21 who are in imminent risk of out-of-home placement for psychiatric or substance abuse reasons or are in out-of-home placement due to psychiatric or substance abuse reasons and chronically and/or severely mentally ill adults who are institutionalized or are at risk of institutionalization.

All behavioral health case management services will be subject to medical necessity criteria.

(i) Behavioral health case management services are provided to assist eligible individuals in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. The behavioral health case manager provides assessment of case management needs, development of a case management care plan, referral, linkage, monitoring and advocacy on behalf of the child member to gain access to appropriate community resources. The behavioral health case manager must monitor the progress in gaining access to services and continued appropriate utilization of necessary community resources. Behavioral case management is designed to promote recovery, maintain community tenure, and to assist individuals in accessing services for themselves following the case management guidelines established by ~~the Oklahoma Department of Mental Health and Substance Abuse Services~~ ODMHSAS. In order to be compensable, the service must be performed utilizing the ~~ODMHSAS~~ Strengths Based model of case management. This model of case management assists individuals in identifying and securing the range of resources, both environmental and personal, needed to live in a normally interdependent way in the community. The focus for the helping process is on strengths, interests, abilities, knowledge and capacities of each person, not on their diagnosis, weakness or deficits. The relationship between the service member and the behavioral health case manager is characterized by mutuality, collaboration, and partnership. Assistive activities are designed to occur primarily in the community, but may take place in the behavioral health case manager's office, if more appropriate. The community based behavioral health case management agency will

coordinate with the child member and family (if applicable) by phone or face-to-face, to identify immediate needs for return to home/community no more than 72 hours after notification that the member/family requests case management services. For children members discharging from an ~~out-of-home placement~~ higher level of care than outpatient, the out-of-home agency/placement the higher level of care facility is responsible for scheduling an appointment with a case management agency for transition and services post discharge services. The case manager will make contact with the child member and family (if applicable) for transition from the higher level of care than outpatient back to the community, within 72 hours of discharge, and then conduct a ~~face-to-face~~ follow-up appointment/contact within seven days. The case manager will provide linkage/referral to physicians/medication services, counseling services, rehabilitation and/or support services as described in the case management service plan. Case Managers may also provide crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist member(s) from progression to a higher level of care. During the follow-up phase of these referrals or links, the behavioral health case manager will provide aggressive outreach if appointments or contacts are missed within 2 two business days of the missed appointments. Community/home based case management to assess the needs for services will be scheduled as reflected in the case management service plan, but not less than one time per month. The member/parent/guardian has the right to refuse behavioral health case management and cannot be restricted from other services because of a refusal of behavioral health case management services.

(ii) An eligible member/parent/guardian will not be restricted and will have the freedom to choose a behavioral health case management provider as well as providers of other medical care.

(iii) In order to ensure that behavioral health case management services appropriately meet the needs of the child member and family and are not duplicated, behavioral health case management

activities will be provided in accordance with an individualized plan of care.

(iv) The individual plan of care must include general goals and objectives pertinent to the overall recovery of the child member (and family's, if applicable) needs. Progress notes must relate to the individual plan of care and describe the specific activities to be performed. ~~Behavioral health case management individual plan of care development is compensable if the time is spent communicating with the child, parent/guardian/family member or provider of other services.~~ The individual plan of care must be developed with participation by, as well as, reviewed and signed by the child member (~~only if over 16 years of age~~), the parent or guardian (if the member is under 18), the behavioral health case manager, and a Licensed Behavioral Health Professional as defined in OAC 317:30-5-240(d).

(v) SoonerCare reimbursable behavioral health case management services include the following:

(I) Gathering necessary psychological, educational, medical, and social information for the purpose of individual plan of care development.

(II) Face-to-face meetings with the child member and/or the parent/guardian/family member for the implementation of activities delineated in the individual plan of care.

(III) Face-to-face meetings with treatment or service providers, necessary for the implementation of activities delineated in the individual plan of care.

(IV) Supportive activities such as non face-to-face communication with the child member and/or parent/guardian/family member or the behavioral health case manager's travel time to and from meetings for the purpose of development or implementation of the individual plan of care.

(V) Non face-to-face communication with treatment or service providers necessary for the implementation of activities delineated in the individual plan of care.

(VI) Monitoring of the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress.

(VII) Crisis diversion (unanticipated, unscheduled situation requiring supportive

assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual=s ability to function or maintain in the community) to assist member(s) from progression to a higher level of care.

(VIII) Transitioning from institutions to the community. Individuals (except individuals ages 22 to 64 who reside in an institution for mental diseases (IMD) or individuals who are inmates of public institutions) may be considered to be transitioning to the community during the last 60 consecutive days of a covered, long-term, institutional stay that is 180 consecutive days or longer in duration. For a covered, short term, institutional stay of less than 180 consecutive days, individuals may be considered to be transitioning to the community during the last 14 days before discharge. These time requirements are to distinguish case management services that are not within the scope of the institution's discharge planning activities from case management required for transitioning individuals with complex, chronic, medical needs to the community.

(B) Levels of Case Management

(i) Basic Case Management/Resource Coordination. Resource coordination services are targeted to adults with serious and persistent mental illness and children and adolescents with mental illness or serious emotional disturbance, and their families, who need assistance in accessing, coordination, and monitoring of resources and services. Services are provided to assess an individuals strengths and meet needs in order to achieve stability in the community.

(ii) Intensive Case Management (ICM)/Wraparound Facilitation Case Management (WFCM). Intensive Case Management is targeted to adults with serious and persistent mental illness (including members in PACT programs) and Wraparound Facilitation Case Management is targeted to children with serious mental illness and emotional disorders (including members in a System of Care Network) who are deemed high risk and in need of more intensive CM services. It is designed to ensure access to community agencies, services, and people whose

functions are to provide the support, training and assistance required for a stable, safe, and healthy community life, and decreased need for higher levels of care. To ensure that these intense needs are met, case manager caseloads are limited to 25. The ICM shall be a Certified Behavioral Health Case Manager, have a minimum of 2 years Behavioral Health Case Management experience, crisis intervention experience, must have attended the ODMHSAS 6 hours ICM training, and 24 hour availability is required.

~~(vi)~~(C) **Excluded Services.** SoonerCare reimbursable behavioral health case management does not include the following activities:

~~(I)~~(i) Physically escorting or transporting a ~~child~~ member or family to scheduled appointments or staying with the ~~child~~ member during an appointment; or

~~(II)~~(ii) Managing finances; or

~~(III)~~(iii) Providing specific services such as shopping or paying bills; or

~~(IV)~~(iv) Delivering bus tickets, food stamps, money, etc.; or

~~(V)~~(v) Counseling, rehabilitative services, psychiatric assessment, or discharge planning; or

~~(VI)~~(vi) Filling out forms, applications, etc., on behalf of the ~~child~~ member when the ~~child~~ member is not present; or

~~(VII)~~(vii) Filling out SoonerCare forms, applications, etc., ~~or~~;

~~(VIII)~~(viii) Mentoring or tutoring; or

~~(IX)~~ (ix) Provision of behavioral health case management services to the same family by two separate behavioral health case management agencies.

~~(B)~~(D) **Excluded Individuals.** The following SoonerCare members are not eligible for behavioral health case management services:

(i) Children/families for whom behavioral health case management services are available through OKDHS/OJA staff without special arrangements with OKDHS, OJA, and OHCA;

(ii) ~~Children~~ Members receiving ~~services~~ in Residential Behavior Management Services (RBMS) in a foster care or group home setting unless transitioning into the community;

(iii) Residents of ICF/MR and nursing facilities unless transitioning into the community; and

(iv) ~~Children~~ Members receiving services under a

Home and Community Based ~~Waiver~~ services (HCBS)
waiver program.

~~(C) **Restriction.** Two different provider agencies may not bill case management services for the member on the same day.~~

~~(3)(E) **Individuals eligible for Part B of Medicare.** Case management services provided to Medicare eligible members should be filed directly with the fiscal agent.~~

317:30-5-596.1. Prior authorization

(a) Prior authorization of behavioral health case management services is mandatory. The provider must request prior authorization from the OHCA, or its designated agent.

(b) SoonerCare members who are eligible for services will be considered for prior authorization after receipt of complete and appropriate information submitted by the provider in accordance with the guidelines for behavioral health case management services developed by OHCA or its designated agent. Based on diagnosis, functional assessment, history and other SoonerCare services being received, the SoonerCare member may be approved to receive case management services. SoonerCare members who reside in nursing facilities, residential behavior management services, group or foster homes, or ICF/MR's may not receive SoonerCare compensable case management services unless transitioning from a higher level of care than outpatient. A SoonerCare member may be approved for a time frame of one to ~~six~~ twelve months. The OHCA, or its designated agent will review the initial request in accordance with the guidelines for prior authorization in the Outpatient Behavioral Health Service Provider Manual. An initial request for case management services requires the provider to submit specific documentation to OHCA, or its designated agent. A fully developed individual plan of service is not required at the time of initial request. The provider will be given a time frame to develop the individual plan of service while working with the child and his/her family and corresponding units of service will be approved prior to the completion of the service plan. ~~The provider will be required to engage with the child/family within 72 hours of discharge from an inpatient psychiatric hospital and/or within 72 hours of receiving the request for services from the family or other community resource. The expectation is for the behavioral health case manager to immediately engage with the child/family to prevent hospital readmission or other out-of-home placement, and refer to needed community resources.~~ Prior authorization requests will be reviewed by licensed behavioral health professionals as defined at OAC 317:30-5-240.

~~(c) In the event that a member disagrees with the decision by OHCA's contractor, it receives an evidentiary hearing under OAC 317:2-1-2(a). The member's request for such an appeal must commence within 20 calendar days of the initial decision.~~

~~(d) Providers seeking prior authorization will follow OHCA's or its designated agent's prior authorization process guidelines for submitting behavioral health case management requests on behalf of the SoonerCare member.~~

317:30-5-596.2. Direct and Indirect Case Management services (REVOKED)

~~Case management services are provided using one of two categories of service.~~

~~(1) **Direct case management services.** For Direct case management services the behavioral health case manager performs face to face interactions with the child and/or the child's parent/guardian/family member or service providers necessary for the implementation of activities delineated in the service plan. Service plan development, when performed face to face, is considered direct behavioral health case management.~~

~~(2) **Indirect behavioral health case management.** For Indirect case management services the behavioral health case manager performs non face to face services related to the child's case, excluding those activities cited as non Medicaid compensable in OAC 317:30 5 596(2)(vi). Examples of indirect behavioral health case management are phone calls, monitoring of client progress and the case manager's travel time to or from activities necessary for the implementation of the service plan. Other indirect services may be communication through letters, memorandums or e mail to treatment or other service providers necessary for the implementation of activities delineated in the service plan. Electronic communication documentation must be encrypted and meet HIPAA guidelines.~~

**PART 97. CASE MANAGEMENT SERVICES FOR UNDER AGE 18
AT RISK OF OR IN THE TEMPORARY CUSTODY OR SUPERVISION OF
OFFICE OF JUVENILE AFFAIRS**

317:30-5-972. Reimbursement

~~(a) Reimbursement for OJATCM services is a unit rate based on the monthly cost per case for documented OJATCM services. A unit of service is defined as one calendar month of case management, provided that a minimum of one contact which meets the description of a case management activity with or on behalf of the recipient has been documented during the month claimed. Payment is made on the basis of claims submitted for payment. The provider bills at the monthly unit rate for documented Medicaid OJATCM services provided to each Medicaid eligible recipient during the calendar month.~~

~~(b) Only one unit of OJATCM services may be billed for each~~

~~Medicaid eligible recipient per month. OJATCM services may not be billed for any recipient already receiving case management services as part of a Home and Community Based waiver.~~

Office of Juvenile Affairs Targeted Case Management (OJATCM) services will be reimbursed pursuant to the methodology described in the Oklahoma Title XIX State Plan.

**PART 99. CASE MANAGEMENT SERVICES FOR UNDER AGE 18
IN EMERGENCY, TEMPORARY OR PERMANENT CUSTODY OR SUPERVISION
OF THE DEPARTMENT OF HUMAN SERVICES**

317:30-5-992. Reimbursement

~~(a) Reimbursement for CWTCM services is a unit rate based on the monthly cost per case for documented CWTCM services. A unit of service is defined as one calendar month of case management, provided that a minimum of one contact which meets the description of a case management activity with or on behalf of the recipient has been documented during the month claimed. Payment is made on the basis of claims submitted for payment. The provider bills at the monthly unit rate for documented unit of Medicaid CWTCM services provided to each Medicaid eligible recipient during the calendar month.~~

~~(b) Only one unit of CWTCM services may be billed for each Medicaid eligible recipient per month. CWTCM services may not be billed for any recipient already receiving case management services as part of a Home and Community Based waiver.~~

Child Welfare Targeted Case Management (CWTCM) services will be reimbursed pursuant to the methodology described in the Oklahoma Title XIX State Plan.