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

~~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

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 case management agencies established for the purpose of providing case management services.

(1) **Provider agency requirements.** 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 case 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 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.

(H) Beginning April 1, 2009, case management services

provided by employees of OKDHS and employees of agencies contracted with and providing services for OKDHS for members receiving child welfare/child protective services are not covered.

(I) Beginning April 1, 2009, case management services provided by employees of the Office of Juvenile Affairs (OJA) and employees of agencies contracted with and providing services for OJA to individuals under the age of 21 who are currently on parole or probation are not covered.

~~(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 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)~~(2) **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 ~~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) ~~Associate's~~ Associate 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)~~(3) **Service provider education and experience requirements for service providers certified ~~after~~ between July 1, 2001 and June 30, 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) 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 with experience in behavioral health care; 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~~ DMS-IV Axis I diagnosis; and

(D) Current case management certification from the ODMHSAS.

~~(5)~~(4) **Service provider education and experience requirements for service providers 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), (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 (any degree area not listed requires pre-approval by OHCA or its designated agent); 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 requirements in either (i) or (ii), and (iii):

(i) completed 60 college credit hours; or

(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) 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 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~~ 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 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~~ institution, the institution ~~the out of home agency/placement~~ 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 institution 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. 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~~=~~s 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~~ 14 years of age), the parent or guardian, 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) 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.

~~(vi)~~(B) **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)~~(C) **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)~~(i) ~~Children~~ Members receiving ~~services in~~ Residential Behavior Management Services (RBMS) in a ~~foster care or~~ group home setting unless transitioning into the community;
~~(iii)~~(ii) Residents of ICF/MR and nursing facilities unless transitioning into the community; ~~and~~
~~(iv)~~(iii) ~~Children~~ Members receiving services under a Home and Community Based Waiver services (HCBS) waiver program~~.~~; and
(iv) Residents of a Psychiatric Residential Treatment Facility (PRTF) unless transitioning into the community.

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

~~(3)~~(2) ~~**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, unless it is one of the initial one to four sessions for new clients. 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. A SoonerCare member may be approved for a time frame of one to ~~six~~ 12 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

~~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

317:30-5-970. Eligible providers

~~(a) **Case management agencies.** Services are provided by case management agencies established for the purpose of providing case management services. Medicaid Office of Juvenile Affairs Targeted Case Management (OJATCM) services must be made available to all eligible recipients and must be delivered by provider agencies on a statewide basis with procedures that assure 24 hour availability, the protection and safety of recipients, continuity of services without duplication, and compliance with federal and State mandates and regulations related to servicing the targeted population are met in a uniform and consistent manner. The agency must demonstrate that their staff has:~~

~~(1) experience working with the target population.~~

~~(2) a minimum of five years experience in providing all core elements of case management services including:~~

~~(A) individualized strengths and needs assessment;~~

~~(B) needs-based service planning;~~

~~(C) service coordination and monitoring; and~~

~~(D) on-going assessment and treatment plan revision.~~

~~(3) adequate administrative capacity to fulfill State and federal requirements.~~

~~(4) a financial management capacity and system that provides documentation of services and costs.~~

~~(5) a capacity to document and maintain individual case records in accordance with State and federal requirements.~~

~~(6) ability to meet all State and federal laws governing the participation of providers in the State Medicaid program including, but not limited to, the ability to meet federal and State requirements for documentation, billing and audits.~~

~~(7) statutory authority to care for, supervise and provide services to the targeted population on a statewide basis.~~

(8) a minimum of five years experience in providing case management services that coordinate and link the community resources required by the target population.

(9) a minimum of five years experience in meeting the case management and service needs of the target population, including the statewide contract management/oversight and administration of services funded through the Oklahoma Children's Initiative.

(10) responsibility for planning and coordinating statewide juvenile justice and delinquency prevention services in accordance with Title 10, Section 7302-3.1A. of Oklahoma Statutes.

(b) **Provider agreement.** A Provider Agreement between the Oklahoma Health Care Authority and the provider agency for OJATCM services must be in effect before reimbursement can be made for compensable services.

(c) **Qualifications of individual case managers.** A targeted case manager for the OJATCM program must:

(1) be employed by the provider agency or its contractor.

(2) posses a minimum of a bachelor's degree in a behavioral science or a bachelor's degree and one year of professional experience in juvenile justice or a related field.

(3) possess knowledge of laws, rules, regulations, legislation, policies and procedures as they pertain to:

(A) the State administration of juvenile justice and the investigation of juvenile delinquency;

(B) community resources;

(C) human developmental stages and related dysfunctions;

(D) social work theory and practices;

(E) emotional, physical and mental needs of children and families;

(F) sensitivity to cultural diversity; and

(G) clinical and counseling techniques and treatment of juvenile delinquency.

(4) possess skill in:

(A) crisis intervention;

(B) gathering necessary information to determine the needs of the child;

(C) casework management;

(D) courtroom testimony, terminology and procedures;

(E) effective communication;

(F) developing, evaluating and modifying an intervention plan on an ongoing basis;

(G) establishing and maintaining constructive relationships with children and their families;

(H) helping families become and maintain as functional family units; and

(I) working with courts and law enforcement entities.

(d) **Provider selection.** Provision of case management services must

not restrict an individual's free choice of providers. Eligible recipients must have free choice of providers of case management as well as providers of other medical care under the plan.

317:30-5-971. Coverage by category

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

(1) **Adults.** There is no coverage for adults.

(2) **Children.** Payment is made for services to persons under age 18 as follows:

(A) **Description of case management services.** The target group for case management services are persons under age 18 who are in temporary custody or supervision of the Office of Juvenile Affairs (OJA), who are placed in own home or out-of-home care or Medicaid eligible recipients under age 18 whose behavior places them at risk of coming into the custody or supervision of OJA.

(i) Services are provided to assist a client in gaining access to needed medical, social, educational and other services. Major components of the services include working with the client in gaining access to appropriate community resources. The case manager may also provide referral, linkage and advocacy. Case management is designed to assist individuals in accessing services. The client has the right to refuse case management and cannot be restricted from services because of a refusal for Case Management Services.

(ii) Case management does not include:

(I) Physically escorting or transporting a client to scheduled appointments or staying with the client during an appointment;

(II) Monitoring financial goals;

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

(IV) Delivering bus tickets, food stamps, money, etc.

(B) **Non-Duplication of services.** To the extent any eligible recipients in the identified target population are receiving OJATCM services from another provider agency as a result of being members of other covered target groups, the provider agency assures that case management activities are coordinated to avoid unnecessary duplication of service.

(C) **Providers.** Case management services must be provided by case management agencies.

(3) **Individuals eligible for Part B of Medicare.** Case Management Services provided to Medicare eligible recipients are filed directly with the fiscal agent.

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.~~

317:30-5-973. Billing

~~Billing for case management services is on Form HCFA-1500. Claims should not be submitted until Medicaid eligibility of the individual has been determined. However, a claim must be received by OHCA within 12 months of the date of service. If the eligibility of the individual has not been determined after ten months from the date of service, a claim should be submitted in order to assure that the claim is timely filed and reimbursement from Title XIX funds can be made should the individual be determined eligible at a later date.~~

317:30-5-974. Documentation of records

~~All case management services rendered must be reflected by documentation in the records. All units of Medicaid OJATCM services provided are documented by the case manager on the monthly Record of Contact form.~~

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

317:30-5-990. Eligible providers

~~(a) **Case management agencies.** Services are provided by case management agencies established for the purpose of providing case management services. Medicaid Child Welfare Targeted Case Management (CWTCM) services must be made available to all eligible recipients and must be delivered by provider agencies on a statewide basis with procedures that assure 24 hour availability, the protection and safety of recipients, continuity of services without duplication, and compliance with federal and State mandates and regulations related to servicing the targeted population are~~

~~met in a uniform and consistent manner. The agency must demonstrate that their staff has:~~

~~(1) a minimum of five years experience in providing all core elements of case management services including:~~

~~(A) individualized strengths and needs assessment;~~

~~(B) needs-based service planning;~~

~~(C) service coordination and monitoring; and~~

~~(D) on-going assessment and treatment plan revision.~~

~~(2) a minimum of five years experience in providing case management services that coordinate and link the community resources required by the target population.~~

~~(3) a minimum of five years experience in meeting the case management and service needs of the target population.~~

~~(4) an administrative capacity to insure quality of services in accordance with State and federal requirements.~~

~~(5) a financial management capacity and system that provides documentation of services and costs.~~

~~(6) a capacity to document and maintain individual case records in accordance with State and federal requirements.~~

~~(7) ability to meet all State and federal laws governing the participation of providers in the State Medicaid program including, but not limited to, the ability to meet federal and State requirements for documentation, billing and audits.~~

~~(b) **Provider agreement.** A Provider Agreement between the Oklahoma Health Care Authority and the provider for CWTCM services must be in effect before reimbursement can be made for compensable services.~~

~~(c) **Qualifications of individual case managers.** A targeted case manager for the CWTCM program must:~~

~~(1) be employed by the provider agency.~~

~~(2) possess at minimum, a bachelor of social work degree; or a bachelor's degree and one year of experience in professional social work; or a master's degree in behavioral science.~~

~~(3) possess knowledge of the principles and practices of:~~

~~(A) social work;~~

~~(B) laws, rules, regulations, and policies and procedures governing agency programs;~~

~~(C) community resources;~~

~~(D) human developmental stages and related dysfunctions;~~

~~(E) sensitivity to cultural diversity;~~

~~(F) emotional, physical and mental needs of clients; and~~

~~(G) counseling programs and services.~~

~~(4) possess skill in:~~

~~(A) interviewing;~~

~~(B) getting clients to explore opportunities and extracting information;~~

~~(C) casework management;~~

~~(D) setting goals in cooperation with clients;~~

(E) time management;
(F) prioritizing and organizing needs of clients;
(G) courtroom testimony, terminology and procedures;
(H) crisis intervention;
(I) working with a multidisciplinary approach; and
(J) developing, evaluating and modifying an intervention plan on an ongoing basis.

(d) **Provider selection.** Provision of case management services must not restrict an individual's free choice of providers. Eligible recipients must have free choice of providers of case management as well as providers of other medical care under the plan.

317:30-5-991. Coverage by category

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

(1) **Adults.** There is no coverage for adults.

(2) **Children.** Payment is made for services to persons under age 18 as follows:

(A) **Description of case management services.** The target group for CWTCM services are persons under age 18 who are in emergency, temporary or permanent custody of the Department of Human Services (DHS) or in voluntary status who are placed in out-of home care or trial adoption.

(i) Case management services are activities that assist the target population in gaining access to needed medical, social, educational and other services. These services include services covered under the Oklahoma Medicaid State Plan as well as those services not covered under the State Plan.

(ii) Case management is designed to assist individuals in accessing services. The client has the right to refuse case management and cannot be restricted from services because of a refusal for Case Management Services.

(iii) Case management does not include:

(I) Physically escorting or transporting a client to scheduled appointments or staying with the client during an appointment;

(II) Monitoring financial goals;

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

(IV) Delivering bus tickets, food stamps, money, etc.

(B) **Non-Duplication of services.** To the extent any eligible recipient in the identified target population are receiving CWTCM services from another provider agency as a result of being members of other covered target groups (i.e., SoonerStart Early Intervention), the provider agency assures that case management activities are coordinated to avoid

~~unnecessary duplication of service.~~

~~(C) **Providers.** Case management services must be provided by case management agencies.~~

~~(3) **Individuals eligible for Part B of Medicare.** Case Management Services provided to Medicare eligible recipients are filed directly with the fiscal agent.~~

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.~~

317:30-5-993. Billing

~~Billing for case management services is on Form HCFA-1500. Claims should not be submitted until Medicaid eligibility of the individual has been determined. However, a claim must be received by OHCA within 12 months of the date of service. If the eligibility of the individual has not been determined after ten months from the date of service, a claim must be submitted in order to assure that the claim is timely filed and reimbursement from Title XIX funds can be made should the individual be determined eligible at a later date.~~

317:30-5-994. Documentation of records

~~All case management services rendered must be reflected by documentation in the records. All units of Medicaid CWTCM services provided are documented by the case manager on the monthly Record of Contact form.~~

PART 105. RESIDENTIAL BEHAVIORAL MANAGEMENT SERVICES IN GROUP SETTINGS AND NON-SECURE DIAGNOSTIC AND EVALUATION CENTERS

317:30-5-1040. ~~Organized health care delivery system~~ Foster Care Agency

~~The OHCA recognizes an Organized Health Care Delivery System (OHCDS) as an entity with an identifiable component within its~~

~~mission which is organized for the purpose of delivering health care. The entity must furnish at least one service covered by the Oklahoma Medicaid State Plan itself (i.e. through its own employees). Those employees who furnish each service must meet the State=s minimum qualifications for its provision. So long as the entity continues to furnish at least one service itself, it may contract with other qualified providers to furnish Medicaid covered services.~~

A Foster Care Agency is an agency that provides foster care as defined in the Code of Federal Regulations (CFR) as A24-hour substitute care for children outside their own homes.@ Foster care settings include, but are not limited to, non-relative foster family homes, relative foster homes (whether payments are being made or not), group homes, emergency shelters, residential facilities, and pre-adoptive homes.

317:30-5-1041. Eligible providers

Payment is made for Residential Behavior Management Services (RBMS) provided in private group settings and non-secure Diagnostic and Evaluation (D&E) Centers with less than 17 beds. ~~to any OHCDS who is a child placing agency who has a statutory authority for the care of children in the custody of the State of Oklahoma and which enters into a contract with the State Medicaid program. The OHCDS must certify to the OHCA that all direct providers of services (whether furnished through its own employees or under contract) meet the minimum program qualifications. Residential Behavior Management Services and Diagnostic and Evaluation services are covered only for those beds contracted by the OHCDS.~~ All providers eligible for reimbursement under this section must be a legally recognized Foster Care Agency (FCA) in the State of Oklahoma and have a contract on file with the Oklahoma Health Care Authority. Employees and contractors of the FCA who furnish each covered service must meet the State=s minimum qualifications for its provision. All services must be prior authorized by the Oklahoma Department of Human Services (OKDHS) or the Office of Juvenile Affairs (OJA).

317:30-5-1042. Memorandum of agreement

A Memorandum of Agreement between the Oklahoma Health Care Authority and the ~~Organized Heath Care Delivery System~~ Foster Care Agency (FCA) must be in effect before reimbursement can be made for compensable services. The agreement outlines the contractual and ~~subcontractual~~ sub-contractual requirements for reimbursement. ~~This agreement provides that the OHCDS is responsible for the Medicaid State share required for federal financial participation for all RBMS provided to custody children in residential group home and diagnostic and evaluation settings.~~

317:30-5-1043. Coverage by category

(a) **Adults.** Residential Behavioral Management Services (RBMS) in Group Settings and Non-Secure Diagnostic and Evaluation Center Services are not covered for adults.

(b) **Children.** Residential Behavioral Management Services ~~(RBMS)~~ in Group Settings and Non-Secure Diagnostic and Evaluation Centers are covered for children as set forth in this subsection.

(1) **Description**. Residential Behavior Management Services are provided by ~~Organized Health Care Delivery Systems (OHCDS)~~ Foster Care Agencies (FCA) for children in the care and custody of the State who have special psychological, behavioral, emotional and social needs that require more intensive care than can be provided in a family or foster home setting. The behavior management services are provided in the least restrictive environment and within a therapeutic milieu. The group setting is restorative in nature, allowing children with emotional and psychological problems to develop the necessary control to function in a less restrictive setting. Residential Behavior Management Services are reimbursed in accordance with the intensity of supervision and treatment required for the group setting in which the child is placed. Members residing in a Level E and Intensive Treatment Services (ITS) Group Homes receive maximum supervision and treatment. In addition, ITS group homes provide crisis and stabilization intervention and treatment. Members residing in a Level D+ Group Home receive highly intensive supervision and treatment. Members residing in a Level D Group ~~home~~ Home ~~or in a wilderness camp~~ receive close supervision and moderate treatment. Members residing in a Level C Group Home receive minimum supervision and treatment. Members residing in Residential Diagnostic and Evaluation Centers receive intensive supervision and a 20 day comprehensive assessment. Members residing in a Sanctions Home receive highly intensive supervision and treatment. Members residing in an Independent Living Group Home receive intensive supervision and treatment. It is expected that RBMS in group settings are an all-inclusive array of treatment services provided in one day. In the case of a child who needs additional specialized services, under the Rehabilitation Option or by a psychologist, prior authorization by the OHCA or designated agent is required. Only specialized rehabilitation or psychological treatment services to address unique, unusual or severe symptoms or disorders will be authorized. If additional services are approved, the ~~OHCDS~~ FCA collaborates with the provider of such services as directed by the OHCA or its agent. Any additional specialized behavioral health services provided to children in state custody are funded in the normal manner. The ~~OHCDS~~ FCA must provide concurrent documentation that these services are not duplicative. The OHCDS determines the need for RBMS.

(2) **Medical necessity criteria.** The following medical necessity criteria must be met for residential behavior Management Services.

(A) Any DSM-IV AXIS I primary diagnosis, with the exception of V codes, with a detailed description of the symptoms supporting the diagnosis. A detailed description of the child's emotional, behavioral and psychological condition must be on file. A diagnosis is not required for behavior management services provided in Diagnostic and Evaluation centers.

(B) The child is medically stable and not actively suicidal or homicidal and not in need of substance abuse detoxification services.

(C) It has been determined by the ~~OHCDS~~ FCA that the current disabling symptoms could not have been or have not been manageable in a less intensive treatment program.

(D) Documentation that the child's presenting emotional and/or behavioral problems prevent the child from living in a traditional family home. The child requires the availability of 24 hour crisis response/behavior management and intensive clinical interventions from professional staff.

(E) The ~~Agency~~ agency which has permanent or temporary custody of the child agrees to active participation in the child's treatment needs and planning.

(F) All of the medical necessity criteria must also be met for continued stay in residential group settings.

(3) **Treatment components.**

(A) **Individual plan of care development.** A comprehensive individualized plan of care for each resident shall be formulated by the provider agency staff within 30 days of admission, for ITS level within 72 hours, with documented input from the agency which has permanent or temporary custody of the child and when possible, the parent. This plan must be revised and updated at least every three months, every seven days for ITS, with documented involvement of the agency which has permanent or temporary custody of the child. Documented involvement can be written approval of the individual plan of care by the agency which has permanent or temporary custody of the child and indicated by the signature of the agency case worker or liaison on the individual plan of care. It is acceptable in circumstances where it is necessary to fax a service plan to someone for review and then have them fax back their signature; however, the provider obtains the original signature for the clinical file within 30 days. No stamped or ~~Xeroxed~~ photo copied signatures are allowed. An individual plan of care is considered inherent in the provision of therapy and is not covered as a separate item of behavior management services.

The individual plan of care is individualized taking into account the child's age, history, diagnosis, functional levels, and culture. It includes appropriate goals and time limited and measurable objectives. Each member=s individual plan of care must also address the provider agency's plans with regard to the provision of services in each of the following areas:

(i) group therapy;
(ii) individual therapy;
(iii) family therapy;
(iv) alcohol and other drug counseling;
(v) basic living skills redevelopment;
(vi) social skills redevelopment;
(vii) behavior redirection; and
(viii) the provider agency's plan to access appropriate educational placement services. (Any educational costs are excluded from calculation of the daily rate for behavior management services.)

(B) **Individual therapy.** The provider agency must provide individual therapy on a weekly basis with a minimum of one or more sessions totaling one hour or more of treatment per week to children and youth receiving RBMS in ~~Wilderness Camps,~~ Level D, Level D+ homes, Level E Homes, Independent Living Homes, and Sanctions Homes. ITS Level residents will receive a minimum of five or more sessions totaling a minimum of five or more hours of individual therapy per week. Members residing in Diagnostic and Evaluation Centers and Level C Group Homes receive Individual Therapy on an as needed basis. Individual therapy must be age appropriate and the techniques and modalities employed relevant to the goals and objectives of the individual's plan of care. Individual counseling is a face to face, one to one service, and must be provided in a confidential setting.

(C) **Group therapy.** The provider agency must provide group therapy to children and youth receiving residential behavioral management services. Group therapy must be a face to face interaction, age appropriate and the techniques and modalities employed relevant to the goals and objectives of the individual's plan of care. The minimum expected occurrence would be one hour per week in Level D, Level C, ~~Wilderness Camps~~ and Independent Living. Two hours per week are required in Levels D+ and E. Ten hours per week are required in Sanctions Homes, Intensive Treatment Service Level. Group therapy is not required for Diagnostic and Evaluation Centers. Group size should not exceed six members and group therapy sessions must be provided in a confidential setting. One half hour of individual therapy may be substituted for one hour of group therapy.

(D) **Family therapy.** Family therapy is a face to face interaction between the therapist/counselor and family, to facilitate emotional, psychological or behavioral changes and promote successful communication and understanding. The provider agency must provide family therapy as indicated by the resident's individual plan of care. The agency must work with the caretaker to whom the resident will be discharged, as identified by the ~~OHCDS~~ FCA custody worker. The agency must seek to support and enhance the child's relationships with family members (nuclear and appropriate extended), if the custody plan for the child indicates family reunification. The RBMS provider must also seek to involve the child's parents in treatment team meetings, plans and decisions and to keep them informed of the child's progress in the program. Any service provided to the family must have the child as the focus.

(E) **Alcohol and other drug abuse treatment education, prevention, therapy.** The provider agency must provide alcohol and other drug abuse treatment for residents who have emotional or behavioral problems related to substance abuse/chemical dependency, to begin, maintain and enhance recovery from alcoholism, problem drinking, drug abuse, drug dependency addiction or nicotine use and addiction. This service is considered ancillary to any other formal treatment program in which the child participates for treatment and rehabilitation. For residents who have no identifiable alcohol or other drug use, abuse, or dependency, age appropriate education and prevention activities are appropriate. These may include self esteem enhancement, violence alternatives, communication skills or other skill development curriculums.

(F) **Basic living skills redevelopment.** The provider agency must provide goal directed activities designed for each resident to restore, retain, and improve those basic skills necessary to independently function in a family or community. Basic living skills redevelopment is age appropriate and relevant to the goals and objectives of the individual plan of care. This ~~many~~ may include~~, but is not limited to~~ food planning and preparation, maintenance of personal hygiene and living environment, household management, personal and household shopping, community awareness and familiarization with community resources, mobility skills, job application and retention skills.

(G) **Social skills redevelopment.** The provider agency must provide goal directed activities designed for each resident to restore, retain and improve the self help, communication, socialization, and adaptive skills necessary to reside

successfully in home and community based settings. These are age appropriate, culturally sensitive and relevant to the goals of the individual plan of care. For ITS level of care, the minimum skill redevelopment per day is three hours. Any combination of basic living skills and social skills redevelopment that is appropriate to the need and developmental abilities of the child is acceptable.

(H) **Behavior redirection.** The provider agency must be able to provide behavior redirection management by agency staff as needed 24 hours a day, 7 days per week. The agency must ensure staff availability to respond in a crisis to stabilize residents' behavior and prevent placement disruption. In addition, ITS group homes will be required to provide crisis stabilization interaction and treatment for new residents 24 hours a day, seven days a week.

(4) **Providers.** For eligible RBMS agencies to bill the Oklahoma Health Care Authority for services of their providers, the ~~providers~~ provider of individual, group and family therapies must:

(A) be a licensed psychologist, social worker (clinical specialty only), professional counselor, marriage and family therapist, or behavioral practitioner, or under ~~Board Supervision~~ board supervision to be licensed in one of the above stated areas; or

(B) have one year of experience in a behavioral health treatment program and a master's degree in a mental health treatment field licensable in Oklahoma by one of the following licensing boards:

(i) Psychology,

(ii) Social work (clinical specialty only),

(iii) Licensed professional counselor,

(iv) Licensed marriage and family therapist, or

(v) Licensed behavioral practitioner; or

(C) have a baccalaureate degree in a mental health field in one of the stated areas listed in (B) of this paragraph AND three or more years post-baccalaureate experience in providing direct patient care in a behavioral health treatment setting and be provided a minimum of weekly supervision by a staff member licensed as listed in (A) of this paragraph; or

(D) be a registered psychiatric nurse; AND

(E) demonstrate a general professional or educational background in the following areas:

(i) case management, assessment and treatment planning;

(ii) treatment of victims of physical, emotional, and sexual abuse;

(iii) treatment of children with attachment disorders;

(iv) treatment of children with hyperactivity or attention

deficit disorders;
(v) treatment methodologies for emotional disturbed children and youth;
(vi) normal childhood development and the effect of abuse and/or neglect on childhood development;
(vii) treatment of children and families with substance abuse and chemical dependency disorders;
(viii) anger management; and
(ix) crisis intervention.

(5) For eligible RBMS agencies to bill the Oklahoma Health Care Authority for services provided by their staff for behavior management therapies (Individual, Group, Family) as of July 1, 2007, providers must have the following qualifications:

(A) be licensed in the state in which the services are delivered as a licensed psychologist, social worker (clinical specialty only), professional counselor, marriage and family therapist, or behavioral practitioner, alcohol and drug counselor or under Board approved Supervision to be licensed in one of the above stated areas; or

(B) be licensed as an Advanced Practice Nurse certified in a psychiatric mental health specialty, licensed as a registered nurse with a current certification of recognition from the Board of Nursing in the state in which services are provided, AND

(C) demonstrate a general professional or educational background in the following areas:
(i) case management, assessment and treatment planning;
(ii) treatment of victims of physical, emotional, and sexual abuse;
(iii) treatment of children with attachment disorders;
(iv) treatment of children with hyperactivity or attention deficit disorders;
(v) treatment methodologies for emotionally disturbed children and youth;
(vi) normal childhood development and the effect of abuse and/or neglect on childhood development;
(vii) treatment of children and families with substance abuse and chemical dependency disorders;
(viii) anger management; and
(ix) crisis intervention.

(D) Staff providing basic living skills redevelopment, social skills redevelopment, and alcohol and other substance abuse treatment, must meet one of the following areas:
(i) Bachelor's or Master's degree in a behavioral health related field including but not limited to, psychology, sociology, criminal justice, school guidance and counseling, social work, occupational therapy, family studies, alcohol and drug; or

(ii) a current license as a registered nurse in Oklahoma; or

(iii) certification as an Alcohol and Drug Counselor to provide substance abuse rehabilitative treatment to those with alcohol and/or other drug dependencies or addictions as a primary or secondary ~~DSMIV~~ DMS-IV Axis I diagnosis; or

(iv) current certification as a Behavioral Health Case Manager from DMHSAS and meets OHCA requirements to perform case management services, as described in OAC 317:30-5-595.

(E) Staff providing behavior redirection services must have current certification and required updates in nationally recognized behavior management techniques, such as Controlling Aggressive Patient Environment (CAPE) or MANDT. Additionally, staff providing these services must receive initial and ongoing training in at least one of the following areas:

(i) trauma informed methodology,

(ii) anger management,

(iii) crisis intervention,

(iv) normal child and adolescent development and the effect of abuse,

(v) neglect and/or violence on such development,

(vi) grief and loss issues for children in out of home placement,

(vii) interventions with victims of physical, emotional and sexual abuse,

(viii) care and treatment of children with attachment disorders,

(ix) care and treatment of children with hyperactive, or attention deficit, or conduct disorders,

(x) care and treatment of children, youth and families with substance abuse and chemical dependency disorders,

(xi) passive physical restraint procedures,

(xii) procedures for working with delinquents or the Inpatient Mental Health and Substance Abuse Treatment of Minors Act.

(F) In addition, Behavioral Management staff must have access to consultation with an appropriately licensed mental health professional.

317:30-5-1044. Payment rates

~~A per diem rate is established for each residential level of care in which behavior management services are provided. The payment rate is based upon a sample analysis of the average annual allowable cost of providing the program components of behavior management services using facility time study and cost reports of~~

~~the OHCDS and the facilities under contract to them. The payment is an all inclusive daily rate for all behavior management services provided under the auspices of the OHCDS. Room and Board costs, educational costs and related administrative costs are not reimbursable and are excluded from the calculation of the daily rate. RBMS services are limited to a maximum of one service per day per eligible recipient.~~ Payment is made at the lower of the provider=s usual and customary charge or the OHCA fee schedule for SoonerCare compensable services.

317:30-5-1046. Documentation of records and records review

(a) The ~~OHCDS~~ FCA and the facilities with whom it contracts must maintain appropriate records system. Current individual plans of care, case files, and progress notes are maintained in the facilities' files during the time the child or youth is receiving services. All services rendered must be reflected by documentation in the case records.

(b) OHCA and the Centers for Medicare and Medicaid Services (CMS) may evaluate through inspection or other means, the quality, appropriateness and timeliness of services provided by the ~~OHCDS~~ FCA or facilities with whom it contracts.

(c) All residential behavioral management services in group settings and non-secure diagnostic and evaluation centers must be reflected by documentation in the patients' records. Individual, group, family, and alcohol and other drug counseling and social and basic living skills development services must include all of the following:

(1) date;
(2) start and stop time for each session;
(3) signature of the therapist/staff providing service;
(4) credentials of therapist/staff providing service;
(5) specific problem(s) addressed (problem must be identified on individualized plan of care);
(6) methods used to address problem(s);
(7) progress made toward goals;
(8) patient response to the session or intervention; and
(9) any new problem(s) identified during the session.

317-30-5-1047. Confidentiality of information

In accordance with the provisions of 42 CFR 431, Subpart F, the ~~OHCDS~~ FCA and the facilities with whom it contracts must safeguard information about the ~~client~~ member.