CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 21. OUTPATIENT BEHAVIORAL HEALTH SERVICES

317:30-5-240. Eligible providers

~~(a) **Definitions.** The following words or terms, when used in this Part, shall have the following meaning, unless the context clearly indicates otherwise:~~

~~(1) **"AOA"** means American Osteopathic Association.~~

~~(2) **"AOD"** means Alcohol and Other Drug.~~

~~(3) **"AODTP"** means Alcohol and Other Drug Treatment Professionals.~~

~~(4) **"ASAM"** means the American Society of Addiction Medicine.~~

~~(5) **"ASI"** means the Addiction Severity Index.~~

~~(6) **"CAR"** means Clinical Assessment Record.~~

~~(7) **"CARF"** means Commission on Accreditation of Rehabilitation Facilities.~~

~~(8) **"CHCs"** means Community Health Centers.~~

~~(9) **"CMHCs"** means Community Mental Health Centers.~~

~~(10) **"COA"** means Council on Accreditation of Services for Families and Children, Inc.~~

~~(11) **"Cultural Competency"** means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, age group, religious, sexual orientation, and/or social group.~~

~~(12) **"DSM"** means the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.~~

~~(13) **"EBP"** means an Evidenced Based Practice per SAMHSA.~~

~~(14) **"FQHC"** means Federally Qualified Health Centers that are entities known as Community Health Centers.~~

~~(15) **"ICF/MR"** means Intermediate Care Facility for the Mentally Retarded.~~

~~(16) **"I/T/U"** means Indian Health Services/Tribal Clinics/Urban Tribal Clinic facilities.~~

~~(17) **"JCAHO"** means Joint Commission on Accreditation of Healthcare Organizations.~~

~~(18) **"LBHP"** means a Licensed Behavioral Health Professional.~~

~~(19) **"OAC"** means Oklahoma Administrative Code, the publication authorized by 75 O.S. 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. 256(A)(1)(a) and maintained in the Office of Administrative Rules.~~

~~(20) **"Objectives"** means a specific statement of planned~~

~~accomplishments or results that are specific, measurable, attainable, realistic, and time-limited.~~

~~(21) **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.~~

~~(22) **"ODMHSAS Contracted Facilities"** means those providers that have a contract with the ODMHSAS to provide mental health or substance abuse treatment services, and also contract directly with the Oklahoma Health Care Authority to provide Outpatient Behavioral Health Services.~~

~~(23) **"OHCA"** means the Oklahoma Health Care Authority.~~

~~(24) **"Private Facilities"** means those providers that contract directly with the Oklahoma Health Care Authority to provide Outpatient Behavioral Health Services.~~

~~(25) **"PSRS"** means Psychiatric-Social Rehabilitation Specialist.~~

~~(26) **"Public Facilities"** means those providers who are regionally based Community Mental Health Centers who are also contract directly with the Oklahoma Health Care Authority to provide Outpatient Behavioral Health Services.~~

~~(27) **"RBMS"** means Residential Behavioral Management Services within a group home or therapeutic foster home.~~

~~(28) **"RHC"** means Rural Health Clinic.~~

~~(29) **"Recovery"** means an ongoing process of discovery and/or rediscovery that must be self defined, individualized and may contain some, if not all, of the ten fundamental components of recovery as outlined by SAMHSA.~~

~~(30) **"SAMHSA"** means the Substance Abuse and Mental Health Services Administration.~~

~~(31) **"T-ASI"** means the Teen Alcohol Severity Index.~~

~~(32) **"Trauma Informed"** means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of members.~~

~~(b) **Provider Agency Requirements.** Rehabilitative services are provided by:~~

~~(1) Community based outpatient behavioral health organizations, that have a current accreditation status as a provider of behavioral health services, from the CARF, JCAHO, or COA. Providers accredited by CARF/JCAHO/COA must be able to demonstrate that the Scope of the current accreditation includes all programs, services and sites where SoonerCare compensated services are rendered. CARF/JCAHO/COA accredited providers will only receive SoonerCare reimbursement for services provided under the programs, which are accredited.~~

~~(A) Psychiatric Hospitals appropriately licensed and certified by the State Survey Agency as meeting Medicare psychiatric hospital standards including JCAHO~~

~~accreditation. Psychiatric Hospitals must be able to demonstrate the scope of the current accreditation includes all programs and sites where SoonerCare Outpatient Behavioral services will be performed.~~

~~(B) Acute Care Hospitals appropriately licensed and certified by the State Survey Agency as meeting Medicare standards, including a JCAHO or AOA certification. Acute Care Hospitals must be able to demonstrate the scope of the current accreditation includes all programs and sites where Medicaid Outpatient Behavioral Health Services will be performed.~~

~~(C) Providers of Alcohol and other Drug Treatment Disorders must be certified by the designated state certifying agency, the ODMHSAS. Providers in this category must have achieved accreditation from JCAHO, CARF, or COA for the provision of outpatient alcohol and other drug treatment services.~~

~~(2) Eligible organizations must meet one of the following standards and criteria:~~

~~(A) Be an incorporated organization governed by a board of directors; or~~

~~(B) A state-operated program under the direction of the ODMHSAS.~~

~~(3) Eligible organizations must meet each of the following:~~

~~(A) Have a well-developed plan for rehabilitation services designed to meet the recovery needs of the individuals served.~~

~~(B) Have a multi-disciplinary, professional team. This team must include all of the following:~~

~~(i) One of the following licensed behavioral health professionals:~~

~~(I) A Psychologist, Clinical Social Worker, Professional Counselor, Behavioral Practitioner, Marriage and Family Therapist, or Alcohol and Drug Counselor licensed in the state in which the services are delivered, or~~

~~(II) 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, or~~

~~(III) An allopathic or osteopathic physician with a current license and board certification in psychiatry in the state in which the service is delivered, or board eligible.~~

~~(ii) A Behavioral Health Rehabilitation Specialist as~~

described in subsection (e) of this section, if individual or group rehabilitative services for mental illnesses are provided.

(iii) An Alcohol and Other Drug Treatment Professional if treatment of alcohol and other drug disorders is provided.

(iv) A registered nurse or physician assistant, with a current license to practice in the state in which the services are delivered if Medication Training and Support service is provided.

(v) The member for which the services will be provided, and parent/guardian for those under 18 years of age.

(vi) A member treatment advocate if desired and signed off on by the member.

(C) Demonstrate the ability to provide each of the following outpatient behavioral health treatment services as described in OAC 317:30-5-241, as applicable to their program. Providers must provide proper referral and linkage to providers of needed services if their agency does not have appropriate services.

(i) Mental Health Assessments and/or Alcohol and Drug assessments;

(ii) Individual, Group, and Family Psychotherapy;

(iii) Individual and Group Rehabilitative services and Alcohol and other Drug Related Services Skill development services;

(iv) Mental Health and/or Substance Abuse Services Plan done by a non-physician (moderate and low complexity; and

(v) Crisis Intervention services.

(D) Be available 24 hours a day, seven days a week, for Crisis Intervention services.

(E) Provide or have a plan for referral to physician and other behavioral health services necessary for the treatment of the behavioral disorders of the population served.

(F) Comply with all applicable Federal and State Regulations.

(G) Have appropriate written policy and procedures regarding confidentiality and protection of information and records, member grievances, member rights and responsibilities, and admission and discharge criteria, which shall be posted publicly and conspicuously.

(H) Demonstrate the ability to keep appropriate records and documentation of services performed.

(I) Maintain and furnish, upon request, a current report

of fire and safety inspections of facilities clear of any deficiencies.

(J) Maintain and furnish, upon request, all required staff credentials including certified transcripts documenting required degrees.

(4) Provider Specialties.

(A) Public and ODMHSAS Contracted Programs Facilities - Public facilities are the regionally based Community Mental Health Centers and ODMHSAS contracted programs are providers that have a contract with the ODMHSAS to provide Mental Health and/or Substance Abuse Treatment Services.

(B) Private Programs - Private facilities are those facilities that contract directly with the Oklahoma Health Care Authority to provide Outpatient Behavioral Health Services.

(C) Federally Qualified Health Centers/Community Health Centers - FQHCs are those facilities that qualify under OAC 317:30-5-660.

(D) Indian Health Services/Tribal Clinics/Urban Tribal Clinics - I/T/Us are those facilities that qualify under Federal regulation.

(E) Rural Health Clinics - RHCs are those facilities that qualify under OAC 317:30-5-355.

(c) **Provider enrollment and contracting.**

(1) Organizations who have JCAHO, CARF, COA or AOA accreditation will supply the documentation from the accrediting body, along with other information as required for contracting purposes to the OHCA. If the application is approved, a separate provider identification number for each outpatient Behavioral Health Service site will be assigned. The contract must include copies of all required state licenses, accreditation and SoonerCare certifications.

(2) Each site operated by an outpatient mental health facility must have a separate provider number. A site is defined as an office, clinic, or other business setting where outpatient behavioral health services are routinely performed. When services are rendered at the member's residence, a school, or when provided occasionally at an appropriate community based setting, a site is determined according to where the professional staff perform administrative duties and where the member's chart and other records are kept. Failure to obtain and utilize site specific provider numbers will result in disallowance of services.

(d) **Licensed Behavioral Health Professional.** Licensed Behavioral Health Professionals (LBHP) are defined as follows

~~for the purpose of Outpatient Behavioral Health Services:~~

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

~~(2) Practitioners with a license to practice in the state in which services are provided or those actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the licensing boards listed in (A) through (F) below. The exemptions from licensure under 59 '1353(4) (Supp. 2000) and (5), 59 '1903(C) and (D) (Supp. 2000), 59 '1925.3(B) (Supp. 2000) and (C), and 59 '1932(C) (Supp. 2000) and (D) do not apply to Outpatient Behavioral Health Services.~~

~~(A) Psychology,~~

~~(B) Social Work (clinical specialty only),~~

~~(C) Professional Counselor,~~

~~(D) Marriage and Family Therapist,~~

~~(E) Behavioral Practitioner, or~~

~~(F) Alcohol and Drug Counselor.~~

~~(3) 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.~~

~~(e) **Psychiatric-Social Rehabilitation Specialist.** The definition of a Psychiatric-Social Rehabilitation Specialist (PSRS) is as follows:~~

~~(1) Bachelor or master degree in a behavioral health related field including, but not limited to, psychology, social work, occupational therapy, human resources/services counseling, human developmental psychology, gerontology, early childhood development, chemical dependency, rehabilitative services, sociology, school guidance and counseling, criminal justice family studies, earned from a regionally accredited college or university recognized by the United States Department of Education; or~~

~~(2) Bachelor or master degree that demonstrates the individual completed and passed equivalent college level course work to meet the degree requirements of (1) of this subsection, as reviewed and approved by OHCA or its designated agent; or~~

~~(3) A current license as a registered nurse in the state where services are provided with behavioral health~~

~~experience; or~~

~~(4) Certification as an Alcohol and Drug Counselor. Allowed to provide substance abuse rehabilitative treatment to those with alcohol and/or other drug dependencies or addictions as a primary or secondary DSMIV Axis I diagnosis; or~~

~~(5) Current certification as a Behavioral Health Case Manager from ODMHSAS and meets OHCA requirements to perform case management services, as described in OAC 317:30-5-585(1).~~

~~(f) **Alcohol and other Drug (AOD) Treatment Professionals (AODTP).** Alcohol and other Drug Treatment Professionals are defined as practitioners who are:~~

~~(1) Licensed to practice as an Alcohol and Drug Counselor in the state in which services are provided, or those actively and regularly receiving board approved supervision to become licensed;~~

~~(2) Certified as an Advanced Alcohol and Drug Counselor as recognized and approved by an ODMHSAS AOD treatment certifying and/or licensing body;~~

~~(3) Certified as an Alcohol and Drug Counselor as recognized and approved by an ODMHSAS AOD treatment certifying and/or licensing body; or~~

~~(4) A Licensed Behavioral Health Professional with a current license, or those actively and regularly receiving board approved supervision to become licensed, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to practice who can demonstrate competency in the area of alcohol and drug counseling and treatment.~~

All outpatient behavioral health providers eligible for reimbursement under OAC 317:30-5-240 et seq. must be an accredited organization/agency and have a current contract on file with the Oklahoma Health Care Authority. Eligibility requirements for independent professionals (e.g., physicians and psychologists), who provide outpatient behavioral health services and bill under their own taxpayer identification number are covered under 317:30-5-1 and 317:30-5-275. Other outpatient ambulatory clinics (e.g. Federally Qualified Health Centers, Indian Health Clinics, school-based clinics) that offer outpatient behavioral health services are covered elsewhere in the agency rules.

317:30-5-240.1. Definitions

The following words or terms, when used in this Part, shall have the following meaning, unless the context clearly indicates otherwise:

(1) **“Accrediting body”** means one of the following:

(A) Accreditation Association for Ambulatory Health Care (AAAHC);

(B) American Osteopathic Association (AOA);

(C) Commission on Accreditation of Rehabilitation Facilities (CARF);

(D) Council on Accreditation of Services for Families and Children, Inc. (COA);

(E) The Joint Commission (TJC) formerly known as Joint Commission on Accreditation of Healthcare Organizations; or

(F) other OHCA approved accreditation.

(2) **“Adult”** means an individual 21 and over, unless otherwise specified.

(3) **“AOD”** means Alcohol and Other Drug.

(4) **“AODTP”** means Alcohol and Other Drug Treatment Professional.

(5) **“BH”** means behavioral health, which relates to mental, substance abuse, addictions, gambling, and other diagnosis and treatment.

(6) **“BHAs”** means Behavioral Health Aides.

(7) **"BHRS"** means Behavioral Health Rehabilitation Specialist.

(8) **“Child”** means an individual younger than 21, unless otherwise specified.

(9) **“CHMCs”** means Community Mental Health Centers who are state operated or privately contracted providers of behavioral health services for adults with severe mental illnesses, and youth with serious emotional disturbances.

(10) **“CM”** means case management.

(11) **“Cultural Competency”** means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual’s racial, ethnic, age group, religious, sexual orientation, and/or social group.

(12) **“DSM”** means the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

(13) **“EBP”** means an Evidence Based Practice per the Substance Abuse & Mental Health Services Administration (SAMHSA).

(14) **“FBCS”** means Facility Based Crisis Stabilization.

(15) **“FSPs”** means Family Support Providers.

(16) **"ICF/MR"** means Intermediate Care Facility for the Mentally Retarded.

(17) **“Institution”** means an inpatient hospital facility or Institution for Mental Disease (IMD).

(18) **“IMD”** means Institution for Mental Disease as per 42 CFR 435.1009 as a hospital, nursing facility, or other institution

of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services. The regulations indicate that an institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases. Title XIX of the Social Security Act provides that, except for individuals under age 21 receiving inpatient psychiatric care, Medicaid (Title XIX) does not cover services to IMD patients under 65 years of age [section 1905(a)(24)(B)].

(19) **"LBHP"** means a Licensed Behavioral Health Professional.

(20) **"MST"** means the EBP Multi-Systemic Therapy.

(21) **"OAC"** means Oklahoma Administrative Code, the publication authorized by 75 O.S. 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. 256(A)(1)(a) and maintained in the Office of Administrative Rules.

(22) **"Objectives"** means a specific statement of planned accomplishments or results that are specific, measurable, attainable, realistic, and time-limited.

(23) **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

(24) **"ODMHSAS Contracted Facilities"** means those providers that have a contract with the ODMHSAS to provide mental health or substance abuse treatment services, and also contract directly with the Oklahoma Health Care Authority to provide Outpatient Behavioral Health Services.

(25) **"OHCA"** means the Oklahoma Health Care Authority.

(26) **"OJA"** means the Office of Juvenile Affairs.

(27) **"Provider Manual"** means the OHCA BH Provider Billing Manual.

(28) **"RBMS"** means Residential Behavioral Management Services within a group home or therapeutic foster home.

(29) **"Recovery"** means an ongoing process of discovery and/or rediscovery that must be self defined, individualized and may contain some, if not all, of the ten fundamental components of recovery as outlined by SAMHSA.

(30) **"RSS"** means Recovery Support Specialist.

(31) **"SAMHSA"** means the Substance Abuse and Mental Health Services Administration.

(32) **"SED"** means Severe Emotional Disturbance.

(33) **"SMI"** means Severely Mentally Ill.

(34) **"Trauma Informed"** means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of members.

317:30-5-240.2 Provider participation standards

(a) **Accreditation Status**. Any agency may participate as an OPBH provider if the agency is qualified to render a covered service and meets the OHCA requirements for provider participation.

(1) Private, Community-based Organizations must be accredited as a provider of outpatient behavioral health services from one of the accrediting bodies and be an incorporated organization governed by a board of directors;

(2) State-operated programs under the direction of ODMHSAS must be accredited by one of the accrediting bodies;

(3) Freestanding Psychiatric Hospitals must be licensed and certified by the State Survey Agency as meeting Medicare psychiatric hospital standards and JCAHO accreditation;

(4) General Medical Surgical Hospitals must be appropriately licensed and certified by the State Survey Agency as meeting Medicare standards, including a JCAHO or AOA accreditation;

(5) Federally Qualified Health Centers/Community Health Centers facilities that qualify under OAC 317:30-5-660;

(6) Indian Health Services/Tribal Clinics/Urban Tribal Clinics facilities that qualify under Federal regulation;

(7) Rural Health Clinics facilities that qualify under OAC 317:30-5-355;

(8) Public Health Clinics and County Health Departments;

(9) Public School Systems.

(b) **Certifications.** In addition to the accreditation in paragraph (a) above, provider specific certifications are required for the following:

(1) Substance Abuse agencies (OAC 450:18-1-1);

(2) Evidenced Based Best Practices but not limited to:

(A) Assertive Community Treatment (OAC 450:55-1-1);

(B) Multi-Systemic Therapy (Office of Juvenile Affairs); and

(C) Peer Support/Community Recovery Support;

(3) Systems of Care (OAC 340:75-16-46);

(4) Mobile and Facility-based Crisis Intervention (OAC 450:23-1-1);

(5) Case Management (OAC 450:50-1-1);

(6) RBMS in group homes (OAC 377:10-7) or foster care settings (OAC 340:75-8-4);

(7) Day Treatment - CARF, JCAHO, and COA will be required as of December 31, 2009; and

(8) Partial Hospitalization/Intensive Outpatient CARF, JCAHO, and COA will be required as of December 31, 2009.

(c) **Provider enrollment and contracting.**

(1) Organizations who have JCAHO, CARF, COA or AOA

accreditation will supply the documentation from the accrediting body, along with other information as required for contracting purposes to the OHCA. The contract must include copies of all required state licenses, accreditation and certifications.

(2) If the contract is approved, a separate provider identification number for each outpatient behavioral health service site will be assigned. Each site operated by an outpatient behavioral health facility must have a separate provider number. A site is defined as an office, clinic, or other business setting where outpatient behavioral health services are routinely performed. When services are rendered at the member's residence, a school, or when provided occasionally at an appropriate community based setting, a site is determined according to where the professional staff perform administrative duties and where the member's chart and other records are kept. Failure to obtain and utilize site specific provider numbers will result in disallowance of services.

(d) **Standards and criteria.** Eligible organizations must meet each of the following:

(1) Have a well-developed plan for rehabilitation services designed to meet the recovery needs of the individuals served.

(2) Have a multi-disciplinary, professional team. This team must include all of the following:

(A) One of the LBHPs;

(B) A BHRS, if individual or group rehabilitative services for behavioral health disorders are provided;

(C) An AODTP, if treatment of alcohol and other drug disorders is provided;

(D) A registered nurse or physician assistant, with a current license to practice in the state in which the services are delivered if Medication Training and Support service is provided;

(E) The member for whom the services will be provided, and parent/guardian for those under 18 years of age.

(F) A member treatment advocate if desired and signed off on by the member.

(3) Demonstrate the ability to provide each of the following outpatient behavioral health treatment services as described in OAC 317:30-5-241 et seq., as applicable to their program. Providers must provide proper referral and linkage to providers of needed services if their agency does not have appropriate services.

(A) Assessments and Treatment Plans;

(B) Psychotherapies;

(C) Behavioral Health Rehabilitation services;
(D) Crisis Intervention services;
(E) Support Services; and
(F) Day Treatment/Intensive Outpatient.

(4) Be available 24 hours a day, seven days a week, for Crisis Intervention services.

(5) Provide or have a plan for referral to physician and other behavioral health services necessary for the treatment of the behavioral disorders of the population served.

(6) Comply with all applicable Federal and State Regulations.

(7) Have appropriate written policy and procedures regarding confidentiality and protection of information and records, member grievances, member rights and responsibilities, and admission and discharge criteria, which shall be posted publicly and conspicuously.

(8) Demonstrate the ability to keep appropriate records and documentation of services performed.

(9) Maintain and furnish, upon request, a current report of fire and safety inspections of facilities clear of any deficiencies.

(10) Maintain and furnish, upon request, all required staff credentials including certified transcripts documenting required degrees.

317:30-5-240.3 Staff Credentials

(a) **Licensed Behavioral Health Professional (LBHPs).** LBHPs are defined as follows:

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

(2) Practitioners with a license to practice in the state in which services are provided or those actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the licensing boards listed in (A) through (F) of this paragraph. The exemptions from licensure under 59 §1353(4) (Supp. 2000) and (5), 59 §1903(C) and (D) (Supp. 2000), 59 §1925.3(B) (Supp. 2000) and (C), and 59 §1932(C) (Supp. 2000) and (D) do not apply to Outpatient Behavioral Health Services.

(A) Psychology,
(B) Social Work (clinical specialty only),
(C) Professional Counselor,

(D) Marriage and Family Therapist,
(E) Behavioral Practitioner, or
(F) Alcohol and Drug Counselor.

(3) 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.

(4) A Physician's Assistant who is licensed in good standing in this state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

(b) **Alcohol and other Drug Treatment Professionals (AODTPs).** AODTPs are defined as follows:

(1) Licensed to practice as an Alcohol and Drug Counselor in the state in which services are provided, or those actively and regularly receiving board approved supervision to become licensed;

(2) Certified as an Advanced Alcohol and Drug Counselor as recognized and approved by an ODMHSAS AOD treatment certifying and/or licensing body;

(3) Certified as an Alcohol and Drug Counselor as recognized and approved by an ODMHSAS AOD treatment certifying and/or licensing body; or

(4) A Licensed Behavioral Health Professional with a current license, or those actively and regularly receiving board approved supervision to become licensed, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to practice who can demonstrate competency in the area of alcohol and drug counseling and treatment.

(c) **Behavioral Health Rehabilitation Specialists (BHRS).** BHRSs are defined as follows:

(1) Bachelor or master degree in a behavioral health related field including, psychology, social work, occupational therapy, human resources/services counseling, human developmental psychology, gerontology, early childhood development, chemical dependency, rehabilitative services, sociology, school guidance and counseling, education, criminal justice family studies, earned from a regionally accredited college or university recognized by the United States Department of Education; or

(2) Bachelor or master degree that demonstrates the individual completed and passed equivalent college level course work to meet the degree requirements of (1) of this subsection, as reviewed and approved by OHCA or its designated agent; or

(3) A current license as a registered nurse in the state where

services are provided; or

(4) Certification as an Alcohol and Drug Counselor. They are allowed to provide substance abuse rehabilitative treatment to those with alcohol and/or other drug dependencies or addictions as a primary or secondary DSM-IV Axis I diagnosis; or

(5) Current certification as a Behavioral Health Case Manager from ODMHSAS as described in OAC 317:30-5-585(1).

(d) **Multi-Systemic Therapy (MST) Provider**. Masters level who work on a team established by OJA which may include Bachelor level staff.

(e) **Community Recovery Support Specialist (RSS).** RSSs are defined as follows:

(1) The community/recovery support worker must meet the following criteria:

(A) High School diploma or GED;

(B) Minimum one year participation in local or national member advocacy or knowledge in the area of behavioral health recovery;

(C) current or former member of behavioral health services; and

(D) successful completion of the ODMHSAS Recovery Support Provider Training and Test.

(f) **Family Support and Training Provider (FSP).** FSPs are defined as follows:

(1) Have a high school diploma or equivalent;

(2) be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or care givers of child with SED);

(3) successful completion of ODMHSAS Family Support Training;

(4) pass background checks; and

(5) treatment plans must be overseen and approved by a LBHP; and

(6) must function under the general direction of a LBHP or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

(g) **Behavioral Health Aide (BHA)**. BHAs are defined as follows:

(1) Behavioral Health Aides must have completed 60 hours or equivalent of college credit; or

(2) may substitute one year of relevant employment and/or responsibility in the care of children with complex emotional

needs for up to two years of college experience; and
(3) must have successfully completed the specialized training and education curriculum provided by the ODMHSAS; and
(4) must be supervised by a bachelor's level individual with a minimum of two years case management experience; and
(5) treatment plans must be overseen and approved by a LBHP; and
(6) must function under the general direction of a LBHP and/or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

317:30-5-241. ~~**Coverage for adults and children**~~ **Covered Services**
(a) ~~**Service descriptions and conditions.**~~ Outpatient behavioral health services are covered for adults and children as set forth in this Section and following the requirements as defined in the OHCA BH Provider Billing Manual, unless specified otherwise, and when provided in accordance with a documented individualized service plan, developed to treat the identified ~~mental~~ behavioral health and/or substance abuse disorder(s). ~~All services are to be for the goal of improvement of functioning, independence, or well being of the member. The services and treatment plans are to be recovery focused, trauma and co-occurring specific. The member must be able to actively participate in the treatment. Active participation means that the member must have sufficient cognitive abilities, communication skills, and short-term memory to derive a reasonable benefit from the treatment. The assessment must include a DSM multi axial diagnosis completed for all five axes from the most recent DSM version. All services will be subject to medical necessity criteria and will require prior authorization. For all outpatient behavioral health facilities, the OHCA, or its designated agent, will comply with established medical necessity criteria. Non prior authorized services will not be SoonerCare compensable with the exception of Mental Health Assessment by a Non-Physician, Alcohol and Drug Assessment, Mental Health Service Plan Development (moderate complexity), Alcohol and/or Substance Abuse Services Treatment Plan Development (moderate complexity), Crisis Intervention, and Adult Facility Based Crisis Stabilization. Payment is not made for outpatient behavioral health services for children who are receiving Residential Behavioral Management Services in a Group Home or Therapeutic Foster Care unless authorized by the OHCA or its designated agent as medically necessary. Adults and children in Facility Based Crisis Intervention Services cannot receive additional outpatient behavioral health services outside of the admission and discharge dates. Residents of nursing~~

~~facilities are not eligible for outpatient behavioral health services.~~

~~(1)~~ **~~Mental Health Assessment by a Non-Physician~~**~~. All agencies must assess the medical necessity of each individual to determine the appropriate level of care. The assessment must contain but is not limited to the following:~~

~~(A) Date, to include month, day and year of the assessment sessions(s), more than one session can be billed in multiple units;~~

~~(B) Source of information;~~

~~(C) Member's first name, middle initial and last name;~~

~~(D) Gender;~~

~~(E) Birth date;~~

~~(F) Home address;~~

~~(G) Telephone number;~~

~~(H) Referral source;~~

~~(I) Reason for referral;~~

~~(J) Person to be notified in case of emergency;~~

~~(K) Presenting reason for seeking services;~~

~~(L) Psychiatric social information, which includes: personal history, including; family B social; educational; cultural and religious orientation; occupational B military; sexual; marital; domestic violence or sexual assault (including child abuse/neglect and child welfare involvement); recreation and leisure; financial; clinical treatment history including past and current medical and psychiatric diagnoses, symptoms, and treatment recommendations; legal or criminal record, including the identification of key contacts, i.e. attorneys, probation officers, etc. when appropriate; substance abuse and dependence, both current and historical; gambling abuse and dependence, both current and historical; and present life situation.~~

~~(M) Mental status information, including questions regarding:~~

~~(i) physical presentation, such as general appearance, motor activity, attention and alertness, etc.;~~

~~(ii) affective process, such as mood, affect, manner and attitude, etc., and~~

~~(iii) cognitive process, such as intellectual ability, social-adaptive behavior, thought processes, thought content, and memory, etc; and~~

~~(iv) Full Five Axes DSM diagnosis.~~

~~(N) A section on health history and pharmaceutical information, with pharmaceutical information to include the following for both current and past medications:~~

(i) name of medication;
(ii) strength and dosage of medication;
(iii) length of time on the medication;
(iv) benefit(s) and side effects of medication; and
(v) level of functionality.

(O) Identification of the member's strengths, needs, abilities, and preferences:
(i) LBHP's interpretation of findings;
(ii) signature and credentials of LBHP.

(P) The assessment includes all elements and tools required by the OHCA. For adults, it may include interviews or communications with family, caretakers, or other support persons as permitted by the member. For children under the age of 16, it includes an interview with a parent, or other adult caretaker. For children, the assessment must also include information on school performance and school based services. This service is performed by an LBHP. The minimum face-to-face time spent in assessment session(s) with the member and others as identified previously in this paragraph for a low complexity Mental Health Assessment by a Non-Physician is one and one half hours. For a moderate complexity, it is two hours or more. This service is compensable on behalf of a member who is seeking services for the first time from the contracted agency. This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in services of more than six months and it has been more than one year since the previous assessment.

(2) **Alcohol and Drug Assessment**. All providers must assess the medical necessity of each individual to determine the appropriate level of care. The assessment contains but is not limited to the following:
(A) Date, to include month, day and year of the assessment sessions(s), more than one session can be billed in multiple units;
(B) Source of information;
(C) Member's first name, middle initial and last name;
(D) Gender;
(E) Birth date;
(F) Home address;
(G) Telephone number;
(H) Referral source;
(I) Reason for referral;
(J) Person to be notified in case of emergency;
(K) Presenting reason for seeking services; and

(L) Psychiatric social information, which must include:

(i) personal history, including: family B social; educational; cultural and religious orientation; occupational B military; sexual; marital; domestic violence or sexual assault (including child abuse/neglect and child welfare involvement); recreation and leisure; and financial;

(ii) clinical treatment history including past and current medical and psychiatric diagnoses, symptoms, and treatment recommendations;

(iii) legal or criminal record, including the identification of key contacts, i.e. attorneys, probation officers, etc. when appropriate;

(iv) substance abuse and dependence, both current and historical;

(v) gambling abuse and dependence, both current and historical;

(M) Present life situation;

(N) Mental status information, including questions regarding:

(i) physical presentation, such as general appearance, motor activity, attention and alertness, etc.;

(ii) affective process, such as mood, affect, manner and attitude, etc.; and

(iii) cognitive process, such as intellectual ability, social-adaptive behavior, thought processes, thought content, and memory, etc.;

(O) Full Five Axes DSM diagnosis;

(P) A section on health history and pharmaceutical information, with pharmaceutical information to include the following for both current and past medications:

(i) name of medication;

(ii) strength and dosage of medication;

(iii) length of time on the medication;

(iv) benefit(s) and side effects of medication; and

(v) level of functionality;

(Q) Identification of the member's strengths, needs, abilities, and preferences:

(i) AODTP OR LBHP's interpretation of findings; and

(ii) signature and credentials of AODTP OR LBHP;

(R) The assessment includes all elements and tools required by the OHCA; and

(S) For adults, it may include interviews and/or communication with family, caretakers or other support persons as permitted by the member. For children under the age of 16, it must include an interview with a parent or

other adult caretaker. For children, the assessment also includes information on school performance and school based services. This service is performed by an AODTP or LBHP. The minimum face to face time spent in assessment with the member (and other family or caretakers as previously described in this paragraph) for a low complexity is one and one-half hours. For a moderate complexity, it is two hours or more. This service is compensable on behalf of a member who is seeking services for the first time from the contracted agency. The service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in services of more than six months and it has been more than one year since the previous assessment.

(3) **Mental Health Services Plan Development by a Non-Physician (moderate complexity).**

(A) Mental Health Services Plan Development by a Non-Physician (moderate complexity) is performed by the practitioners and others who will comprise the treatment team. It is performed with the direct active participation of the member and a member support person or advocate if requested by the member. In the case of children under the age of 16, it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate.

(B) The Mental Health Services Plan is developed based on information obtained in the mental health assessment and includes the evaluation of assessment and determined diagnosis by the practitioners and the member of all pertinent information. It includes a discharge plan. It is a process whereby an individualized rehabilitation plan is developed that addresses the member's strengths, functional assets, weaknesses or liabilities, treatment goals, objectives and methodologies that are specific and time limited.

(C) For adults, it is focused on recovery and achieving maximum community interaction and involvement including goals for employment, independent living, volunteer work, or training. For children, the service plan addresses school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.

(D) Comprehensive and integrated service plan content addresses the following:

(i) member strengths, needs, abilities, and preferences;

(ii) identified presenting challenges, problems, needs,

and diagnosis;
(iii) specific goals for the member;
(iv) objectives that are specific, measurable, attainable, realistic, and time-limited (unless the individual is on a recovery maintenance/relapse prevention services plan, then objectives may be broad while the progress notes are detailed);
(v) each type of service and estimated frequency to be received;
(vi) each treatment methodology for individual, interactive, group and family psychotherapies the provider will utilize;
(vii) the practitioner(s) name and credentials that will be providing and responsible for each service;
(viii) any needed referrals for services;
(ix) specific discharge criteria;
(x) description of the member's involvement in, and responses to, the treatment plan, and his/her signature and date;
(xi) service plans are not valid until all signatures are present (signatures are required from the member, the parent/guardian when applicable, and the primary LBHP); and
(xii) changes in service plans can be documented in a service plan update (low complexity) or in the progress notes until time for the update (low complexity).

(E) One unit per SoonerCare member per provider is allowed without prior authorization. If determined by the OHCA or its designated agent, one additional unit per year may be authorized.

(4) **Mental Health Services Plan Development by a Non-Physician (low complexity).**

(A) Mental Health Services Plan Development by a Non-Physician (low complexity) is for the purpose of reviewing, revising and updating an established Mental Health Services Plan. All elements of the plan must be reviewed with the member and treatment progress assessed.
(B) Updates to goals, objectives, service provider, services, and service frequency, can be documented in a progress note until the six month review/update is due.
(C) Service plan updates must address the following:
(i) progress, or lack of, on previous service plan goals and/or objectives;
(ii) a statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan;

(iii) change in goals and/or objectives (including target dates) based upon member's progress or identification of new need, challenges and problems;

(iv) change in frequency and/or type of services provided;

(v) change in treatment methodology(ies) for individual, interactive, group and family psychotherapies the provider will utilize;

(vi) change in practitioner(s) who will be responsible for providing services on the plan;

(vii) additional referrals for needed services;

(viii) change in discharge criteria;

(ix) description of the member's involvement in, and responses to, the treatment plan, and his/her signature and date; and

(x) service plans are not valid until all signatures are present. The required signatures are: the member (if over age 14), the parent/guardian (if under age 16 or otherwise applicable), and the primary LBHP.

(D) Service Plan updates are required every six months during active treatment. Updates can be conducted whenever needed as determined by the provider and member.

(5) **Alcohol and/or Substance Abuse Services, Treatment Plan Development (moderate complexity).**

(A) Alcohol and Substance Abuse Treatment Plan Development (moderate complexity) is to be performed by the AODTP practitioners and others who will comprise the treatment team. The current edition of the ASAM criteria or other required tool is to be utilized and followed.

(B) The service is performed with the direct active participation of the member and a member support person or advocate if requested by the member. In the case of children under the age of 16, it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate. The Plan is developed based on information obtained in the assessment and includes the evaluation of all pertinent information by the practitioners and the member. The service includes a discharge plan. The service is a process whereby an individualized rehabilitation plan is developed that addresses the member's strengths, functional assets, weaknesses or liabilities, treatment goals, objectives and methodologies that are specific and time limited.

(C) For adults, it is focused on recovery and achieving maximum community interaction and involvement including goals for employment, independent living, volunteer work,

or training. For children, the service plan must address school and educational concerns and assist the family in caring for the child in the least restrictive level of care.

(D) Comprehensive and integrated service plan contents must address the following:

(i) member strengths, needs, abilities, and preferences;

(ii) identified presenting challenges and problems, needs, and diagnosis;

(iii) specific goals for the member;

(iv) objectives that are specific, measurable, attainable, realistic and time-limited (unless the individual is on a recovery maintenance/relapse prevention services plan, then objectives may be broad while the progress notes are detailed);

(v) each type of service and estimated frequency to be received;

(vi) each treatment methodology for individual, interactive, group and family psychotherapies the provider will utilize;

(vii) the practitioner(s) name and credentials who will be providing and responsible for each service;

(viii) any needed referrals for services;

(ix) specific discharge criteria;

(x) description of the member's involvement in, and responses to, the treatment plan, and his/her signature and date;

(xi) service plans are not valid until all signatures are present. The required signatures are: the member (if over age 14), the parent/guardian (if under age 16 or otherwise applicable), and the primary LBHP; and

(xii) changes in service plans can be documented in a Service Plan Update (low complexity) or in the progress notes until time for the Update (low complexity).

(6) **Alcohol and/or Substance Abuse Treatment Plan Development (low complexity).**

(A) Alcohol and/or Substance Abuse Treatment Plan Development (low complexity) is for the purpose of reviewing, revising and updating an established Mental Health Services Plan. The ASAM criteria or other required tool is utilized in the development of the Plan. All elements of the plan are reviewed with the member and treatment progress assessed.

(B) Alcohol and/or Substance Abuse Treatment Plan Development (low complexity) are provided by the treatment team members.

(C) Service plan updates are to address the following:

(i) progress, or lack of, on previous service plan goals and/or objectives;

(ii) a statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan;

(iii) change in goals and/or objectives (including target dates) based upon member's progress or identification of new need, challenges and problems;

(iv) change in frequency and/or type of services provided;

(v) change in treatment methodology(ies) for individual, interactive, group and family psychotherapies the provider will utilize;

(vi) change in practitioner(s) who will be responsible for providing services on the plan;

(vii) additional referrals for needed services;

(viii) change in discharge criteria;

(ix) description of the member's involvement in, and responses to, the treatment plan, and his/her signature and date;

(x) service plans are not valid until all signatures are present. The required signatures are the:

(I) member (if over age 14),

(II) parent/guardian (if under age 16 or otherwise applicable), and

(III) primary LBHP.

(D) Updates to goals, objectives, service provider, services, and service frequency, can be documented in a progress note until the six month review/update is due.

(E) Service Plan updates are required every six months during which services are provided. Updates can be conducted whenever needed as determined by the provider and member.

(7) **Individual/Interactive Psychotherapy**.

(A) Individual Psychotherapy is a face-to-face treatment for mental illnesses and behavioral disturbances, in which the clinician, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage growth and development. Insight oriented, behavior modifying and/or supportive psychotherapy refers to the development of insight of affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality, or any combination of

these items to provide therapeutic change.

(B) Interactive Psychotherapy is individual psychotherapy that involves the use of play therapy equipment, physical aids/devices, language interpreter, or other mechanisms of nonverbal communication to overcome barriers to the therapeutic interaction between the clinician and the member who has not yet developed or who has lost the expressive language communication skills to explain his/her symptoms and response to treatment, requires the use of a mechanical device in order to progress in treatment, or the receptive communication skills to understand the clinician. The service may be used for adults who are hearing impaired and require the use of language interpreter.

(C) There are a total of six different compensable units of individual/interactive psychotherapy, three each for interactive and individual psychotherapy. They are Individual Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy in an Outpatient Setting (20 - 30 minutes, 45 - 50 minutes, and 75 - 80 minutes), and Interactive Psychotherapy in an office or Outpatient Setting (20 - 30 minutes, 45 - 50 minutes, and 75 - 80 minutes). There is a maximum of one unit of either Individual or Interactive Psychotherapy per day. With the exception of a qualified interpreter if needed, only the member and the LBPH or AODTP should be present and the setting must protect and assure confidentiality. Ongoing assessment of the member's status and response to treatment as well as psycho-educational intervention are appropriate components of individual counseling. The counseling must be goal directed, utilizing techniques appropriate to the service plan and the member's developmental and cognitive abilities.

(D) Individual/Interactive counseling must be provided by a LBHP when treatment is for a mental illness and by an AODTP when treatment is for an alcohol or other drug disorder.

(8) **Group Psychotherapy**.

(A) Group psychotherapy is a method of treating behavioral disorders using the interaction between the LBHP when treating mental illness or the AODTP when treating alcohol and other drug disorders, and two or more individuals to promote positive emotional or behavioral change. The focus of the group must be directly related to the goals and objectives in the individual member's current service plan. This service does not include social or daily living skills development as described under Individual and Group Psychosocial Rehabilitation Services, or Alcohol and/or

Substance Abuse Services Skills Development.

(B) Group Psychotherapy must take place in a confidential setting limited to the LBHP or the AODTP conducting the service, an assistant or co-therapist, if desired, and the group psychotherapy participants. Group Psychotherapy is limited to a total of eight adult individuals except when the individuals are residents of an ICF/MR where the maximum group size is six. For all children under the age of 18, the total group size is limited to six. A maximum of three units per day per member are allowed. Individual or group breaks will be discounted from the overall time and are not required to be noted separately. The individual member's behavior, the size of the group, and the focus of the group must be included in each member's medical record. As other members' personal health information cannot be included, the agency may keep a separate group log which contains detailed data on the group's attendees. A group may not consist solely of related individuals.

(C) Group psychotherapy will be provided by a LBHP when treatment is for a mental illness and by an AODTP when treatment is for an alcohol or other drug disorder.

(9) **Family Psychotherapy.**

(A) Family Psychotherapy is a face-to-face psychotherapeutic interaction between a LBHP or an AODTP and the member's family, guardian, and/or support system. It is typically inclusive of the identified member, but may be performed if indicated without the member's presence. When the member is an adult, his/her permission must be obtained in writing. Family psychotherapy must be provided for the direct benefit of the SoonerCare member to assist him/her in achieving his/her established treatment goals and objectives and it must take place in a confidential setting. This service may include the Evidence Based Practice titled Family Psychoeducation.

(B) A maximum of three units of Family Psychotherapy are allowed per day per member/family. Family Psychotherapy must be provided by a LBHP when treatment is for a mental illness and by an AODTP when treatment is for an alcohol or other drug disorder.

(10) **Psychiatric Social Rehabilitation Services (group).**

(A) Psychiatric Social Rehabilitation Services (PSR) are behavioral health remedial services which are necessary to improve the member's ability to function in the community. They are performed to improve the skills and abilities of members to live interdependently in the community, improve

self-care and social skills, and promote lifestyle change and recovery practices. This service may include the Evidence Based Practice of Illness, Management, and Recovery. This service is generally performed with only the members, but may include a member and the member's family/support system group that focuses on the member's diagnosis, management, and recovery based curriculum. This service may take the form of a work units component in a General PSR program certified through the ODMHSAS. PSR services must be reflected by documentation (daily or weekly summary notes) in the member's records, and must include the following:

(i) date;

(ii) start and stop time(s) for each day of service;

(iii) signature of the primary rehabilitation clinician;

(iv) credentials of the primary rehabilitation clinician;

(v) specific goal(s) and/or objectives addressed (these must be identified on service plan);

(vi) type of skills training provided;

(vii) progress made toward goals and objectives;

(viii) member's report of satisfaction with staff intervention; and

(ix) any new needed supports identified during service.

(B) Compensable Psychiatric Rehabilitation Services are provided to members who have the ability to benefit from the service. The services performed must have a purpose that directly relates to the goals and objectives of the member's current service plan. A member who at the time of service is not able to cognitively benefit from the treatment due to active hallucinations, substance use, or other impairments is not suitable for this service.

(C) Travel time to and from PSR treatment is not compensable. Breaks, lunchtime and times when the member is unable or unwilling to participate are not compensable and must be deducted from the overall billed time. The minimum staffing ratio is fourteen members for each PSRS, AODTP, or LBHP for adults and eight to one for children under the age of eighteen. Countable professional staff must be appropriately trained in a recognized behavioral/management intervention program such as MANDT or CAPE or trauma informed methodology. In order to develop and improve the member's community and interpersonal functioning and self care abilities, rehabilitation may take place in settings away from the outpatient behavioral health agency site. When this occurs, the PSRS, AODTP, or LBHP must be present and interacting, teaching, or

supporting the defined learning objectives of the member for the entire claimed time. The service is a fifteen minute time frame and may be billed up to a maximum of 24 units per day for adults and 16 units per day for children. The rate of compensation for this service includes the cost of providing transportation for members who receive this service, but do not have their own transportation or do not have other support persons able to provide or who are responsible for the transportation needs. Residents of ICF/MR facilities and children receiving RBMS in a group home or therapeutic Foster Home are not eligible for this service, unless prior approved by OHCA or its designated agent.

(D) A PSRS, AODTP, or LBHP may perform group psychiatric social rehabilitation services, using a treatment curriculum approved by a LBHP.

(11) **Psychiatric Social Rehabilitation Services (individual).**

(A) Psychiatric Social Rehabilitation (PSR) Services (individual) is performed for the same purposes and under the same description and requirements as Psychosocial Rehabilitation Services (group) [Refer to paragraph (10) of this subsection]. The service is generally performed with only the member present, but may include the member's family or support system in order to educate them about the rehabilitative activities, interventions, goals and objectives. This service may include the Evidence Based Practice of Illness, Management, and Recovery.

(B) A PSRS, AODTP, or LBHP must provide this service. Residents of ICF/MR facilities and children receiving RBMS in a group home or therapeutic Foster Home are not eligible for this service, unless prior approved by OHCA or its designated agent. This billing unit is fifteen minutes and no more than six units per day are compensable. Children under an ODMHSAS Systems of Care program may be prior authorized additional units as part of an intensive transition period.

(12) **Assessment/Evaluation testing.**

(A) Assessment/Evaluation testing is provided by a clinician utilizing tests selected from currently accepted assessment test batteries. Test results must be reflected in the Mental Health, Substance Abuse, or Integrated Services plan. The medical record must clearly document the need for the testing and what the testing is expected to achieve.

(B) Assessment/Evaluation testing will be provided by a psychologist, certified psychometrist, psychological

technician of a psychologist or a LBHP. For assessment conducted in a school setting, the Oklahoma State Department of Education requires that a licensed supervisor sign the assessment.

(13) **Alcohol and/or Substance Abuse Services, Skills Development (group).**

(A) Alcohol and/or Substance Abuse Services, Skills Development (group) consists of the therapeutic education of members regarding their alcohol and other drugs (AOD) addiction or disorder. The service may also involve teaching skills to assist the individual in how to live independently in the community, improve self care and social skills and promote and support recovery. The services performed must have a purpose that directly relates to the goals and objectives of the member's current service plan. A member who at the time of service is not able to cognitively benefit from the treatment due to active hallucinations, substance use, or other impairments is not suitable for this service. This service is generally performed with only the members, but may include a member and member family/support system group that focuses on the member's diagnosis, management, and recovery based curriculum.

(B) Travel time to and from Alcohol and/or Substance Abuse Services, Skills Development is not compensable. Breaks, lunchtime and times when the member is unable or unwilling to participate are not compensable and must be deducted from the overall billed time. The minimum staffing ratio is fourteen members for each PSRS, LBHP, or AODTP for adults and eight to one for children under the age of eighteen. This service may be performed by an AODTP, LBHP, or a PSRS. In order to develop and improve the member's community and interpersonal functioning and self care abilities, services may take place in settings away from the agency site. When this occurs, the AODTP, LBHP, or PSRS must be present and interacting, teaching, or supporting the defined learning objectives of the member for the entire claimed time. The service is a fifteen minute time frame and may be billed up to a maximum of 24 units per day for adults and 16 units per day for children. The rate of compensation for this service includes the cost of providing transportation for members who receive this service, but do not have their own transportation or do not have other support persons able to provide or who are responsible for the transportation needs. The OHCA transportation program will arrange for transportation for

those who require specialized transportation equipment. Residents of ICF/MR facilities and children receiving RBMS in a group home or therapeutic Foster Home are not eligible for this service, unless prior approved by OHCA or its designated agent.

(C) Alcohol and/or Substance Abuse Services, Skills Development are provided utilizing a treatment curriculum approved by an AODTP or LBHP.

(14) **Alcohol and/or Substance Abuse Services, Skills Development (individual).**

(A) Alcohol and/or Substance Abuse Services, Skills Development (individual) is performed for the same purposes and under the same description and requirements as Alcohol and/or Substance Abuse Services, Skills Development (group) [Refer to paragraph (13) of this subsection]. It is generally performed with only the member present, but may include the member's family or support system in order to educate them about the rehabilitative activities, interventions, goals and objectives.

(B) An AODTP, LBHP, or PSRS must provide this service. Residents of ICF/MR facilities and children receiving RBMS in a group home or therapeutic Foster Home are not eligible for this service, unless prior approved by OHCA or its designated agent. This billing unit is fifteen minutes and no more than six units per day are compensable.

(15) **Medication Training and Support.**

(A) Medication Training and Support is a documented review and educational session by a registered nurse, or physician assistant focusing on a member's response to medication and compliance with the medication regimen. The review must include an assessment of medication compliance and medication side effects. Vital signs must be taken including pulse, blood pressure and respiration and documented within the progress notes. A physician is not required to be present, but must be available for consult. Medication Training and Support is designed to maintain the member on the appropriate level of the least intrusive medications, encourage normalization and prevent hospitalization. Medication Training and Support may not be billed for SoonerCare member who reside in ICF/MR facilities. One unit is allowed per month per patient without prior authorization.

(B) Medication Training and Support must be provided by a licensed registered nurse, or a physician assistant as a direct service under the supervision of a physician.

(16) **Crisis Intervention Services**.

~~(A) Crisis Intervention Services are for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal or severe psychiatric distress. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented. Crisis Intervention Services are not compensable for SoonerCare members who reside in ICF/MR facilities, or who receive RBMS in a group home or Therapeutic Foster home, or members who, while in attendance for other behavioral health services, experience acute behavioral or emotional dysfunction. The unit is a fifteen minute unit with a maximum of eight units per month; established mobile crisis response teams can bill a maximum of sixteen units per month, and 40 units each 12 months per member.~~

~~(B) Crisis Intervention Services must be provided by a LBHP.~~

~~(17)~~ **~~Crisis Intervention Services (facility based stabilization).~~** ~~Crisis Intervention Services (facility based stabilization) are emergency psychiatric and substance abuse services to resolve crisis situations. The services provided are emergency stabilization, which includes a protected environment, chemotherapy, detoxification, individual and group treatment, and medical assessment. Crisis Intervention Services (facility based stabilization) are provided under the supervision of a physician aided by a licensed nurse, and also include LBHPs for the provision of group and individual treatments. A physician must be available. This service is limited to providers who contract with or are operated by the ODMHSAS to provide this service within the overall behavioral health service delivery system. Crisis Intervention Services (facility based stabilization) are compensable for child and adult SoonerCare member. The unit of service is per hour. Providers of this service must meet the requirements delineated in the Oklahoma Administrative Code. Children's facility based stabilization (0-18 years of age) requires prior authorization.~~

~~(18) Program of Assertive Community Treatment (PACT) Services.~~

~~(A) The reimbursement for PACT services will end effective June 30, 2008.~~

~~(B) Program of Assertive Community Treatment (PACT) Services are provided through the Oklahoma Department of Mental Health and Substance Abuse Services and delivered within an assertive community based approach to provide treatment, rehabilitation, and essential behavioral health supports on a continuous basis to individuals 18 years of~~

~~age or older with serious mental illness with a self contained multi-disciplinary team. The team uses an integrated service approach to merge essential clinical and rehabilitative functions and staff expertise. This level of service is to be provided only for persons most clearly in need of intensive ongoing services. Services must satisfy all statutory required program elements as articulated in the Oklahoma Administrative Code 450:55. At a minimum, the services must include:~~

~~(i) Assessment and evaluation;~~

~~(ii) Treatment planning;~~

~~(iii) Crisis intervention to cover psychiatric crisis and drug and alcohol crisis intervention;~~

~~(iv) Symptom assessment, management, and individual supportive psychotherapy;~~

~~(v) Medication evaluation and management, administration, monitoring and documentation;~~

~~(vi) Rehabilitation services;~~

~~(vii) Substance abuse treatment services;~~

~~(viii) Activities of daily living training and supports;~~

~~(ix) Social, interpersonal relationship, and related skills training; and,~~

~~(x) Case management services.~~

~~(C) Providers of PACT services are specific teams within an established organization and must be operated by or contracted with and must be certified by the ODMHSAS in accordance with 43A O.S. 319 and Oklahoma Administrative Code 450:55. SoonerCare members who are enrolled in this service may not receive other outpatient behavioral health services except for Crisis Intervention Services (facility based stabilization).~~

~~(19)~~ ~~**Behavioral Health Aide.**~~ ~~This service is limited to children with serious emotional disturbance who are in an ODMHSAS contracted systems of care community based treatment program, or are under OKDHS or OJA custody residing within a RBMS level of care, who need intervention and support in their living environment to achieve or maintain stable successful treatment outcomes. Behavioral Health Aides provide behavior management and redirection and behavioral and life skills remedial training. The behavioral aide also provides monitoring and observation of the child's emotional/behavioral status and responses, providing interventions, support and redirection when needed. Training is generally focused on behavioral, interpersonal, communication, self help, safety and daily living skills.~~

~~(A) Behavioral Health Aides must have completed 60 hours or~~

~~equivalent of college credit or may substitute one year of relevant employment and/or responsibility in the care of children with complex emotional needs for up to two years of college experience, and:~~

~~(i) must have successfully completed the specialized training and education curriculum provided by the ODMHSAS; and~~

~~(ii) must be supervised by a bachelor's level individual with a minimum of two years case management experience. Treatment plans must be overseen and approved by a LBHP; and~~

~~(iii) function under the general direction of the established systems of care team and the current treatment plan.~~

~~(B) These services must be prior authorized by OHCA (or its designated agent). The Behavioral Health Aide cannot bill for more than one individual during the same time period.~~

~~(20)~~ **Family Support and Training.** ~~Family Support and Training is designed to benefit the SoonerCare eligible child experiencing a serious emotional disturbance who is in an ODMHSAS contracted systems of care community based treatment program, are diagnosed with a pervasive developmental disorder, or are under OKDHS or OJA custody residing within a RBMS level of care and who without these services would require psychiatric hospitalization. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Child Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child. This involves assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for the child's symptom/behavior management; assisting the family in understanding various requirements, such as the crisis plan and plan of care process; training on the child's medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures and regulations that impact the child with mental illness while living in the community. Parent Support ensures the engagement and active participation of the family in the treatment planning process and guides families toward taking a~~

proactive role in their child's treatment. Parent Training is assisting the family with the acquisition of the skills and knowledge necessary to facilitate an awareness of their child's needs and the development and enhancement of the family's specific problem-solving skills, coping mechanisms, and strategies for the child's symptom/behavior management. Services are goal directed as identified in the child's individualized plan of care and provided under the direction of a child and family treatment team and are intended to support the family with maintaining the child in the home and community. For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the member.

(A) The family support and training worker must meet the following criteria:

(i) have a high school diploma or equivalent;

(ii) be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or care givers of child with SED);

(iii) successful completion of Family Support Training according to a curriculum approved by the ODMHSAS prior to providing the service;

(iv) pass OSBI and OKDHS child abuse check as well as adult abuse registry and motor vehicle screens; and

(v) receive ongoing and regular supervision by a person meeting the qualifications of a LBHP. A LBHP must be available at all times to provide back up, support, and/or consultation.

(B) These services may be retrospectively reviewed by OHCA or its designated agent.

(21) Community Recovery Support. Recovery Support is a service delivery role in the ODMHSAS public and contracted provider system throughout the mental health care system where the provider understands what creates recovery and how to support environments conducive of recovery. The role is not interchangeable with traditional staff that usually work from the perspective of their training and/or their status as a licensed mental health provider; rather, this provider works

~~from the perspective of their experiential expertise and specialized credential training. They lend unique insight into mental illness and what makes recovery possible because they are in recovery. Each provider must successfully complete over 40 hours of specialized training, demonstrate integration of newly acquired skills and pass a written exam in order to become credentialed. A code of ethics and continuing education opportunities are components which inform the continued professional development of this provider.~~

~~(A) The community/recovery support worker must meet the following criteria:~~

~~(i) High School diploma or GED;~~

~~(ii) minimum one year participation in local or national member advocacy or knowledge in the area of mental health recovery;~~

~~(iii) current or former member of mental health services; and~~

~~(iv) successful completion of the ODMHSAS Recovery Support Provider Training and Test to be credentialed.~~

~~(B) These services may be retrospectively reviewed by OHCA or its designated agent.~~

~~(C) Example of work performed:~~

~~(i) Utilizing their knowledge, skills and abilities will:~~

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

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

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

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

~~(ii) Utilizing ongoing training may:~~

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

~~(II) facilitate peer support groups;~~

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

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

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

~~(VI) utilize and teach problem solving techniques with members;~~

~~(VII) teach members how to identify and combat negative self-talk and fears;~~

(VIII) support the vocational choices of members and assist him/her in overcoming job-related anxiety;

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

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

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

(iii) Possess knowledge about various mental health settings and ancillary services (i.e., Social Security, housing services, and advocacy organizations).

(iv) Maintain a working knowledge of current trends and developments in the mental health field by reading books, journals and other relevant material.

(I) attend continuing education assemblies when offered by or approved by the ODMHSAS's Office of Consumer Affairs; and

(II) develop and share recovery oriented material at member specific continuing education trainings.

(v) Serve by:

(I) providing and advocating for effective recovery oriented services;

(II) assisting members in obtaining services that suit that individual's recovery needs;

(III) informing members about community and natural supports and how to utilize these in the recovery process; and

(IV) assisting members in developing empowerment skills through self-advocacy.

(vi) Develop specific competencies which will enhance their work skills and abilities. Identified tasks include, but are not limited to:

(I) becoming a trained facilitator of Double Trouble in Recovery (DTR);

(II) becoming a trained facilitator of Wellness Recovery Action Plan (WRAP);

(III) pursuing the USPRA credential of Certified Psychiatric Rehabilitation Practitioner (CPRP).

(b) **Prior authorization and review of services requirements.**

(1) **General requirement.** All SoonerCare providers who provide outpatient behavioral health services are required to have the services they provide prior authorized by the OHCA or its

~~designated agent. Services that do not require prior authorization are as follows:~~

~~(A) Mental Health Assessment by a Non-Physician;~~

~~(B) the initial four individual or family sessions before finalization of the service plan;~~

~~(C) Mental Health Service Plan Development by a Non-Physician (moderate complexity);~~

~~(D) Crisis Intervention Services; and~~

~~(E) Adult Facility Based Crisis Intervention.~~

~~(2) **Prior authorization and review of services.** The OHCA or its designated agent who performs the services identified in paragraph (1) of this subsection uses its independent medical judgment to perform both the review of services and the prior authorization of services. OHCA does retain final administrative review over both prior authorization and review of services as required by 42 CFR 431.10.~~

~~(3) **Prior authorization process.**~~

~~(A) **Definitions.** The following definitions apply to the process of applying for an outpatient behavioral health prior authorization.~~

~~(i) "**Outpatient Request for Prior Authorization**" means the form used to request the OHCA or its designated agent to approve services.~~

~~(ii) **"Authorization Number"** means the number that is assigned per member and per provider that authorizes payment after services are rendered.~~

~~(iii) **"Initial Request for Treatment"** means a request to authorize treatment for a member that has not received outpatient treatment in the last six months.~~

~~(iv) **"Extension Request"** means a request to authorize treatment for a member who has received outpatient treatment in the last six months.~~

~~(v) **"Modification of Current Authorization Request"** means a request to modify the current array or amount of services a member is receiving.~~

~~(vi) **"Correction Request"** means a request to change a prior authorization error made by the OHCA or its designated agent.~~

~~(vii) **"Provider change in demographic information notification"** means a request to change a provider's name, address, phone, and/or fax numbers, or provider identification numbers. Change in demographics will require contractual changes with OHCA. Providers should contact OHCA's Contracts Services Division for more information.~~

~~(viii) **"Status request"** means a request to ask the OHCA~~

or its designated agent the status of a request.

(ix) **"Important notice"** means a notice that informs the provider that information is lacking regarding the approval of any prior authorization request.

(x) **"Letter of collaboration"** means an agreement between the member and two providers when a member chooses more than one provider during a course of treatment.

(B) **Process**. A provider must submit an Initial Request for Treatment, an Extension Request, a Modification of Current Authorization Request, or a Correction Request on a form provided by the OHCA or its designated agent, prior to rendering the initial services or any additional array of services, with the exception of Mental Health Assessment by a Non-Physician; the first four sessions prior to completion of the service plan; Mental Health Service Plan Development by a Non-Physician (moderate complexity); and Crisis Intervention Services; and Adult Facility Based Crisis Intervention.

(i) These request forms must be fully completed including the following:

(I) pertinent demographic and identifying information;

(II) complete and current CAR or ASI unless another appropriate assessment tool is authorized by the OHCA or its designated agent;

(III) complete multi axial, DSM diagnosis using the most current edition;

(IV) psychiatric and treatment history;

(V) service plan with goals, objectives, treatment duration; and

(VI) services requested.

(ii) The OHCA or its designated agent may also require supporting documentation for any data submitted by the provider. The request may be denied if such information is not provided within ten calendar days of notification of the Important Notice.

(iii) Failure to provide a complete request form may result in a delay in the start date of the prior authorization.

(C) **Authorization for services.**

(i) Services are authorized by the OHCA or its designated agent using independent medical judgment to perform the review of prior authorization requests to determine whether the request meets medical necessity criteria. If services are authorized, a treatment course of one to six months will be authorized. The authorization of services is based upon seven levels of care for children and six

~~levels of care for adults. The numerically based levels of care are designed to reflect the member's acuity as each level of care, in ascending order. Additional levels of care are known as Exceptional Case, 0-36 months, ICF/MR, Recovery Maintenance/Relapse Prevention, and RBMS.~~

~~(ii) If the provider requests services beyond the initial prior authorization period, additional documentation is required in the Extension Request.~~

(b) All services are to be for the goal of improvement of functioning, independence, or well being of the member. The services and treatment plans are to be recovery focused, trauma and co-occurring specific. The member must be able to actively participate in the treatment. Active participation means that the member must have sufficient cognitive abilities, communication skills, and short-term memory to derive a reasonable benefit from the treatment.

(c) All outpatient BH services will require prior authorization through OHCA, or its designated agent, following established medical necessity criteria. Providers are required to follow these criteria and guidelines under the OHCA BH Provider Billing Manual. The OHCA or its designated agent who performs the services identified in paragraph (1) of this subsection uses its independent medical judgment to perform both the review of services and the prior authorization of services. OHCA does retain final administrative review over both prior authorization and review of services as required by 42 CFR 431.10.

317:30-5-241.1 Screening, Assessment and Service Plan. All providers must comply with the requirements as set forth in the OHCA BH Provider Billing Manual.

(a) **Screening.**

(1) **Definition.** Screening is for the purpose of determining whether the member meets basic medical necessity and need for further BH assessment and possible treatment services.

(2) **Qualified Professional.** Screenings can be performed by any credentialed staff members as listed under OAC 317:30-5-240.3.

(3) **Target Population.** This service is compensable only on behalf of a member who is under a PACT program.

(b) **Assessment.**

(1) **Definition.** Gathering and assessment of historical and current information which includes face-to-face contact with the person and/or the person’s family or other informants, or group of persons resulting in a written

summary report and recommendations. All agencies must assess the medical necessity of each individual to determine the appropriate level of care.

(2) **Qualified Professional.** This service is performed by an LBHP or AODTP for AOD.

(3) **Time Requirements.** The minimum face-to-face time spent in assessment session(s) with the member and others as identified previously in paragraph (1) of this subsection for a low complexity Behavioral Health Assessment by a Non-Physician is one and one half hours. For a moderate complexity, it is two hours or more.

(4) **Target Population and Limitations.** This service is compensable on behalf of a member who is seeking services for the first time from the contracted agency. This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six months and it has been more than one year since the previous assessment.

(c) **Behavioral Health Services Plan Development.**

(1) **Definition.** The Behavioral Health Service Plan is developed based on information obtained in the assessment and includes the evaluation of all pertinent information by the practitioners and the member. It includes a discharge plan. It is a process whereby an individualized rehabilitation plan is developed that addresses the member's strengths, functional assets, weaknesses or liabilities, treatment goals, objectives and methodologies that are specific and time limited, and defines the services to be performed by the practitioners and others who comprise the treatment team. BH Service Plan Development is performed with the direct active participation of the member and a member support person or advocate if requested by the member. In the case of children under the age of 16, it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate, and must address school and educational concerns and assisting the family in caring for the child in the least restrictive level of care. For adults, it is focused on recovery and achieving maximum community interaction and involvement including goals for employment, independent living, volunteer work, or training.

(2) **Qualified Professional.** This service is performed by an LBHP or AODTP for AOD.

(3) **Time Requirements.** Service Plan updates are required

every six months during active treatment. Updates can be conducted whenever needed as determined by the provider and member.

(d) **Assessment/Evaluation Testing.**

(1) **Definition.** Assessment/Evaluation testing is provided by a clinician utilizing tests selected from currently accepted assessment test batteries. Test results must be reflected in the Service Plan. The medical record must clearly document the need for the testing and what the testing is expected to achieve.

(2) **Qualified Professionals.** Assessment/Evaluation testing will be provided by a psychologist, certified psychometrist, psychological technician of a psychologist or a LBHP. For assessments conducted in a school setting, the Oklahoma State Department of Education requires that a licensed supervisor sign the assessment.

317:30-5-241.2 Psychotherapy.

(a) **Individual/Interactive Psychotherapy.**

(1) **Definition.** Individual Psychotherapy is a face-to-face treatment for mental illnesses and behavioral disturbances, in which the clinician, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage growth and development. Insight oriented, behavior modifying and/or supportive psychotherapy refers to the development of insight of affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality, or any combination of these items to provide therapeutic change.

(2) **Definition**. Interactive Psychotherapy is individual psychotherapy that involves the use of play therapy equipment, physical aids/devices, language interpreter, or other mechanisms of nonverbal communication to overcome barriers to the therapeutic interaction between the clinician and the member who has not yet developed or who has lost the expressive language communication skills to explain his/her symptoms and response to treatment, requires the use of a mechanical device in order to progress in treatment, or the receptive communication skills to understand the clinician. The service may be used for adults who are hearing impaired and require the use of language interpreter.

(3) **Qualified Professionals**. With the exception of a qualified interpreter if needed, only the member and the LBPH or AODTP should be present and the setting must protect and

assure confidentiality. Ongoing assessment of the member's status and response to treatment as well as psycho-educational intervention are appropriate components of individual counseling. The counseling must be goal directed, utilizing techniques appropriate to the service plan and the member's developmental and cognitive abilities. Individual/Interactive counseling must be provided by a LBHP when treatment is for a mental illness and by an AODTP when treatment is for an alcohol or other drug disorder.

(4) **Limitations**. A maximum of 6 units per day per member is compensable.

(b) **Group Psychotherapy.**

(1) **Definition**. Group psychotherapy is a method of treating behavioral disorders using the interaction between the LBHP when treating mental illness or the AODTP when treating alcohol and other drug disorders, and two or more individuals to promote positive emotional or behavioral change. The focus of the group must be directly related to the goals and objectives in the individual member's current service plan. This service does not include social or daily living skills development as described under Psychiatric-social Rehabilitation Services.

(2) **Group sizes**. Group Psychotherapy is limited to a total of eight adult (18 and over) individuals except when the individuals are residents of an ICF/MR where the maximum group size is six. For all children under the age of 18, the total group size is limited to six.

(3) **Multi-Family and Conjoint Family Therapy**. Sessions are limited to a maximum of eight families/units. Billing is allowed once per family unit, though units may be divided amongst family members.

(4) **Qualified Professionals**. Group psychotherapy will be provided by a LBHP when treatment is for a mental illness and by an AODTP when treatment is for an alcohol or other drug disorder. Group Psychotherapy must take place in a confidential setting limited to the LBHP or the AODTP conducting the service, an assistant or co-therapist, if desired, and the group psychotherapy participants.

(5) **Limitations**. A maximum of 12 units per day per member is compensable.

(c) **Family Psychotherapy**.

(1) **Definition**. Family Psychotherapy is a face-to-face psychotherapeutic interaction between a LBHP or an AODTP and the member's family, guardian, and/or support system. It is typically inclusive of the identified member, but may be performed if indicated without the member's presence. When

the member is an adult, his/her permission must be obtained in writing. Family psychotherapy must be provided for the direct benefit of the SoonerCare member to assist him/her in achieving his/her established treatment goals and objectives and it must take place in a confidential setting. This service may include the Evidence Based Practice titled Family Psychoeducation.

(2) **Qualified Professionals**. Family Psychotherapy must be provided by a LBHP when treatment is for a mental illness and by an AODTP when treatment is for an alcohol or other drug disorder.

(3) **Limitations**. A maximum of 12 units per day per member/family unit is compensable.

(d) **Multi-Systemic Therapy (MST).**

(1) **Definition**. MST intensive outpatient program services are limited to children within an OJA MST treatment program which provides an intensive, family and community-based treatment targeting specific BH disorders in children with SED who exhibit chronic, aggressive, antisocial, and/or substance abusing behaviors, and are at risk for out of home placement. Case loads are kept low due to the intensity of the services provided.

(2) **Qualified Professionals**. Masters level professionals who work with a team that may include bachelor level staff.

317:30-5-241.3 Behavioral Health Rehabilitation (BHR) Services

(a) **Definition**. BHRS are behavioral health remedial services which are necessary to improve the member's ability to function in the community. They are performed to improve the skills and abilities of members to live interdependently in the community, improve self-care and social skills, and promote lifestyle change and recovery practices. This service may include the Evidence Based Practice of Illness, Management, and Recovery.

(1) **Clinical restrictions**.

(A) Individual. Only the BHRS and member are present for the session.

(B) Group. This service is generally performed with only the members, but may include a member and the member's family/support system group that focuses on the member's diagnosis, management, and recovery based curriculum.

(2) **Qualified Providers**. A BHRS, AODTP, or LBHP may perform BHR, following a treatment curriculum approved by a LBHP or AODTP for AOD. Staff must be appropriately trained in a recognized behavioral/management intervention program such as MANDT or CAPE or trauma informed methodology.

(3) **Group Sizes**. The minimum staffing ratio is fourteen

members for each BHRS, AODTP, or LBHP for adults and eight to one for children under the age of eighteen.

(4) **Limitations.**

(A) **Transportation**. Travel time to and from BHR treatment is not compensable.

(B) **Time**. Breaks, lunchtime and times when the member is unable or unwilling to participate are not compensable and must be deducted from the overall billed time.

(C) **Location**. In order to develop and improve the member's community and interpersonal functioning and self care abilities, rehabilitation may take place in settings away from the outpatient behavioral health agency site. When this occurs, the BHRS, AODTP, or LBHP must be present and interacting, teaching, or supporting the defined learning objectives of the member for the entire claimed time.

(D) **Billing**. Residents of ICF/MR facilities and children receiving RBMS in a group home or therapeutic foster home are not eligible for this service, unless prior approved by OHCA or its designated agent.

(i) **Group**. The maximum is 24 units per day for adults and 16 units per day for children

(ii) **Individual**. The maximum is six units per day. Children under an ODMHSAS Systems of Care program may be prior authorized additional units as part of an intensive transition period.

(b) **Medication Training and Support**.

(1) **Definition**. Medication Training and Support is a documented review and educational session by a registered nurse, or physician assistant focusing on a member's response to medication and compliance with the medication regimen. The review must include an assessment of medication compliance and medication side effects. Vital signs must be taken including pulse, blood pressure and respiration and documented within the progress notes. A physician is not required to be present, but must be available for consult. Medication Training and Support is designed to maintain the member on the appropriate level of the least intrusive medications, encourage normalization and prevent hospitalization.

(2) **Limitations**.

(A) Medication Training and Support may not be billed for SoonerCare members who reside in ICF/MR facilities.

(B) One unit is allowed per month per patient without prior authorization.

(3) **Qualified Professionals**. Must be provided by a licensed registered nurse, or a physician assistant as a direct service under the supervision of a physician.

317:30-5-241.4 Crisis Intervention

(a) **Onsite and Mobile Crisis Intervention Services (CIS).**

(1) **Definition**. Crisis Intervention Services are for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or danger of AOD relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented.

(2) **Limitations**. Crisis Intervention Services are not compensable for SoonerCare members who reside in ICF/MR facilities, or who receive RBMS in a group home or Therapeutic Foster Home. CIS is also not compensable for members who experience acute behavioral or emotional dysfunction while in attendance for other behavioral health services, unless there is a documented attempt of placement in a higher level of care. The maximum is eight units per month; established mobile crisis response teams can bill a maximum of sixteen units per month, and 40 units each 12 months per member.

(3) **Qualified Professionals**. Services must be provided by a LBHP.

(b) **Facility Based Crisis Stabilization (FBCS).** FBCS services are emergency psychiatric and substance abuse services aimed at resolving crisis situations. The services provided are emergency stabilization, which includes a protected environment, chemotherapy, detoxification, individual and group treatment, and medical assessment.

(1) **Qualified Professionals**. FBCS services are provided under the supervision of a physician aided by a licensed nurse, and also include LBHPs for the provision of group and individual treatments. A physician must be available. This service is limited to providers who contract with or are operated by the ODMHSAS to provide this service within the overall behavioral health service delivery system.

(2) **Limitations**. The unit of service is per hour. Providers of this service must meet the requirements delineated in the OAC 450:23.

317:30-5-241.5 Support Services

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

(1) **Definition**. PACT is provided by an interdisciplinary team that ensures service availability 24 hours a day, seven days a week and is prepared to carry out a full range of treatment functions wherever and whenever needed. An individual is referred to the PACT team service when it has been determined

that his/her needs are so pervasive and/or unpredictable that it is unlikely that they can be met effectively by other combinations of available community services, or in circumstances where other levels of outpatient care have not been successful to sustain stability in the community.

(2) **Target Population**. Individuals 18 years of age or older with serious and persistent mental illness and co-occurring disorders.

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

(4) **Limitations**. A maximum of 105 hours per member per year in the aggregate. SoonerCare members who are enrolled in this service may not receive other outpatient behavioral health services except for FBCS and CM.

(b) **Behavioral Health Aide Services**.

(1) **Definition**. Behavioral Health Aides provide behavior management and redirection and behavioral and life skills remedial training. The behavioral aide also provides monitoring and observation of the child's emotional/behavioral status and responses, providing interventions, support and redirection when needed. Training is generally focused on behavioral, interpersonal, communication, self help, safety and daily living skills.

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

(3) **Qualified Professionals**. Behavioral Health Aides must be certified through ODMHSAS.

(4) **Limitations**. The Behavioral Health Aide cannot bill for more than one individual during the same time period.

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

(1) **Definition**. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Child Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child. Parent Support ensures the engagement and active participation of the family in the

treatment planning process and guides families toward taking a proactive role in their child's treatment. Parent Training is assisting the family with the acquisition of the skills and knowledge necessary to facilitate an awareness of their child's needs and the development and enhancement of the family's specific problem-solving skills, coping mechanisms, and strategies for the child's symptom/behavior management.

(2) **Target Population**. Family Support and Training is designed to benefit the SoonerCare eligible child experiencing a serious emotional disturbance who is in an ODMHSAS contracted systems of care community based treatment program, are diagnosed with a pervasive developmental disorder, or are under OKDHS or OJA custody residing within a RBMS level of care and who without these services would require psychiatric hospitalization.

(3) **Qualified Professionals**. Family Support Providers (FSP) must be certified through ODMHSAS.

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

(d) **Community Recovery Support**.

(1) **Definition**. CRS (or Peer Recovery Support) services are an EBP model of care which consists of a qualified peer support provider (RSS) who assists individuals with their recovery from behavioral health disorders.

(2) **Target Population**. Adults 18 and over with SMI and/or AOD disorder(s).

(3) **Qualified Professionals**. Recovery Support Specialist (RSS) who is certified through ODMHSAS.

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

317:30-5-244. Individuals eligible for Part B of Medicare

Outpatient Behavioral Health services provided to Medicare eligible ~~recipients~~ members ~~should be~~ are filed directly with the fiscal agent.

317:30-5-248. Documentation of records

All outpatient behavioral health services must be reflected by documentation in the ~~member~~ member's records.

(1) For ~~Mental~~ Behavioral Health and Alcohol and Drug Assessments (see OAC 317:30-5-241), no progress ~~note~~ notes are required.

(2) For ~~Mental~~ Behavioral Health Services Plan and Alcohol and/or Substance Abuse Services, Treatment Plan (see OAC 317:30-5-241), no progress ~~note~~ notes are required.

(3) Treatment Services must be documented by progress notes.

(A) Progress notes shall chronologically describe the services provided, the member's response to the services provided and the member's progress, or lack ~~or~~ of, in treatment and must include the following:

(i) Date;

(ii) Person(s) to whom services were rendered, must be HIPAA compliant if other individuals in session are mentioned;

~~(iii) SoonerCare number for member;~~

~~(iv)~~ (iii) Start and stop time for each timed treatment session or service;

~~(v)~~ (iv) Original signature of the therapist/service provider; in circumstances where it is necessary to fax a service plan to someone for review and then have them fax back their signature, this is acceptable; however, the provider must obtain the original signature for the clinical file within 30 days and no stamped or Xeroxed signatures are allowed. Electronic signatures are acceptable following OAC 317:30-3-4.1 and 317:30-3-15;

~~(vi)~~(v) Credentials of therapist/service provider;

~~(vii)~~(vi) Specific treatment plan problems(s), goals and/or objectives addressed;

~~(viii)~~(vii) Services provided to address need(s), goals and/or objectives;

~~(ix)~~(viii) Progress or barriers to progress made in treatment as it relates to the goals and/or objectives;

~~(x)~~(ix) Member (and family, when applicable) response to the session or intervention; (what did the member do in session? What did the provider do in session?);

~~(xi)~~(x) Any new need(s), goals and/or objectives identified during the session or service.

(4) In addition to the items listed in (1) of this subsection:

(A) Crisis Intervention Service notes must also include a detailed description of the crisis and level of functioning assessment;

(B) a list of participants for each Group rehabilitative or counseling session and facilitating ~~PSRS~~ BHRS, LBHP, or AODTP must be maintained; and

(C) for medication training and support, vital signs must be recorded in the progress note, but are not required on the ~~mental~~ behavioral health services plan;

(5) Progress notes for intensive outpatient ~~mental~~ behavioral health, substance abuse, or integrated BHR programs may be in the form of daily ~~summary~~ or weekly summary notes and must include the following:

(A) Curriculum sessions attended each day and/or dates attended during the week;
(B) Start and stop times for each day attended;
(C) Specific goal(s) and objectives addressed during the week;
(D) Type of Skills Training provided each day and/or during the week;
(E) Member satisfaction with staff intervention(s);
(F) Progress, or barriers to, made toward goals, objectives;
(G) New goal(s) or objective(s) identified;
(H) Signature of the lead ~~PSRS~~ BHRS; and
(I) Credentials of the lead ~~PSRS~~ BHRS.

(6) Concurrent documentation between the clinician and member can be billed as part of the treatment session time, but must be documented clearly in the progress notes and signed by the member.

317:30-5-249. Non-Covered Services

In addition to the general program exclusions [OAC 317:30-5-2(a)(2)] the following are excluded from coverage. Work and education services:

(1) Talking about the past and current and future employment goals, going to various work sites to explore the world of work, and assisting client in identifying the pros and cons of working.

(2) Development of an ongoing educational and employment rehabilitation plan to help each individual establish job specific skills and credentials necessary to achieve ongoing employment. Psycho-social skills training however would be covered.

(3) Work/school-specific supportive services, such as assistance with securing of appropriate clothing, wake-up calls, addressing transportation issues, etc. These would be billed as Case Management following 317:30-5-285 through 317:30-5-285.

(4) Job specific supports such as teaching/coaching a job task.