

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

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 21. OUTPATIENT BEHAVIORAL HEALTH SERVICES

317:30-5-240.2. Provider participation standards

(a) **Accreditation and certification status.** Any agency may participate as an Outpatient Behavioral Health (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 listed in (c)(1) below and be an incorporated organization governed by a board of directors or be certified by the certifying agency in accordance with 43A O.S. §§ 3-317, 3-323A, 3-306.1, or 3-415;
- (2) State-operated programs under the direction of ODMHSAS must be accredited by one of the accrediting bodies or be certified by the certifying agency in accordance with 43A O.S. §§ 3-317, 3-323A, 3-306.1 or 3-415;
- (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 or ODMHSAS certification in accordance with 43A O.S. §§ 3-317, 3-323A, 3-306.1 or 3-415, provider specific credentials are required for the following:

- (1) Substance Abuse agencies (OAC 450:18-1-1);
- (2) Evidence Based Best Practices but not limited to:
 - (A) Assertive Community Treatment (OAC 450:55-1-1);
 - (B) Multi-Systemic Therapy (Office of Juvenile Affairs);
 - (C) Function Family Therapy; and
 - ~~(C)~~(D) 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 therapeutic foster care settings (OAC 340:75-8-4);
- (7) Day Treatment - CARF, JCAHO, ACHC or COA for Day Treatment Services; and

(8) Partial Hospitalization/Intensive Outpatient CARF, JCAHO, ACHC or COA for Partial Hospitalization services.

(c) Provider enrollment and contracting.

(1) Organizations who have JCAHO, CARF, COA, ACHC or AOA accreditation or ODMHSAS certification in accordance with 43A O.S. §§ 3-317, 3-323A, 3-306.1 or 3-415 will supply the documentation from the accrediting body or certifying agency, 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 contract and site-specific accreditation and/or certification as applicable. 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.

(3) All behavioral health providers are required to have an individual contract with OHCA in order to receive SoonerCare reimbursement. This requirement includes outpatient behavioral health agencies and all individual rendering providers who work within an agency setting. Individual contracting rendering provider qualification requirements are set forth in OAC 317:30-3-2 and 317:30-5-240.3.

(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 Certified Behavioral Health Case Manager II (CM II) or CADDC, if individual or group rehabilitative services for behavioral health disorders are provided, and the designated LBHP(s) or licensure candidate(s) on the team will not be providing rehabilitative services;

(C) An AODTP, if treatment of substance use disorders is provided;

(D) A registered nurse, advanced practice 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 eighteen (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 Service Plans;

(B) Psychotherapies;

(C) Behavioral Health Rehabilitation services;

(D) Crisis Intervention services;

- (E) Support Services; and
- (F) Day Treatment/Intensive Outpatient.
- (4) Be available twenty-four (24) hours a day, seven (7) 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 any of the following practitioners:

- (1) An allopathic or osteopathic physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry practicing as described in OAC 317:30-5-2.
- (2) A practitioner with a current license to practice in the state in which services are provided, within one (1) of the areas of practice listed in (A) through (F). The exemptions from licensure under 59 O.S. ' 1353(4) and (5), 59 O.S. ' 1903(C) and (D), 59 O.S. ' 1925.3(B) and (C), and 59 O.S. ' 1932(C) and (D) do not apply to outpatient behavioral health services.
 - (A) Psychology;
 - (B) Social work (clinical specialty only);
 - (C) Professional counselor;
 - (D) Marriage and family therapist;
 - (E) Behavioral practitioner; or
 - (F) Alcohol and drug counselor.
- (3) An advanced practice registered nurse (APRN) certified in a psychiatric mental health specialty, and licensed as a registered nurse (RN) with a current certification of recognition from the board of nursing in the state in which services are provided.
- (4) A physician assistant who is licensed and in good standing in the state in which services are provided and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

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

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

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

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

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

(e) **Functional family therapy (FFT) provider.** Providers must be part of an active FFT team.

(1) **FFT Team.** An active FFT team must be trained and certified and receive ongoing consultation and monitoring by FFT, LLC. and shall meet the following requirements:

(A) be employed by a certified behavioral health agency; and

(B) be comprised of three (3) to eight (8) full time practitioners with up to one (1) of those practitioners acting in the role of a functional family supervisor. In the event an established team falls below the minimum of three (3) members, the provider agency must actively recruit and train a replacement practitioner to restore the team to compliance.

(2) **Functional Family Practitioner** A practitioner must have a master's degree in psychology, social work, counseling or closely related field. In some cases, upon consultation with FFT LLC, bachelor's level practitioners may be acceptable. An FFT practitioner must:

(A) be certified to provide FFT services through FFT LLC, while adhering to ongoing training, reporting and consultation requirements for direct service of the functional family therapy model implementation; and

(B) maintain a caseload minimum of ten (10) active cases for a full-time FFT practitioner and a minimum of five (5) active cases for a part time FFT practitioner.

(3) **Functional Family Supervisor.** A supervisor must have at minimum, a master's degree in the fields noted above.

(i) An FFT supervisor must have completed all required FFT, LLC. trainings, and the FFT externship; and

(ii) maintain a caseload minimum of five (5) active cases.

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

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

- (1) Possess current certification as a Behavioral Health Case Manager I;
- (2) Have successfully completed the specialized training and education curriculum provided by the ODMHSAS;
- (3) Be supervised by a bachelor's level individual with a minimum of two (2) years case management or care coordination experience;
- (4) Have service plans be overseen and approved by an LBHP or licensure candidate; and

(5) Function under the general direction of an LBHP, or licensure candidate and/or systems of care team, with an LBHP or licensure candidate available at all times to provide back up, support, and/or consultation.

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

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

- (A) Successful completion of the ODMHSAS training for wraparound facilitation within six (6) months of employment; and
- (B) Participate in ongoing coaching provided by ODMHSAS and employing agency;
- (C) Successfully complete wraparound credentialing process within nine (9) months of beginning process; and
- (D) Direct supervision or immediate access and a minimum of one (1) hour weekly clinical consultation with a qualified mental health professional, as required by ODMHSAS.

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

- (A) A minimum of two (2) years behavioral health case management experience; and
- (B) Crisis diversion experience.

317:30-5-241.8. Multi-systemic therapy (MST) Targeted Therapies for Juveniles

(a) Multi-systemic therapy (MST). MST intensive outpatient program services are limited to children within an Office of Juvenile Affairs (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. Caseloads are kept low due to the intensity of the services provided.

(1) **Qualified professionals.** All MST services are provided by LBHPs or licensure candidates. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Additional team support services may be provided by a behavioral health case manager II (CM II) and/or peer recovery support specialist (PRSS) per OAC 317:30-5-240.3.

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

(3) **Limitations.** Services are subject to the following:

(A) Partial billing is not allowed. When only one (1) service is provided in a day, providers should not bill for services performed for less than eight (8) minutes.

(B) MST cannot be billed in conjunction with the following:

- (i) Children's psychosocial rehabilitation;
- (ii) Partial hospitalization/intensive outpatient treatment;
- (iii) Targeted case management;
- (iv) Individual, family, and group therapy;
- (v) Mobile crisis intervention;
- (vi) Peer-to-peer services.

(C) Duration of MST services is between three (3) to six (6) months. Weekly interventions may range from three (3) to twenty (20) hours per week. Weekly hours may be lessened as case nears closure.

(4) **Reimbursement.** MST services are reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan.

(b) Functional Family Therapy (FFT). Functional Family Therapy is defined as:

(1) Evidence-based intervention. FFT is an intensive, short-term, therapeutic model for that offers in-person, face-to-face services in the home to dysfunctional youth experiencing behavioral or emotional problems and their entire family. Referrals for FFT shall be made by the Oklahoma Office of Juvenile Affairs (OJA) or Oklahoma Human Services (OHS). Each referral shall be reviewed and approved by a licensed professional employed by the referring agency prior to the initiation of services. FFT services are provided through a team approach working collaboratively together using the FFT services as defined by FFT LLC.

(2) Populations. Target populations are at-risk preadolescents and youth with serious behavioral problems, including but not limited to conduct disorder, violent acting-out, substance use and other identified problematic behaviors. While FFT targets youth eleven (11) to eighteen (18) year-olds, siblings in the home also benefit from FFT services. FFT services are not available for institutionalized individuals.

(3) Qualified professionals. All Functional Family Therapy services must be performed or supervised by a fully Licensed Behavioral Health Practitioner (LBHP) or licensure candidate as determined by one of Oklahoma's licensing boards. Licensure candidate signatures must be co-signed by a fully licensed LBHP practitioner in good standing and must meet the FFT provider requirements per OAC 317:30-5-240.3.

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

(5) Coverage and Limitations. Services are subject to the following:

(A) Intervention ranges from, on average, twelve (12) to sixteen (16) one-hour sessions. Prior authorization is required when services exceed sixteen (16) hours, and again when services exceed thirty (30) hours. The duration of FFT is typically three (3) to five (5) months. Weekly interventions may range from one (1) to three (3) hours per week per family.

(B) FFT Services are not Medicaid compensable when:

- (i)** The target child is unavailable at the time of service; or
- (ii)** The target child is residing in an institution.

(C) FFT cannot be billed in conjunction with the following:

- (i)** Family Therapy; or
- (ii)** Acute, Acute II/PRTF, and Residential SUD.

(6) Reimbursement. FFT services are reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan.