

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

6.d. Other Licensed Practitioners (~~cont'd~~*continued*)**G. Licensed Behavioral Health Practitioner Services**

Medical or other remedial care provided by qualified behavioral health practitioners (BHPs) within scope of practice defined under State law in an outpatient behavioral health agency setting and licensed clinical psychologists practicing within state scope of practice who can bill independently using the appropriate Physician's Current Procedure Terminology (CPT) codes. Please refer to Attachment 3.1-A, Page 1a-6.4 to 1a-6.4b for EPSDT rehabilitative behavioral health outpatient BHP provider qualifications and Attachment 3.1-A, Page 6a-1.3a to 6a-1.3e for rehabilitative behavioral health outpatient BHP provider qualifications.

(a) Mental Health/Substance Use Disorder (MH/SUD) Screening

A preliminary screening and risk assessment provided at the time of first contact, for all new consumers requesting, or being referred for behavioral health services, to determine acuity of needs. To qualify for reimbursement, the screener (which may be a QBHT or PRSS under the supervision of the BHP) must use evidence-based or otherwise standardized and validated screening tools approved by OHCA and ODMHSAS, that are appropriate for the age and/or developmental stage of the consumer. Prior to September 1, 2015, MH/SUD screens are available for all populations and reimbursed with state dollars only unless the member is in PACT. MH/SUD screens for PACT members are reimbursed with federal and state dollars. Effective September 1, 2015, MH/SUD screens are reimbursed with federal and state dollars for all populations.

(b) Initial Evaluation

The initial evaluation is a face-to-face (or telemedicine) evaluation of the consumer based upon the information gleaned from the MH/SU screening, which requires the gathering of very basic information designed to guide preliminary treatment and determination of other needs.

This information may be obtained from self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police courts, and outpatient and inpatient facilities, where applicable, culminating in a comprehensive initial assessment.

(c) Comprehensive Assessment (CA)

The comprehensive assessment is the organizational process of gathering and analyzing more complete information to allow a full diagnosis and adequate basis for treatment plan development. Information includes current and past information with each consumer and the family and/or support system and other significant people to evaluate: 1) mental and functional status, 2) effectiveness of past treatment, 3) current treatment, rehabilitation and support needs to achieve individual goals and support recovery; and 4) the range of individual strengths (e.g. knowledge gained from dealing with adversity or personal/professional roles, talents, personal traits) that can act as resources to the consumer and his/her recovery planning team in pursuing goals. The extent of the CA will depend on the individual consumer and applicable program or accreditation requirements.

- i. Qualified, master's prepared behavioral health professionals may provide psychiatric Diagnostic Assessments (PDA) for children. The PDA for individuals who meet admission criteria for Programs of Assertive Community Treatment (PACT) are limited to practitioners who meet the qualifications for a psychiatrist or APRN.
- ii. Nursing Assessments are limited to registered nurses in accordance with the State Nurse Practice Act.
- iii. Psychological Tests and Assessments for adults by a psychologist are limited to biopsychosocial assessments when required by OHCA as part of a preoperative prior authorization protocol for organ transplant or bariatric surgical procedures. See 4b, EPSDT for children.
- iv. Alcohol and Drug Assessments are covered when provided by a LADC or other appropriately credentialed, licensed behavioral health professional.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page are effective for services provided on or after that date with two exceptions:

1. Medicaid reimbursement using Medicare rates are updated annually based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.
2. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, as referenced. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient services. The fee schedule is published on the agency's website at www.okhca.org/feeschedules.

In the event an out-of-state provider will not accept the payment rate established in Attachment 4.19-B, Methods and Standards for Establishing Rates, the state will either: a) negotiate a reimbursement rate equal to the rate paid by Medicare, unless otherwise specified in the plan; or b) services that are not covered by Medicare, but are covered by the plan, will be reimbursed as determined by the State.

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, 2019
A. Emergency Room Services		October 1, 2019
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2019
C. Dialysis Services		October 1, 2019
D. Ancillary Services, Imaging and Other Diagnostic Services		February 1, 2021
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2019
F. Clinic Services and Observation/Treatment Room		October 1, 2019
H. Partial Hospitalization Program Services		April 1, 2019
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2019
Physician Services	Attachment 4.19-B, Page 3	October 1, 2019
Home Health Services	Attachment 4.19-B, Page 4	October 1, 2019
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2019
Dental Services	Attachment 4.19-B, Page 5	October 1, 2019
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2019
<u>Psychological Services</u>	<u>Attachment 4.19-B, Page 8</u>	<u>July 1, 2018</u>
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, 2019
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2019
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2019
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2019
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2019
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2019
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2019
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2019
4.b. EPSDT		
• Partial Hospitalization Program Services	Attachment 4.19-B, Page 17	April 1, 2019
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2019
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	February 1, 2021
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, 2019

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

7. Payment for Psychological Services

Payment is made ~~for to Level 2 Licensed Behavioral Health Practitioners and Psychological Clinicians~~ on behalf of eligible individuals under 21 years of age through EPSDT. Payment is made to Clinical Psychologists on behalf of children and eligible individuals 21 years of age and older.

(a) Level 1 LBHPs (Clinical Psychologists) and Psychological Clinicians

Individuals in Independent Practice - Payment is made at 89.68 percent of the CY2013 Medicare Physician Fee Schedule for psychiatry services, which is equivalent to a 3 percent rate increase from the rates in effect on 06-30-18.

Individuals in Agency Setting - Refer to Attachment 4.19-B, page 24 for payment of services provided by psychologists employed by public health, government or private behavioral health agency or local school settings.

(b) Level 2 LBHPs and (Psychological Clinicians)

Individuals in Independent Practice - Payment is made at rates which equal 70 percent of the reimbursement for services provided by Level 2 LBHPs and Psychological Clinicians in Agency Settings, which is equivalent to a 30 percent rate reduction from the rates in effect on 04-30-2016. Payment is not made to Licensure Candidates in this setting.

Individuals in Agency Settings - Refer to Attachment 4.19-B, page 24 for services provided by individuals employed by public health, government or private behavioral health agency or local school settings.

Except as otherwise noted in the plan, the rates are the same for both governmental and private providers of behavioral health practitioner services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency website at www.okhca.org. ~~The agency's fee schedule rates are set as of July 1, 2018 and in effect for services provided on or after that date.~~

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