

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> <u>July 1, 2022</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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DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES**Effective Dates for Reimbursement Rates for Specified Services: (continued)**

Service	State Plan Page	Effective Date
4.b. EPSDT (continued) <ul style="list-style-type: none"> Other Practitioner – Applied Behavior Analysis (ABA) Services 	Attachment 4.19-B, Page 28.13	July 1, 2019
Christian Science Nurses	Attachment 4.19-B, Page 28.5	October 1, 2019
Dentures	Attachment 4.19-B, Page 28.6	October 1, 2019
Respiratory Care	Attachment 4.19-B, Page 28.7	October 1, 2019
Physical Therapist	Attachment 4.19-B, Page 28.9	February 1, 2021
Occupational Therapist	Attachment 4.19-B, Page 28.10	February 1, 2021
Speech Language Pathologist	Attachment 4.19-B, Page 28.10.1	February 1, 2021
Christian Science Sanatoria	Attachment 4.19-B, Page 28.11	October 1, 2018
Other Practitioner – Licensed Clinical Social Worker	Attachment 4.19-B, Page 28.12	October 1, 2019
<u>Residential Substance Use Disorder (SUD) Services</u>	<u>Attachment 4.19-B, Page 30b</u>	October 1, 2020 <u>July 1, 2022</u>
Outpatient Behavioral Health and Substance Use Disorder Treatment Services <ul style="list-style-type: none"> A. Outpatient Behavioral Health Services in Agency Setting B. Partial Hospitalization Program (PHP) 	Attachment 4.19-B, Page 29	July 1, 2018 <u>July 1, 2022</u> September 1, 2022
<u>Program of Assertive Community Treatment (PACT) Services</u>	Attachment 4.19-B, Page 29a	<u>July 1, 2022</u>
<u>Alternative Treatments for Pain Management</u>	<u>Attachment 4.19-B, Page 31</u>	<u>January 1, 2022</u>
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services	Attachment 4.19-B, Page 32	October 1, 2019
Diabetes Self-management Training (DSMT) Services	Attachment 4.19-B, Page 43	January 1, 2020
<u>Medication Assisted Treatment (MAT)</u>	<u>Attachment 4.19-B, Page 44</u>	<u>October 1, 2020</u>

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DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES

Effective Dates for Reimbursement Rates for Specified Services: (continued)

Service	State Plan Page	Effective for Services Provided on or after:
Residential Substance Use Disorder (SUD) Services	Attachment 4.19-B, Page 30b	October 1, 2020
Medication Assisted Treatment (MAT)	Attachment 4.19-B, Page 44	October 1, 2020
Alternative Treatments for Pain Management	Attachment 4.19-B, Page 31	January 1, 2022

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7. Payment for Psychological Services

Payment is made ~~for licensed to clinical psychologists and to Level 2 Behavioral Health Practitioners and Psychological Clinicians~~ on behalf of eligible individuals under 21 years of age through EPSDT.

(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 psychiatric~~ services, which is equivalent to a 3 percent rate increase from the rates in effect on 06-30-18. ~~Effective July 1, 2022, a rate floor equal to 80 percent of the CY2021 Medicare Physician Fee Schedule for psychiatric services is implemented.~~

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. All rates are published on the Agency's website www.okhca.org/behavioral-health.~~

~~NEW 01-01-15 Revised 7-01-22~~

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OTHER TYPES OF CARE**

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement

Residential SUD services as described on Attachment 3.1-A page 6a-1.21 through Attachment 3.1-A, page 6a-1.23 will be reimbursed using a state-specific bundled per diem fee schedule, refer to chart below. Bundled per diem rates established are based on historical cost-based data from state-contracted providers. Rates were developed through provider surveys from 1998 to 2019. Effective July 1, 2022, rate development includes analysis of other states' rates paid for similar services.

42 CFR 431.107 requires that each provider or organization furnishing services agree to keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries and, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the provider for furnishing services under the plan. The State assures that it will review data in order to develop and revise economic and efficient rates, as necessary.

Rates do not include costs related to room and board or other unallowable facility costs. Physician direct services and medications are separately billable and not part of the residential SUD per diem payment. Treatment services for dependent children are separately billable as outpatient behavioral health services, refer to Attachment 3.1-A, page 1a-6.3 through page 1a-6.

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.1	<p>Clinically Managed Low-Intensity Residential Services for Adolescents</p> <p>(Services provided at this level of care include at least six (6) hours per week of a combination of services that may include individual, group, and/or family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	<p>\$63.00 <u>\$75.00</u></p>
	<p>Clinically Managed Low-Intensity Residential Services for Adults</p> <p>(Services provided at this level of care include at least six (6) hours per week of a combination of services that may include individual, group, and/or family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	<p>\$46.00 <u>\$75.00</u></p>

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

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement (continued)

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.3	<p>Clinically Managed Population-Specific High Intensity Residential Services for adults only</p> <p>(Services provided at this level of care include at least twenty-four (24) hours per week of a combination of services that may address both substance use and co-occurring mental health needs. These services may include individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	\$100.00 <u>\$160.00</u>
	<p>Clinically Managed Medium-Intensity Residential Services for Adolescents</p> <p>(Services provided at this level of care include at least twenty-four (24) hours per week of a combination of services that may include individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23. Adolescents attending academic training are required to be provided a minimum of fifteen (15) hours per week of services.)</p>	\$135.00 <u>\$160.00</u>
3.5	<p>Clinically Managed High-Intensity Residential Services for Adults</p> <p>(Services provided at this level of care include at least twenty-four (24) hours per week of a combination of services that may include individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	\$85.00 <u>\$140.00</u>
	<p>Clinically Managed Medium-Intensity Residential Services for Adolescents, <i>Intensive</i></p> <p>(Level 3.5 <i>intensive</i> provides the types of services listed under Level 3.5; however, the required number of treatment hours at level 3.5 <i>intensive</i> is at least thirty-seven (37) hours per week of a combination of services.)</p>	\$160.00 <u>\$180.00</u>
	<p>Clinically Managed High-Intensity Residential Services for Adults, <i>Intensive</i></p> <p>(Level 3.5 <i>intensive</i> provides the types of services listed under Level 3.5; however, the required number of treatment hours at level 3.5 <i>intensive</i> is at least thirty-seven (37) hours per week of a combination of services.)</p>	\$160.00 <u>\$180.00</u>

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

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement (continued)

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.7	<p>Medically Monitored High-Intensity Inpatient Services for Adolescents</p> <p>(Facilities must provide 24 hour, 7 days a week physician supervision, as well as 24 hour, 7 days a week monitoring from licensed nurses to members who are withdrawing or are intoxicated from alcohol or other drugs but are not experiencing medical or neurological symptoms that would require hospitalization. Medications are prescribed and administered if needed. A combination of services that may be provided includes individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	\$200.00 <u>\$300.00</u>
	<p>Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults</p> <p>(Facilities must provide 24 hour, 7 days a week physician supervision, as well as 24 hour, 7 days a week monitoring from licensed nurses to members who are withdrawing or are intoxicated from alcohol or other drugs but are not experiencing medical or neurological symptoms that would require hospitalization. A combination of services that may be provided includes individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23.)</p>	\$200.00 <u>\$300.00</u>

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