State Plan Amendment Rate Committee (SPARC)
Agenda
September 8, 2020
1:00 PM
Teleconference
Oklahoma City, OK

I. Welcome and Roll Call: **Chair, Josh Richards**

This meeting will occur via teleconference, but certain OHCA staff will be present at the OHCA building at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105. All Committee members will participate in the teleconference from a remote location. Due to the COVID-19 outbreak and the CDC's recommendation, anyone wanting to attend this public teleconference can access via WebEx or telephone (see access information below).

Teleconference Committee Members:

- Josh Richards (Chair, OHCA) – WebEx teleconference
- Melody Anthony (OHCA) – WebEx teleconference
- Sandra Puebla (OHCA) – WebEx teleconference
- Debra Montgomery (OHCA) – WebEx teleconference
- Leigh Newby (OSDH) – WebEx teleconference
- Steven Byrom (OKDHS) – WebEx teleconference

Public access via WebEx:
https://odot.webex.com/odot/onstage/g.php?MTID=e7997f65c5d919eff59e45b66e25c6543
Telephone:-1-415-655-0002 -Meeting ID: 20200908

II. Public Comments (2 minute limit): **Chair, Josh Richards**

III. Rate issues to be addressed: Presentation, discussion, and vote
- A. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Rates (Presented by **Jimmy Witcosky**, OHCA)
- B. CPT Code D0190 Rate (Presented by **Jimmy Witcosky**, OHCA)
- C. Speech-Language Pathology Clinical Fellows

(Presented by **Jimmy Witcosky**, OHCA)

D. Medicare Dual Special Need Plans (D-SNP) HMO Claims
(Presented by **Jimmy Witcosky**, OHCA)

E. Developmental Disabilities Services Job Coaching Rate Increase
(Presented by **Mark Lewis,** OKDHS)

F. Non - IMD Residential Substance Use Disorder Treatment Facility Rates
(Presented by **Melissa Miller**, ODMHSAS)

G. IMD Residential Substance Use Disorder Treatment Facility Rates
(Presented by **Melissa Miller,** ODMHSAS)

H. Rate Increase for Certified Community Behavioral Health Services
(Presented by **Melissa Miller,** ODMHSAS)

IV. Adjournment: **Chair, Josh Richards**

FUTURE SPARC MEETING
January 12, 2021
11:00am

ADDRESS
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

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DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS) RATES

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Method Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   Changes to Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are needed to comply with the CMS Home Health final rule and the 21st Century CURES Act. Due to the Home Health final rule, Durable Medical Equipment (DME) and Supplies will change from an optional benefit to a mandatory benefit. Prosthetics and Orthotics will continue to be an optional benefit.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current methodology for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) is:
   1. If the item of DMEPOS is covered by Medicare, the Medicaid fee will be equal to or a percentage of the Medicare fee schedule specific to Oklahoma that is available at the time of the fee review, unless there is documentation that the Medicare fee is insufficient for the items covered under the HCPCS code and the item is required by the Medicaid population.
   2. For items of DMEPOS not paid at the Medicare fee or a percentage of the Medicare fee, the provider will be reimbursed either at a fee determined by the OHCA or through manual pricing. The fee established by OHCA will be determined from cost information for providers or manufacturers, surveys of Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information.
   3. Manual pricing is reasonable when one HCPCS code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the HCPCS code, resulting in access-to-care issues. Examples include: 1) HCPCS codes with a description of not otherwise covered, unclassified, or other miscellaneous items; and 2) HCPCS codes covering customized items. Effective October

1, 2014, if manual pricing is used, the provider is reimbursed the documented Manufacturer's Suggested Retail Price (MSRP) less 30% or the provider's documented invoice cost plus 30%, whichever is less.

4. Payment for stationary oxygen systems (liquid oxygen systems, gaseous oxygen systems and oxygen concentrators) is based on a continuous rental, i.e., a continuous monthly payment is made as long as it is medically necessary. The rental payment includes all contents and supplies, e.g., regulators, tubing, masks, etc. Portable oxygen systems are considered continuous rental. Separate payment will not be made for maintenance, servicing, delivery, or for the supplier to pick up the equipment when it is no longer necessary. Payment for oxygen and oxygen equipment and supplies will not exceed the Medicare fee for the same HCPCS code. Stationary oxygen system and portable oxygen system rates are reduced by 15 percent for all members residing in nursing facilities (Place of Service 31, skilled nursing facility, & Place of Service 32, nursing facility). For members residing in nursing facilities, oxygen will continue to be reimbursed on a continuous rental basis.
5. The current Medicaid fee schedule is effective for services provided on or after 01/01/10. The fee schedule will be reviewed and changes posted to the Agency's website (www.okhca.org) in relation to the State Fiscal year beginning July 1, 2010, and updated annually.
6. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.
7. Effective for services provided on or after 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%.
8. Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

5. NEW METHODOLOGY OR RATE STRUCTURE.

All services will now be tied to the Medicare fee schedule and will be updated annually. The Medicare fee schedule lists 4 rate types: non-rural, rural, a Tulsa competitive bid area, and an Oklahoma City competitive bid area. Durable Medical Equipment, Complex Rehab Technology accessories, and medical supplies will be reimbursed at 100% of the respective geographic Medicare fee schedule rates. Complex Rehab Technology (CRT) power wheelchairs, Prosthetics, Orthotics, and parenteral food and supplies will be reimbursed at 70% of the respective geographic Medicare fee schedule rates. At 70% of Medicare, all CRT power wheelchairs will see a 3-27% increase from their current price. Enteral supplies will

be reimbursed at 125% of the respective geographic Medicare fee schedule rates. Procedure Codes E0482, E0483, and K0606 will be reimbursed at 60% of the respective geographic Medicare fee schedule rates. Procedure Codes A4351 and A4353 will be reimbursed at 65% of the respective geographic Medicare fee schedule rates. Procedure Code A4352 will be reimbursed at 75% of the respective geographic Medicare fee schedule rates. Items that Medicare does not price and does not have a current Medicaid price, OHCA will adopt the ADvantage or DDS Waiver pricing.

For products that do not have a rate published on the Medicare fee schedule, one of the following manual pricing methods will be used: Manufacturer's suggested retail price (MSRP) less 30 percent or the provider's documented invoice cost plus 30 percent, whichever is lesser of the two; or a Fair Market Value fee will be established through claims review and analysis, from cost information from providers or manufacturers, surveys of rates from other Medicaid states, or other reliable pricing data. For durable medical equipment, supplies, and appliances purchased at the pharmacy point of sale, providers will be reimbursed the equivalent of Medicare Part B, ASP + 6%. When ASP is not available, an equivalent price is calculated using Wholesale Acquisition Cost (WAC). If no Medicare, ASP, or WAC pricing is available, then the price will be calculated based on invoice cost. Durable Medical Equipment and Supplies will no longer be reimbursed separately for residents in a nursing facility.

6. **BUDGET ESTIMATE.**
The estimated budget impact for SFY2021 and SFY2022 will be an increase in the total amount of $2,615,007; with $912,376 state share. This budget was presented on the previously approved brief and is not in addition to the prior approved budgeted amount.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies:

- Durable Medical Equipment, Complex Rehab Technology (CRT) accessories, and medical supplies will be reimbursed at 100% of the respective geographic Medicare fee schedule rates.
- Complex Rehab Technology (CRT) power wheelchairs, Prosthetics, Orthotics, and parenteral food and supplies will be reimbursed at 70% of the respective geographic Medicare fee schedule rates.
- Enteral supplies will be reimbursed at 125% of the respective geographic Medicare fee schedule rates.
- Procedure Codes E0482, E0483, and K0606 will be reimbursed at 60% of the respective geographic Medicare fee schedule rates.
- Procedure Codes A4351 and A4353 will be reimbursed at 65% of the respective geographic Medicare fee schedule rates.
- Procedure Code A4352 will be reimbursed at 75% of the respective geographic Medicare fee schedule rates.
- For products that do not have a rate published on the Medicare fee schedule, a manual pricing method will be used.
- For items purchased at a pharmacy, pharmacy point-of-sale pricing may be used.

9. **EFFECTIVE DATE OF CHANGE.**
   August 1, 2020 pending CMS and OHCA Board approval.

CPT CODE D0190 RATE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate and Method Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Decrease

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   This is a proposal to open coverage and pay for CPT code D0190 (DENTAL SCREENING OF A PATIENT) in a school-based setting.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The CPT code D0190 is currently paid $0.00 in all settings.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   OHCA proposes to set the rate of CPT code D0190 in a school-based setting at 50% of the SoonerCare Dental RVU rate of for the CPT code. CPT code D0190 will continue to pay $0.00 in all settings that are not school-based. For the school-based setting, CPT code D0190 will pay $10.66. This rate is comparable to other payer's reimbursement for dental screenings in a school setting.

6. **BUDGET ESTIMATE.**
   The estimated budget impact for the remainder of SFY2021 will be a decrease of $5,730 total; of which $1,834 is state share. The estimated budget impact for SFY2022 will be a decrease of $6,876 total; of which $1,834 is state share. The reason there is a decrease for adding coverage for a CPT code is because certain other CPT codes will no longer be allowed in a school-based setting.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Oklahoma Health Care Authority does not anticipate an impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the rate and method change to pricing for CPT code D0190 in a school-based setting at $10.66.

9. **EFFECTIVE DATE OF CHANGE.**
September 1, 2020

SPEECH- LANGUAGE PATHOLOGY CLINICAL FELLOWS

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Health Care Authority (OHCA) recommends a revision to the current methodology of Speech-Language Pathology Clinical Fellows.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Speech-Language Pathology Clinical Fellows are not currently contracted with or reimbursed. Speech-Language Pathology Clinical Fellows were approved to be paid 85% of a fully licensed Speech-Language Pathology provider at the March 2020, State Plan Amendment Rate Committee and OHCA Board.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The proposed methodology is to pay Speech-Language Pathology Clinical Fellows 100% of Speech-Language Pathologists.

6. **BUDGET ESTIMATE.**
   The updated changes will be budget neutral from the previous approved budget estimate. The previous approved budget impact was for Physical Therapy Assistants, Occupational Therapy Assistants, and Speech-Language Pathology Assistants & Clinical Fellows. Due to the delaying of this project by one month, this change will be budget neutral.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Oklahoma Health Care Authority does not anticipate an impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the proposed methodology to pay Speech-Language Pathology Assistants and Clinical Fellows 100% of Speech-Language Pathologists.

9. **EFFECTIVE DATE OF CHANGE.**
   February 1, 2021, Pending CMS Approval

MEDICARE DUAL SPECIAL NEED PLANS (D-SNP) HMO CLAIMS

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Method Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   No Impact

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Health Care Authority (OHCA) recommends a revision to the current methodology for Medicare Dual Special Need Plans (D-SNP) HMO Claims.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Medicare Dual Special Need Plans (D-SNP) HMO Claims are currently paid for a capped HMO copay only.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The proposed methodology is to pay Medicare Dual Special Need Plans (D-SNP) HMO Claims the same percentage of coinsurance and deductible that Medicare Dual Special Need Plans (D-SNP) PPO Claims are paid.

6. **BUDGET ESTIMATE.**
   The proposed changes will be budget neutral. Most claims will see a slight decrease, and a minimal amount of claims with high cost procedure codes will see a significant increase.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the proposed methodology to pay Medicare Dual Special Need Plans (D-SNP) HMO Claims the same percentage of coinsurance and deductible that Medicare Dual Special Need Plans (D-SNP) PPO Claims are paid.

9. EFFECTIVE DATE OF CHANGE.
November 1, 2020

DEVELOPMENTAL DISABILITIES SERVICES JOB COACHING RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   Oklahoma Department of Human Services (OKDHS) – Developmental Disabilities Services (DDS) is seeking to implement a provider rate increase for the Job Coaching Individual rate and identify a group size for the Job Coaching and Enhanced Job Coaching rates.
   This increase is reflective of the Centers for Medicare and Medicaid Services (CMS) final rule to support individuals to work in competitive integrated settings and the Oklahoma Human Services True North Goals.

   In addition, DDS is seeking to start two new services; Job Coaching (Groups of 2-3) and Enhance Job coaching (Groups of 2-3). The current rate for Job Coaching and Enhanced Job Coaching will remain the same but serve groups of 4-5.

   The services are available to recipients on the Medicaid In-Home Supports Waiver for Adults, Homeward Bound Waiver and Community Based Waiver.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate structure for services provided in the proposed rate changes are fixed and uniform rates established through the State Plan Amendment Rate Committee process. The services, current service codes and rates are as follows:

Description	Service Code	Current Rate
Job Coaching Individual	T2019 U4	$18.48
Job Coaching	T2019 TF	$13.88
Enhanced Job Coaching Services	T2019 TG	$16.16

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
The new rates are based on the individual rate required to pay the job coach $15 per hour plus the administrative cost. The group was split and a small incentive is provided for those in the group of 2-3.

Description	Service Code	Proposed Rate	Annualized
Job Coaching Individual	T2019 U4	$25.00	$3,276,300
Job Coaching (Groups of 4-5)	T2019 TF	$13.88	No change in cost
Job Coaching (Groups of 2-3)	T2019 HQ	$15.00	$13,500,000
Enhanced Job Coaching Services (Groups of 2-3)	T2019 TG-HQ	$17.28	$2,851,200
Enhanced Job Coaching Service (Groups of 4-5)	T2019 TG	$16.16	No change in cost

6. **BUDGET ESTIMATE.**
The estimated budget impact for the remainder of SFY2021 is an increase in the total amount of $14,720,625; with $4,679,685 in state share. The estimated budget impact for SFY2022 is an increase in the total amount of $19,627,500; with $6,239,582 in state share. The state share will be paid by OKDHS. OKDHS attests it has adequate funding to pay the state share of the projected cost of services.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
A rate increase and new services will bring the rate up to a competitive level and will not have a negative impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
OKDHS requests the State Plan Amendment Rate Committee approve the rates identified above.

9. **EFFECTIVE DATE OF CHANGE.**
October 1, 2020

NON – IMD RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FACILITY RATES

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes a new provider type and rates for substance abuse services provided in residential treatment facilities (RTFs) with 16 beds or less. This change is requested contingent on approval of a State Plan Amendment.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Medicaid rates do not currently exist for substance abuse services provided when a SoonerCare member resides in an RTF with 16 beds or less

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The new reimbursement methodology will have two (2) components:
   - Per diem rates developed from historical ODMHSAS rates and the American Society of Addiction Medicine (ASAM) levels of care (LOC) placement criteria
   - Performance-based bonus payments to promote the goals and outcomes of residential treatment

   Residential SUD Per Diem Fee Schedule

ASAM LOC	Placement Criteria	ODMHSAS Service Description	Current ODMHSAS Rate	Proposed Medicaid Rate	Notes
3.1	Clinically Managed Low-Intensity Residential Services for Adolescents	Halfway House Services	$63.00	$63.00	Physician direct services and medications are separately billable

	Clinically Managed Low-Intensity Residential Services for Adults	Halfway House Services	$ 46.00	$46.00	Physician direct services and medications are separately billable
3.3	Clinically Managed Population-Specific High Intensity Residential Services for adults only	Residential Treatment for Co-occurring Disorders	$100.00	$100.00	Physician direct services and medications are separately billable
3.5	Clinically Managed Medium-Intensity Residential Services for Adolescents	Residential Treatment	$135.00	$135.00	Physician direct services and medications are separately billable
	Clinically Managed High-Intensity Residential Services for Adults	Residential Treatment	$ 85.00	$ 85.00	Physician direct services and medications are separately billable
		Intensive Residential Treatment	$160.00	$160.00	
3.7	Medically Monitored High-Intensity Inpatient Services for Adolescents	Medically Supervised Withdrawal Management	$200.00	$200.00	Physician direct services and medications are separately billable
	Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults	Medically Supervised Withdrawal Management	$200.00	$200.00	
Residential Family-Based Treatment Programs – Allow parents and their children to remain together while the parent receives SUD treatment. Women and children have treatment plans and receive appropriate services, with the goal of improved outcomes and parenting skills.					
		Halfway House Services	$63.00/ $117.00	$117.00	Physician direct services and

3.1		Residential Treatment	$100.00	$180.00	medications are separately billable.
3.5	Specialty Programs for Pregnant and Parenting Women	Intensive Residential Treatment	$132.00	$250.00	Treatment services for dependent children are separately billable and paid based on the established Medicaid fee schedule.

Performance Based Payments:

Using state-defined measures, an analysis will be performed to determine which providers will receive a performance-based payment. The amount available for all measures is up to 10% of per diem payments paid to providers in the reporting period. To earn the performance-based payment, each provider must meet or exceed the state benchmark for all measures. If all measures are met or exceeded, the provider will receive a bonus in the amount of 10% of per diem payments paid to the provider within the reporting period.

6. **BUDGET ESTIMATE.**

The estimated budget impact for SFY2021 is $523,643.65 total/$156,796.36 state share (9 months). The estimated budget impact for SFY2022 is $727,041.37 total/$232,725.94 state share. The budget impact includes the estimated cost of performance based payments. The state share will be paid by ODMHSAS. ODMHSAS attests it has adequate funding to pay the state share of the projected cost of services.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**

The ODMHSAS has determined that this change will have a positive impact in that the State Plan Amendment will provide access to substance use treatment by allowing Medicaid coverage and reimbursement for services provided to eligible adults and adolescents in non-IMD residential treatment settings.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**

The ODMHSAS requests the SPARC to approve the proposed per diem reimbursement rates and performance based payment methodology for RTFs.

9. **EFFECTIVE DATE OF CHANGE.**
October 1, 2020, Pending CMS Approval

IMD RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FACILITY RATES

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes a new provider type and rates for substance abuse services provided in residential treatment facilities (RTFs) with 17 beds or more. This change is requested contingent on approval of the 1115(a) Institution for Mental Disease (IMD) Waiver for Serious Mental Illness (SMI) and Substance Use Disorder (SUD**).**

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Medicaid rates do not currently exist for substance use disorder services provided when a SoonerCare member resides in an RTF with 17 beds or more.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The new reimbursement methodology will have two (2) components:

   - Per diem rates developed from historical ODMHSAS rates and the American Society of Addiction Medicine (ASAM) levels of care (LOC) placement criteria
   - Performance-based bonus payments to promote the goals and outcomes of the waiver

   Residential SUD Per Diem Fee Schedule

ASAM LOC	Placement Criteria	ODMHSAS Service Description	Current ODMHSAS Rate	Proposed Medicaid Rate	Notes
3.1	Clinically Managed Low-Intensity Residential Services for Adolescents	Halfway House Services	$63.00	$63.00	Physician direct services and medications are

					separately billable
	Clinically Managed Low-Intensity Residential Services for Adults	Halfway House Services	$ 46.00	$46.00	Physician direct services and medications are separately billable
3.3	Clinically Managed Population-Specific High Intensity Residential Services for adults only	Residential Treatment for Co-occurring Disorders	$100.00	$100.00	Physician direct services and medications are separately billable
3.5	Clinically Managed Medium-Intensity Residential Services for Adolescents	Residential Treatment	$135.00	$135.00	Physician direct services and medications are separately billable
	Clinically Managed High-Intensity Residential Services for Adults	Residential Treatment	$ 85.00	$ 85.00	Physician direct services and medications are separately billable
		Intensive Residential Treatment	$160.00	$160.00	
3.7	Medically Monitored High-Intensity Inpatient Services for Adolescents	Medically Supervised Withdrawal Management	$200.00	$200.00	Physician direct services and medications are separately billable
	Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults	Medically Supervised Withdrawal Management	$200.00	$200.00	
Residential Family-Based Treatment Programs – Allow parents and their children to remain together while the parent receives SUD treatment. Women and children have treatment plans and receive appropriate services, with the goal of improved outcomes and parenting skills.					
		Halfway House Services	$63.00/ $117.00	$117.00	Physician direct services and

3.1		Residential Treatment	$100.00	$180.00	medications are separately billable.
3.5	Specialty Programs for Pregnant and Parenting Women	Intensive Residential Treatment	$132.00	$250.00	Treatment services for dependent children are separately billable and paid based on the established Medicaid fee schedule.

Performance Based Payments:

Using state-defined measures, an analysis will be performed to determine which providers will receive a performance-based payment. The amount available for all measures is up to 10% of per diem payments paid to providers in the reporting period. To earn the performance-based payment, each provider must meet or exceed the state benchmark for all measures. If all measures are met or exceeded, the provider will receive a bonus in the amount of 10% of per diem payments paid to the provider within the reporting period.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY2021 is $13,194,188.25 total/$3,950,779.77 state share (9 months). The estimated budget impact for SFY2022 is $19,542,886 total/$6,255,677.81 state share. The budget impact includes the estimated cost of performance based payments. The state share will be paid by ODMHSAS. ODMHSAS attests it has adequate funding to pay the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The ODMHSAS has determined that this change will have a positive impact in that the waiver will provide access to mental health and substance use treatment by allowing Medicaid coverage and reimbursement for services provided to eligible adults with SMI/SUD, ages 21-64, within

IMDs. Additionally, individuals under the age of 21 will be eligible to receive residential SUD services within an IMD.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
The ODMHSAS requests the SPARC to approve the proposed per diem reimbursement rates and performance based payment methodology for RTFs.

9. **EFFECTIVE DATE OF CHANGE.**
October 1, 2020, pending CMS approval.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH SERVICES RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes to revise the payment methodology for CCBH services for new CCBHCs certified by ODMHSAS on or after July 1, 2019. The proposed change is to facilitate the expanded use of new mobile technology (e.g., iPads into the community) and crisis stabilization services (Urgent Recovery Centers and mobile crisis teams), with the goal to improve access to community behavioral health services and reducing use of the emergency department.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Facility-specific monthly rates are determined for CCBH services based on the most recent submitted 12-month cost report. Separate rates are determined for standard populations and for special populations. Costs are inflated to the midpoint of the rate year by the Medicare Economic Index. The current average standard rate for all CCBH provider-specific (urban and rural) rates is $775 per member per month (PMPM).

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   A payment adjustment of $50 PMPM added to the inflated provider-specific rate will be paid to providers whose CCBH standard rate is less than 95% of the average of all urban and rural CCBH provider-specific standard rates and is effective 12 months following the determination of the final rate.

6. **BUDGET ESTIMATE.**
   The estimated budget impact of the rate change is an increase to ODMHSAS in the amount of $1,954, 000 Total; $580,865 state share for the remainder of SFY2021. The estimated annualized cost increase for SFY2022 is $2,344,800; $750,570 state share. The state share

will be paid by ODMHSAS. ODMHSAS attests it has adequate funding to pay the state share of the projected cost of services.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Agency has determined that this change will have no adverse impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   OKDMH requests the State Plan Amendment Rate Committee approve the proposed facility-specific adjustment to the standard population rate.

9. **EFFECTIVE DATE OF CHANGE.**
   September 1, 2020, pending CMS approval.