

# Oklahoma

Data as of July 2003

## Mental Health and Substance Abuse Services in Medicaid and SCHIP in Oklahoma

As of July 2003, 545,326 people were covered under Oklahoma's Medicaid/SCHIP programs. There were 498,031 enrolled in the Medicaid program, and 47,295 enrolled in the Medicaid SCHIP expansion program. In state fiscal year 2003, Oklahoma spent \$2.4 billion to provide Medicaid services.

In Oklahoma, low-income children may be enrolled into the Medicaid program or an SCHIP Medicaid expansion program based on the child's age and their family's income.

- The Medicaid program serves infants under 1 from families earning 150% FPL or less, children 1-6 from families earning 133% FPL or less and children age 6-18 from families earning 100% FPL or less.
- The SCHIP Medicaid expansion program serves children through age 18 from families with incomes of no more than 185% FPL who do not otherwise qualify for Medicaid.

In 2001, Oklahoma obtained a Medicaid/SCHIP 1115 waiver (SoonerCare) from the federal government. This waiver enables them to require most Medicaid beneficiaries to enroll into Medicaid managed care.

- Beneficiaries who live in rural areas must choose a capitated Prepaid Ambulatory Health Plan (PAHP) that delivers only primary care. Beneficiaries enrolled into the PAHPs continue to receive all mental health and substance abuse services through the fee-for-service system.
- Beneficiaries who live in urban areas must choose a comprehensive Managed Care Organization (MCO) that delivers up to \$10,000 in mental health and substance abuse services. Beneficiaries whose need exceeds this limit may access additional mental health and substance abuse services through the fee-for-service system.

As of July 2003 there were 501,821 Medicaid beneficiaries in the Medicaid program. 177,544 of these were enrolled in comprehensive MCOs, and 153,838 were enrolled in PAHPs.

## Medicaid

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### *Who is Eligible for Medicaid?*

#### **Families and Children**

1. Low income families with children who meet the requirements for receipt of AFDC specific in the State's AFDC plan as of July 16, 1996. The income limit varies by family size and composition, but is about 57% FPL.
2. Pregnant women and children under 1 from families with incomes of 150% FPL or less.
3. Children, age 1-6 with incomes of 100% FPL or less.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

#### **Aged, Blind, and Disabled**

1. Individuals eligible to receive SSI or Oklahoma's supplemental payment.
2. Aged, Blind, and Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
3. Individuals under the age of 21 who are receiving active treatment as inpatients in psychiatric facilities or programs, reside in a nursing facility, or reside in an ICF-MR.

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4. Individuals who are in institutions for at least 30 consecutive days and who earn no more than 300% of the maximum SSI cash benefit.
5. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

## Medically Needy

Oklahoma does not have a medically needy program. The state plan amendment ending that program was approved in June 2003.

## Waiver Populations

Oklahoma has an 1115 waiver that allows them to require beneficiaries to enroll into managed care. This waiver does not expand Medicaid eligibility.

## What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Oklahoma Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Oklahoma must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

### Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Mental Health Care	Inpatient hospital services to treat mental health conditions.	<ul style="list-style-type: none"> <li>• Adult beneficiaries are limited to 24 days per individual per State fiscal year for general acute care inpatient services.</li> <li>• All children's psychiatric admissions require prior authorization from the Medicaid agency or its designated agent of both the admission and length of stay.</li> </ul>
Inpatient Chemical Dependency Treatment	Inpatient detoxification for adults	Adult beneficiaries may receive only 15 days/admission and all admissions must be approved by the Medicaid agency or its designated agent. The approval may be retroactive.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient behavioral health services	Services to treat mental health and substance abuse disorders that are provided in an outpatient hospital setting, including: <ul style="list-style-type: none"> <li>• Treatment Plan Development and review</li> <li>• Individual Counseling</li> <li>• Group Counseling</li> <li>• Family Counseling</li> <li>• Psychological testing</li> <li>• Medical review</li> <li>• Individual and group Rehabilitative Treatment Services, including               <ul style="list-style-type: none"> <li>– educational and supportive services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Services may only be provided as part of an individualized treatment plan that was developed to treat mental health and/or substance abuse disorder(s) identified in an assessment.</li> <li>• Beneficiaries may only receive the following amounts of service without the prior approval of the Medicaid agency               <ul style="list-style-type: none"> <li>– One treatment plan development/calendar year and one plan review per calendar year</li> <li>– Six, 30 minute units of individual counseling/calendar year,</li> <li>– Two, 30 minute units of family counseling/calendar year,</li> <li>– One medical review/month</li> <li>– Eight, 15 minute units/month; 40 units/year</li> </ul> </li> </ul>

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<b>Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services</b>		
Service	Description	Coverage Requirements
	<ul style="list-style-type: none"> <li>regarding independent living,</li> <li>– self care,</li> <li>– social skills</li> <li>– development/redevelopment,</li> <li>– lifestyle changes and</li> <li>– recovery principles and practices</li> <li>– Crisis intervention services</li> <li>– Community Based Structured Emergency Care.</li> <li>• Specific opioid treatments, such as methadone and/or LAAM are not covered</li> </ul>	<ul style="list-style-type: none"> <li>of crisis intervention</li> <li>– 128, 3 hour increments of community based structured emergency care/year</li> <li>• Beneficiaries may not receive any amount of the following services without the prior authorization of the Medicaid agency or its agent:               <ul style="list-style-type: none"> <li>– Group counseling or rehabilitative group treatment</li> <li>– Psychological testing</li> </ul> </li> <li>• Children receiving Residential Behavioral Management Services in a Foster or Group Home may receive Outpatient Behavioral Health Services only if prior authorized by the Medicaid agency or its designated agent.</li> <li>• A beneficiary must age 18 or older in order to qualify for Community Based Structured Emergency Care services</li> <li>• Services may be provided by:               <ul style="list-style-type: none"> <li>– Community based outpatient behavioral health organizations, that have a current accreditation status as a provider of behavioral health services, from the Commission on the Accreditation of Rehabilitative Facilities, the Joint Commission on the Accreditation of Healthcare Organizations</li> <li>– Community based social or family services organizations accredited by the Council on Accreditation Mental Health or Substance Abuse program.</li> <li>– Psychiatric and acute care hospitals that are licensed to perform Outpatient Behavioral services</li> </ul> </li> </ul>
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide any covered service that a physician may provide, as long as it is within the performing provider's scope of practice.	Mental health and substance abuse services provided in an FQHC or RHC must meet the same requirements as those provided in another setting

<b>Physician Services</b>		
Service	Description	Coverage Requirements
Physician Services	Physicians, including psychiatrists, may provide psychotherapy services that are within their scope of practice as described under "Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services".	Services are subject to the same coverage requirements as those described under "Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services"

<b>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21</b>		
Service	Description	Coverage Requirements
Psychologist services	Services of licensed psychologists, practicing within his/her scope of practice as defined in state law	<ul style="list-style-type: none"> <li>• The service may only be provided to a child under age 21.</li> <li>• The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child</li> </ul>

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Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
		visit).
Behavior health rehabilitation services	<p>Services to children and youth with special, psychological, social and emotional needs, including:</p> <ul style="list-style-type: none"> <li>• group treatment,</li> <li>• individual therapy,</li> <li>• family therapy,</li> <li>• Substance abuse/chemical dependency therapy, basic living skills redevelopment,</li> <li>• social skills redevelopment, crisis behavior management.</li> </ul>	<ul style="list-style-type: none"> <li>• To qualify for services a child must have special, psychological, social and emotional needs requiring intensive, therapeutic care.</li> <li>• No service may be provided without the prior authorization of the Medicaid agency.</li> <li>• Services may only be provided as part of an active individual treatment plan.</li> <li>• The service may only be provided to a child under age 21.</li> <li>• The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child visit).</li> </ul>
Child Guidance Treatment Encounter:	<p>Individual, family, or group treatment services to children who are having specific disorders or delays in development, emotional, or behavioral problems, or disorders of speech, language or hearing.</p>	<ul style="list-style-type: none"> <li>• Services may only be provided as part of an active individual treatment plan.</li> <li>• The service may only be provided to a child under age 21.</li> <li>• The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child visit).</li> <li>• Beneficiaries may receive no more than the following amounts of therapy without the prior authorization of the Medicaid agency: <ul style="list-style-type: none"> <li>– 96, 30 minute units/12 months; 3 units/day of individual treatment</li> <li>– 160, 30 minute units/12 months; no more than 5 children/group of group treatment</li> </ul> </li> </ul>
IDEA services	<p>Services to children age 0-3 that are identified in an Individual family services plan (IFSP), including:</p> <ul style="list-style-type: none"> <li>• psychological evaluation and testing:</li> <li>• Child Guidance Treatment Encounter:</li> </ul>	<ul style="list-style-type: none"> <li>• Services may only be provided as part of an IFSP.</li> <li>• The service may only be provided to a child under age 3.</li> <li>• The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit.</li> <li>• Child guidance treatment services are subject to the coverage requirements for that service.</li> </ul>
Residential Behavior Management Services in Group Settings and Non- Secure Diagnostic and Evaluation Centers	<p>Services to children residing in a group setting, including</p> <ul style="list-style-type: none"> <li>• Treatment Plan Development</li> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> <li>• Substance Abuse/Chemical Dependency Education Prevention</li> <li>• Substance Abuse/Chemical Dependency Education Therapy</li> <li>• Basic Living Skills Redevelopment</li> <li>• Social Skills Redevelopment</li> <li>• Behavior Redirection</li> </ul>	<ul style="list-style-type: none"> <li>• To qualify for services a beneficiary must be a child (under age 21) in the care and custody of the State with special psychological, behavioral, emotional and social needs that require more intensive care than can be provided in a family or foster home setting.</li> <li>• Services may only be provided as part of an individual treatment plan that is formulated within 30 days of admission and updated at least every 6 months.</li> <li>• The amount of treatment services that any beneficiary may receive in this category varies by the type of residential facility--with more intensive and greater amounts of treatment being provided in more structured facilities.</li> </ul>

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<b>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21</b>		
Service	Description	Coverage Requirements
School-based Services	<p>Services provided by schools, including:</p> <ul style="list-style-type: none"> <li>psychological evaluation and testing:</li> <li>Child Guidance Treatment Encounter:</li> </ul>	<ul style="list-style-type: none"> <li>Services may only be provided as part of an Individualized Educational Plan (IEP).</li> <li>The service may only be provided to a child under age 21.</li> <li>The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit.</li> <li>Child guidance treatment services are subject to the coverage requirements for that service.</li> </ul>

## Optional State Plan Services

<b>Other Licensed Practitioners</b>		
Service	Description	Coverage Requirements
Psychologist services	<p>Services of a licensed psychologist, including</p> <ul style="list-style-type: none"> <li>Individual psychotherapy</li> <li>Group Therapy</li> <li>Family therapy</li> <li>Psychological testing</li> </ul>	These services may only be provided as described under EPSDT services.

<b>Clinic Services</b>		
Service	Description	Coverage Requirements
Mental Health Clinic Services	<p>Medical and remedial care services provided by a mental health clinic as described under outpatient services, including:</p> <ul style="list-style-type: none"> <li>Crisis Intervention</li> <li>Assessment and Treatment plan Development</li> <li>Psychological Testing</li> <li>Individual Psychotherapy</li> <li>Family Psychotherapy</li> <li>Group Psychotherapy</li> <li>Medical Review</li> <li>Treatment review</li> </ul>	Services provided by mental health clinics are subject to the coverage criteria described in the "Outpatient behavioral health services" row of the "Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services" table
Maternity Clinic Services	<ul style="list-style-type: none"> <li>Medical and remedial care services provided by maternity clinics to all pregnant women.</li> <li>Specific services include:                             <ul style="list-style-type: none"> <li>Psychosocial assessment and counseling</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Only beneficiaries who are pregnant women, have received an approved assessment and been found to have a high-risk pregnancy may receive these services</li> <li>Psychosocial assessment/counseling is provided only for the purpose of developing a social work care plan based upon the health risks due to psychosocial factors.</li> <li>Counseling is provided only to women whose pregnancy complications require psychosocial intervention as an essential element of treatment.</li> <li>Beneficiaries may receive no more than the following amounts of service without the prior authorization of the Medicaid agency or its agent                             <ul style="list-style-type: none"> <li>6 sessions/pregnancy.</li> <li>A combined total of 12 sessions/pregnancy of:</li> </ul> </li> </ul>

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		Nutritional Counseling, Health Education, Psychosocial Counseling and Genetics Counseling.
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<b>Inpatient Psychiatric Services (for persons under the age of 22)</b>		
Service	Description	Coverage Requirements
Inpatient psychiatric facility services for individuals under 22.	Inpatient psychiatric services are services provided in an in an institution which is accredited as a psychiatric facility or program by JCAHO.	<ul style="list-style-type: none"> <li>All psychiatric admissions require prior authorization from the Medicaid agency or its designated agent of both the admission and length of stay.</li> <li>Extensions beyond the approved length of stay must also be approved by the designated agent.</li> </ul>

<b>Rehabilitative Services</b>		
Service	Description	Coverage Requirements
Outpatient Behavioral Health Services	<ul style="list-style-type: none"> <li>Services available under this benefit are those identified under                             <ul style="list-style-type: none"> <li>"Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services;" and</li> <li>"Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21".</li> </ul> </li> <li>These include:                             <ul style="list-style-type: none"> <li>Treatment Plan Development</li> <li>Individual Therapy</li> <li>Group Therapy</li> <li>Family Therapy</li> <li>Substance Abuse/Chemical Dependency Education Prevention</li> <li>Substance Abuse/Chemical Dependency Education Therapy</li> <li>Basic Living Skills Redevelopment</li> <li>Social Skills Redevelopment</li> <li>Behavior Redirection</li> </ul> </li> </ul>	<p>These services must meet the same coverage requirements as those described under:</p> <ul style="list-style-type: none"> <li>"Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services;" and</li> <li>"Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21".</li> </ul>

<b>Targeted Case Management</b>		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	<ul style="list-style-type: none"> <li>Services are those services and activities that help Medicaid beneficiaries, and sometimes their families, to identify their needs and manage, and gain access to necessary medical, social, rehabilitative, vocational, educational, and other services.</li> <li>Specific services include                             <ul style="list-style-type: none"> <li>assessment,</li> <li>development of case plans,</li> <li>referral and linkage to</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>To qualify for services beneficiaries must belong to one of the following groups:                             <ul style="list-style-type: none"> <li>The Chronically and or Severely Mentally Ill under 21 years of age</li> <li>The chronically mentally ill age 21 or older.</li> <li>Persons under age 21 who are in imminent risk of out-of-home placement for psychiatric or substance abuse reasons or are in out-of-home placement due to psychiatric or substance abuse</li> </ul> </li> <li>Services may only be provided as part of an active plan of care that is approved by the Medicaid agency or its agent.</li> </ul>

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	services – ongoing monitoring and follow-up services, and – Discharge planning.	
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## **SCHIP Medicaid Expansion Program**

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### ***Who is Eligible for the SCHIP Medicaid Expansion Program?***

The SCHIP Medicaid expansion program serves

1. Pregnant women and children under age 1 from families with incomes between 150-185% FPL.
2. Children age 1-5 from families with incomes of 133-185% FPL.
3. Children age 6-18 from families with incomes of 100-185% FPL.

### ***What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?***

Service coverage in the SCHIP Medicaid Expansion Program is identical to coverage in the Medicaid program, which was described in the previous section.

## **Separate SCHIP Program**

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***Oklahoma has no Separate SCHIP Program***