



## OKLAHOMA Mental Health & Substance Abuse

### IMPORTANT IMD WAIVER INFORMATION AND INSTRUCTIONS: RESIDENTIAL LEVEL OF CARE (HALFWAY HOUSE, RESIDENTIAL SUBSTANCE USE DISORDER, AND MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT) PROVIDERS

**Note: This document serves to outline the actions and information that will be important for providers once the IMD Waiver is implemented on January 18, 2021.**

#### OHCA Provider Enrollment

1. Oklahoma Health Care Authority (OHCA) enrollment will begin on January 18, 2021.\*
2. CCARCs currently enrolled with OHCA that are providing residential level of care services do NOT need to complete separate OHCA enrollment.
3. All other providers will be able to enroll online at: <http://www.okhca.org/providers.aspx?id=105>
4. For most providers, enrollment will take about 15 minutes and you will be able to start billing Medicaid for residential level of care services once you receive your Welcome Letter from OHCA, which will occur within 24 hours of enrollment approval.
5. You will select "New Contracts" and then will be asked to either log in or create a new account. You will need to create a new username and password for each separate enrollment. The system will not allow multiple enrollments using the same username.
6. Select the appropriate contract type. Please note that a separate contract with OHCA is required for each level of care: halfway house (ASAM 3.1), residential SUD (ASAM 3.3 and/or 3.5), and medically supervised withdrawal management (ASAM 3.7).
7. Fill out the information and attach the necessary documents, including your ODMHSAS certification.
8. Currently certified providers are exempt from the Certificate of Need requirement and, if not currently nationally accredited, are exempt from that requirement until January 1, 2022. Providers will receive exemption letters from ODMHSAS by email to upload in the OHCA provider enrollment application in place of those documents. If you currently have national accreditation, please do NOT upload your accreditation exemption letter. Please upload your national accreditation documentation.
9. Please remember to keep your provider file up to date by accessing your online account.

*Questions regarding the OHCA provider enrollment process can be directed to:  
1 (800) 522-0114, option 5*

*\*Please note the provider enrollment call center will be unavailable on January 18 due to the state holiday but will be available during regular business hours starting January 19.*



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### Individual SoonerCare Enrollment

1. For individuals you serve who aren't already enrolled in Medicaid/SoonerCare, please remember to continue to determine Medicaid eligibility and enroll all eligible individuals at admission. This is vital to ensure we can receive Medicaid funding for eligible individuals.
2. Visit [mysooner.org](http://mysooner.org) for online eligibility determination and enrollment, as well as how to tutorials. A training will also be available to providers in the coming weeks.

### Billing

1. Please reference the attached billing guide to identify the appropriate per diem codes for your level of care. These generally will be the same as the codes you were billing prior to the waiver with some exceptions for dependent children; however, please reference the provided billing guide and be careful to only bill codes that align with your certification and the service description.
2. Only stays that begin on or after January 18, 2021 will be eligible for Medicaid reimbursement for Medicaid eligible individuals.
3. Medications for Medication Assisted Treatment (MAT) must be available to individuals and are separately billable by the residential level of care provider or an off-site MAT provider. A list of medication codes for MAT is provided in the attached billing guide. Other medications are also separately billable for individuals enrolled in SoonerCare.
4. Physician services are also separately billable. See the attached billing guide.
5. Please note that billing for any other Medicaid compensable service while billing the per diem is not permissible. This includes billing by off-site providers.

*Please note that billing procedures are subject to change. Information will be posted and updated at [http://www.odmhsas.org/picis/BillingInfo/arc\\_Billing\\_info.htm](http://www.odmhsas.org/picis/BillingInfo/arc_Billing_info.htm)*

*Questions regarding billing can be directed to:  
[gethelp@odmhsas.org](mailto:gethelp@odmhsas.org) or 405-248-9326*

### Assessments and Treatment Plans

1. To align with CMS guidelines, residential and halfway house providers must complete assessments on admitted individuals within 2 days of admission.
2. Service plans must be completed within 4 days of admission.
3. These updated requirements will be reflected in OHCA and ODMHSAS administrative rules.



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### Prior Authorizations

Instead of the ODASL, providers will use an electronic system and tool available at [https://ww4.odmhsas.org/AccessControl\\_new/clientinfo/](https://ww4.odmhsas.org/AccessControl_new/clientinfo/) to determine the appropriate ASAM level of care in order to produce the necessary prior authorization (PA). New providers will need to create an account at <https://ww4.odmhsas.org/approvalregister/CreateAccount.aspx>. This ASAM placement tool can be completed in one of two ways:

1. Complete both an ASI assessment and the ASAM placement tool together. This option requires an LBHP and can be billed as an assessment (for the ASI) and a screening (for the ASAM tool). The NPI of the assessing clinician should be input at the end of the placement tool.
2. Outpatient providers (outpatient SUD, OTPs, CMHCs, CCARCs, crisis centers) only may complete the tool without completing an ASI. This option can be completed by a bachelor's level staff (e.g., CM II, CADC) but must be billed as a screening only, not an assessment.

Residential level of care providers can complete the tool for walk-ins but may only complete it using option 1 (requiring an ASI/LBHP). Providers should first check PICIS to determine if the individual already has an appropriate ASAM score for residential level of care services. If you determine someone ineligible for your services and you do not admit them, you may bill for the assessment/screening. Otherwise it is NOT separately billable for those admitted.

#### ***Additional instructions are available at:***

[http://www.odmhsas.org/picis/TraningInfo/arc\\_Training\\_Information.htm](http://www.odmhsas.org/picis/TraningInfo/arc_Training_Information.htm). Please note that prior authorization processes are subject to change. Questions regarding the prior authorization process can be directed to: [gethelp@odmhsas.org](mailto:gethelp@odmhsas.org) or 405-248-9326

### Billing for Providers Serving Women with Dependent Children

1. Dependent children per diems will change to fee-for-service billing of outpatient services. A list of rates and codes is available here: [http://www.odmhsas.org/picis/BillingInfo/arc\\_Billing\\_info.htm](http://www.odmhsas.org/picis/BillingInfo/arc_Billing_info.htm)
2. Any child receiving services must have an assessment and service plan completed.
3. Services may be provided and billed by the residential level of care provider or another outpatient provider. Please remember that if your agency is only certified under Chapter 18, you may only provide services to the child related to the parent's addiction as documented in the child's service plan. Unrelated mental health services must be provided by a provider with outpatient mental health certification/enrollment. You may seek certification and/or accreditation for mental health services if desired.
4. All dependent children still must have a completed Consumer Data Core (CDC) to document the child is present in order to track appropriate payment of the parent's per diem rate. Please use transaction type 23 for both the parent and child. The child's presenting problem must be documented as "dependent child" and the family ID must be the parent's member ID. Please see the information below regarding prior authorizations for dependent children.



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### Prior Authorization for Providers Serving Women with Dependent Children

1. For both the parent and child, please complete the CDC with a transaction type 23. For the parent, the system will look to see if there is a qualifying ASAM score. If there is, a residential treatment PA will be given for the parent for 30 days, with a potential for an extension if needed. For the child, there will not be an ASAM PA so the system will return a PA with 0 days.
2. The child's presenting problem must be documented as "dependent child" and the family ID must be the parent's member ID. This allows us to pay the appropriate per diem for the parent.
3. If the residential level of care provider is providing services to the child, a level of care change (transaction type 40) must be completed and will produce an outpatient PA for the child.
4. If another provider is providing the outpatient services to the child, that outpatient provider must do a separate CDC and receive a separate PA for outpatient services. Both providers may provide outpatient services as long as each has the appropriate PA.

### Administrative Rules

New emergency rules for residential level of care providers are in place for both ODMHSAS and OHCA. ODMHSAS rules will continue to outline provider certification standards. New OHCA rules outline requirements for provision of these services as Medicaid compensable services.

While OHCA rules generally align with ODMHSAS certification standards, there is some additional language and specificity regarding SoonerCare requirements. It is important to know and follow these rules carefully in addition to ODMHSAS rules. Both agencies will engage in the permanent rulemaking process with the public comment period beginning January 15, 2021. You may view the permanent rules and submit comments by visiting each agency's website.

- **ODMHSAS Rules** – Chapter 18 and Chapter 24 have been updated through emergency rulemaking to make certain changes for the IMD waiver (e.g., the requirement that access to MAT medications be provided). The updated chapters are available at the ODMHSAS website at: [https://www.ok.gov/odmhsas/Additional\\_Information/Provider\\_Certification/ODMHSAS\\_Administrative\\_Rules/Administrative\\_Rules\\_That\\_Are\\_Currently\\_In\\_Effect.html](https://www.ok.gov/odmhsas/Additional_Information/Provider_Certification/ODMHSAS_Administrative_Rules/Administrative_Rules_That_Are_Currently_In_Effect.html)
- **OHCA Rules** – New emergency rules for residential level of care providers have been approved and are in Chapter 30, Subchapter 5, Part 6 and begin at Section 95.43. They are available here: <https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/individual-providers-and-specialties/inpatient-psychiatric-services.html>