

## **OKLAHOMA**

*This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.*

### **Types of Facilities**

*Mental Health (MH) and Substance Use Disorder (SUD):* Oklahoma regulates Community-based Structured Crisis Centers (CBSCCs), a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization. The CBSCC may provide services in excess of 24 hours during one episode of care.

*Mental Health (MH):* Oklahoma regulates Certified Eating Disorder Treatment Programs (CEDTs), which can be housed in a "residential facility" that provides 24 hour on-site nursing supervision and care.

*Substance Use Disorder (SUD):* Oklahoma regulates two categories of facilities, "public" and private. Public facilities include:

- Halfway Houses (considered by Oklahoma to equate to ASAM Level III.1), low intensity SUD treatment in a supportive living environment to facilitate reintegration into the community. Major emphasis shall be on continuing substance use disorder care and follow-up, and community ancillary services in an environment supporting continued abstinence.
- Halfway House for Persons with Children (equate to ASAM Level III.1), a halfway house that includes services for the recovering person's children who will reside with him or her in the house. Halfway house services for persons with dependent children shall provide substance use disorder treatment services in a residential setting and shall include a planned regimen of twenty-four (24) hour, seven (7) days a week, supervised living arrangements, to include professionally directed evaluation, care, and treatment, under a defined set of policy and procedures, in a permanent setting.
- Non-Medical Withdrawal Management (equate to ASAM Level III.2-WM), withdrawal management services for intoxicated consumers and consumers withdrawing from alcohol or other drugs presenting with no apparent medical or neurological symptoms as a result of their use of substances. It is intended to stabilize and prepare consumers to access further treatment.

- Medically Supervised Withdrawal Management (equates to ASAM Level III.7-WM), withdrawal management outside of a medical setting, directed by a physician who has attendant medical personnel including nurses for intoxicated consumers, and consumer's withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization. Withdrawal management is intended to stabilize and prepare consumers to access further treatment.
- Residential Treatment-Substance Abuse (equates to ASAM Level III.5 (High-Intensity)), a live-in setting which provides a regimen consisting of twenty-four (24) treatment hours per week. Also known as Intensive Residential Treatment for Adults.
- Residential Treatment for Persons with Children-Substance Abuse (equates to ASAM Level III.5 (Parent Only)), professionally directed evaluation, care, and residential treatment that includes services for the recovering person's children who will reside with him or her in the residential facility.
- Adult Residential Treatment for Consumers with Co-Occurring Disorders, SUD and MH treatment provided in a residential setting offering a planned regimen of twenty-four (24) hour structured evaluation, care, and treatment, under a defined set of policy and procedures, in a permanent setting.

Comprehensive Community Addiction Recovery Centers (CCARCs) are private SUD facilities that include core services, which do not include residential treatment, but where residential treatment is an optional component. Facility types include:

- Medically supervised withdrawal management.
- Non-medical withdrawal management.
- Residential treatment-substance abuse.
- Residential treatment for persons with children-substance abuse.
- Adult residential treatment for consumers with co-occurring disorders.
- Halfway house services.
- Halfway house services for persons with dependent children.

*Unregulated Facilities:* It is possible that there are residential mental health treatment facilities in addition to crisis or eating disorder facilities that are unregulated. We do not include Community Residential Mental Health Facilities in this summary because they do not include

clinical treatment within the facility. We do not include Mental Illness Service Programs because outpatient services are included in the “core services” that must be provided by such programs.

## **Approach**

The Oklahoma State Board of Mental Health and Substance Abuse Services (ODMHSAS) regulates: (1) CBSCCs, which may only be operated by CMHCs certified or operated by ODMHSAS; (2) CEDTs; (3) SUD treatment services that are ODMHSAS facilities, facilities under contract with ODMHSAS, and all facilities otherwise subject to certification by ODMHSAS; and (4) private CCARCs.

## **Processes of Licensure or Certification and Accreditation**

*Mental Health (MH) and Substance Use Disorder (SUD):* ODMHSAS certification (also referred to as a license) is required for CBSCCs, CEDTs, and SUD residential treatment programs that are ODMHSAS facilities; facilities under contract with ODMHSAS; and all facilities subject to certification by ODMHSAS. In addition, private facilities (CCARCs) that are residential facilities may be certified.

- Accreditation is not required but ODMHSAS may accept accreditation granted by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation of Services for Families and Children, Inc. (COA), as compliance with certain specific ODMHSAS standards. For such to be considered, the facility shall make application and submit evidence to the ODMHSAS of current accreditation status. Certification with special distinction requires, among other things, that the facility has attained national accreditation (COA, CARF, or TJC) for the services to which ODMHSAS Certification applies.
- Site inspections are required for licensure and renewal. The focus of the inspection is primarily on regulatory compliance.
- A Certificate of Need is not required for operation.
- A permit for temporary operations may be granted for up to 6 months. Full certification duration is one or two years, depending on level of compliance with regulations. If certain conditions are met, a program may receive certification with special distinction for three years. The primary focus of certification is on compliance with regulatory requirements.

## **Cause-Based Monitoring**

*Mental Health (MH) and Substance Use Disorder (SUD):* Certifications may be revoked, reduced, or suspended and a certificant may be reprimanded. Site visits are required to determine corrections of deficiencies and may be conducted for other reasons and may be unannounced. Plans of correction may be required.

## **Access Requirements**

*Mental Health (MH) and Substance Use Disorder (SUD):* All facilities are required to comply with the ADA and have a policy of non-discrimination against persons with HIV infection or AIDS. Researchers did not locate wait time requirements.

CBSCCs must be specifically accessible to individuals who present with cooccurring disorders and have the capacity to treat individuals in emergency detention status. As part CBSCCs must have written policy and procedures ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access triage crisis response based on arbitrary alcohol or drug levels, types of diagnosis or medications while remaining in compliance with facility certification, licensure, and medical standards.

## **Staffing**

*Mental Health (MH) and Substance Use Disorder (SUD):* CBSCCs must always have a physician available for the crisis unit, either on-duty or on call, responding within 20 minutes. Staff providing triage services must meet clinical privilege and knowledge requirements. Adequate licensed nurses and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week. Crisis stabilization services must be provided by a co-occurring disorder capable multidisciplinary team of medical, nursing, social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served. Staff members assigned to a medical supervised detoxification component shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures as well as demonstrating core competencies in addressing the needs of individuals receiving detoxification services who may have co-occurring mental health disorders and be on psychotropic medication.

Each CBSCC must meet certain requirements regarding personnel policies and records, including a written plan for the professional growth and development of all administrative, professional clinical and support staff, including but not be limited to: (1) orientation procedures; (2) in-service training and education programs; (3) availability of professional reference materials; and (4) mechanisms for insuring outside continuing educational

opportunities. The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes. Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff. Staff education and in-service training programs shall be evaluated by the CBSCC at least annually. Among the required trainings are ones related to abuse reporting, cultural competence, trauma informed care, first aid and CPR, non-physical interventions, and, as required, physical interventions.

*Mental Health (MH):* CEDTs must have personnel policies and procedures and are subject to staffing requirements regarding qualifications of those providing clinical services, emergency examinations, medical services, and dietary services. Staffing ratios or other staffing level requirements are in place specific to licensed registered nurses, licensed practical nurses, other nursing staff, including mental health technicians or nursing aides. Training requirements include those regarding orientation, in-service, and continuing education. Staff education and in-service training programs must be evaluated by the CEDT at least annually. Inservice presentations shall be conducted each calendar year and are required for all employees and volunteers on the following topics, among others: consumer rights, confidentiality, abuse reporting, policy and procedures, cultural competence, and trauma-informed care.

*Substance Use Disorder (SUD):* All residential SUD facilities, public and private, must comply with requirements for personnel policies and procedures, qualifications for those providing clinical services, and for volunteers, clinical supervision, and staff privileging.

- Medically-supervised withdrawal management requirements include but are not limited to those requiring a licensed physician be on site or on call at all times; staff members be knowledgeable about signs of withdrawal, the taking of vital signs, the implication of vital signs, and emergency procedures; licensed nurses to provide twenty-four (24) hour monitoring; and statutorily approved personnel to administer medications. Staff providing direct care shall have documented knowledge regarding facility-required education, evidenced based practices, training, and policies.
- Non-medical withdrawal management requirements are similar to those above but a licensed physician need only be on call at all times; the requirements regarding nursing are not present; and service providers must be trained and competent to implement physician-approved protocols for consumer observation and supervision, determination of appropriate level of care, and facilitation of the consumer's transition to continuing care.
- Residential Treatment, Intensive Residential Treatment, and Halfway Houses for adults: A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week. The facility shall maintain documentation that service providers are knowledgeable regarding the biopsychosocial dimensions of substance use

disorders, evidenced-based practices, cultural, age, and gender specific issues, and co-occurring disorder issues. Staff shall be at least eighteen (18) years of age. The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services. The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week. Additional requirements apply to other residential treatment including but not limited to the below:

- Adult Residential Treatment for Consumers with Co-Occurring Disorders: The facility shall maintain availability of a licensed physician, who is knowledgeable in SUD and MH issues to provide evaluation, treatment and follow-up; and will be available by telephone twenty-four (24) hours per day, seven (7) days per week.
- Residential Treatment for Persons with Children and Halfway House for Persons with Children: Additional requirements include but are not limited to knowledge or training regarding treatment for infants, toddlers, preschool children, and school-age children; identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive, and sexual abuse of children; child development and age appropriate behaviors; parenting skills; and the impact of substances and substance use disorders on parenting and family units.

## **Placement**

*Mental Health (MH) and Substance Use Disorder (SUD):* Crisis stabilization services may be utilized only after less restrictive community resources have been determined to be inadequate to meet the current needs of the consumer. The CBSCC shall assess each individual to determine appropriateness of admission. Assessment at intake must include a health and drug history, a mental health history, and a substance abuse history and screening for withdrawal risk and injection drug use. Consumer assessment information for consumers admitted to facility-based crisis stabilization shall be completed within 72 hours of admission. If consumers are not able to stabilize in or are not appropriate for the CBSCC unit, linkage services shall be provided.

*Mental Health (MH):* A CEDT must conduct a comprehensive assessment of each consumer's service needs in a timely manner. The regulations include detail regarding what the assessment must include. The CEDT shall have policy and procedures specific to each program service that dictate time frames by when assessments must be completed and documented. All facilities shall assess each individual to determine appropriateness of admission. The CEDT shall have policy and procedures that dictate timeframes by when intake assessment must be completed for each program service to which a client is admitted.

*Substance Use Disorder (SUD):* All facilities shall complete a face-to-face screening with each individual to determine appropriateness of further assessment. Requirements for ODMHSAS facilities or ODMHSAS-contracted facilities follow. Similar requirements exist for CCARCs. The facility shall maintain written screening policies and procedures. All facilities shall assess each consumer for appropriateness of admission to the treatment program. Each presenting

consumer for substance use disorder treatment shall be assessed, according to ASAM criteria, which includes a list of symptoms for all six dimensions and each level of care to determine a clinically appropriate placement in the least restrictive level of care. The Oklahoma Determination of ASAM Service Level (ODASL) must be completed when determining clinically appropriate residential treatment placement. Should the service provider determine the consumer's needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented. Any consumer seeking admission to residential services, including medically-supervised withdrawal management and non-medical withdrawal management while under the influence or undergoing withdrawal of alcohol or drugs, shall be assessed prior to admission for medical needs. Facilities shall have written policies and procedures for the purpose of admitting and assessing persons with special needs. All programs shall complete a biopsychosocial assessment using the Addiction Severity Index to be completed by specified personnel during the admission process, within specific timelines established by the facility but no later than the following time frames: (1) Residential Services, seven (7); and (2) Halfway House Services, seven (7) days.

- **Medically-Supervised Withdrawal Management:** A medical assessment for appropriateness of placement shall be completed and documented by a licensed physician during the admission process to the program.
- **Non-Medical Withdrawal Management:** The consumer shall have an addiction-focused history, obtained as part of the initial assessment and reviewed with a physician during the admission process if physician-developed protocols indicate concern.
- **Residential Treatment for Persons with Dependent Children and Halfway House Services for Persons with Dependent Children:** Admission of the children shall depend upon the program's ability to provide the needed services. Discharge from residential treatment for persons with dependent children requires that the children have been linked with needed educational, therapy, and medical services in the planned community of residence.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* All consumers must be involved in discharge planning and, if in need of public assistance, shall be assisted in making application. No consumer, other than those discharged to a correctional facility, shall be discharged without sufficient medications, referral and appointment, among other things.

- For CBSCCs, preliminary assessment will result in an intervention plan addressing mental health, substance use disorder, and other related issues contributing to the crisis. Aftercare and discharge planning are to be initiated for the consumer at the earliest possible point in the crisis stabilization service delivery process. Among other things, an

aftercare plan shall include recommendations for continued follow-up after release from the CBSCC.

*Mental Health (MH):* The initial CEDT treatment plan must be completed after completion of intake assessment or after the first treatment session. The CEDT must have policy and procedures that dictate timeframes by when comprehensive service plans must be completed, as well as service plan updates. The CEDT also develops a discharge summary for the consumer prior to discharge which includes a continuing care plan. This discharge/continuing care plan consists of written recommendations, specific referrals for implementing aftercare services, including medications.

*Substance Use Disorder (SUD):* Requirements for ODMHSAS facilities or ODMHSAS-contracted facilities follow. Similar requirements exist for CCARCs. Requirements for Behavioral Health Service Plans include who must complete it (LBHP or Licensure Candidate) and what must be included (including recovery focus and discharge criteria). Service plan updates should occur at a minimum of every six (6) months during which services are provided. Comprehensive service plans shall be completed according to the time frames outlined by the facility, but no later than: (1) Residential services, eight (8) days; (2) Halfway house services, eight (8) days; and (3) Medically supervised withdrawal management facilities shall complete medical service plans to address the medical stabilization treatment and service needs of each consumer within three (3) hours of admission.

All facilities must assess each consumer for appropriateness of discharge using ASAM criteria that includes a list of symptoms for all six dimensions and each of the levels of care, to determine a clinically appropriate placement in the least restrictive level of care. All facilities must establish a continuing care plan, including assisting the consumer to obtain services that are needed, but not available within the facility, and/or in transitioning from one level of care to another, and/or discharging from a facility. A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer who meets the ASAM dimensional continued service criteria, in each level of care. Case managers from the outpatient facilities to which the consumer will be discharged shall assist the consumer and withdrawal management/residential/halfway house facility, psychiatric inpatient unit, and/or CBSCC, with discharge planning for consumer returning to the community, pursuant to appropriately signed releases and adherence to applicable privacy provisions. Consumers discharging from a withdrawal management/residential/halfway house facility shall be offered case management and other supportive services. This shall occur as soon as possible, but no later than one (1) week post-discharge.

## **Treatment Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* Crisis stabilization services must be co-occurring disorder capable and trauma informed, and include, but not be limited to, the following service components: (1) 24 hour triage services and emergency examination; (2) Co-



occurring capable psychiatric crisis stabilization; and (3) Co-occurring capable drug/alcohol crisis stabilization. Additional specific requirements apply to triage services, crisis stabilization services, and other services. The latter includes: (1) Medically-supervised SUD and MH screening, observation and evaluation; (2) Initiation and medical supervision of rapid stabilization regimen as prescribed by a physician, including medically monitored detoxification where indicated; (3) Medically-supervised and co-occurring disorder capable detoxification; (4) Intensive care and intervention during acute periods of crisis stabilization; (5) Motivational strategies to facilitate further treatment participation for mental health and/or substance abuse needs; and, (6) Referral, linkage or placement, as indicated by consumer needs, including to individuals and families who meet the ODMHSAS definition of homeless.

*Mental Health (MH):* A CEDT must provide the following services: (1) Screening, intake, and assessment services; (2) Referral services; (3) Emergency psychiatric services; (4) Emergency and routine medical services; (5) Physician services; (6) Nursing services; (7) Psychotherapy services; and (8) Dietary services. Specific additional requirements relate to emergency psychiatric services, medical emergencies, medical services, psychotherapy services (including but not limited to clinical hours per week, modality, and approaches); and therapeutic meals and specific dietary services.

*Substance Use Disorder (SUD):* Case management services must be offered to all consumers who have substance-related disorders, and to their family members, if applicable, to ensure access to needed services. Case management shall be co-occurring disorder capable. Specific other services by facility-type follow:

- Medically-Supervised Withdrawal Management and Non-Medical Withdrawal Management: Treatment services include daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder withdrawal management treatment services shall be provided which shall include, but are not limited to, oral intake of fluids, three (3) meals a day, taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one (1) time every six (6) hours or more often as indicated by the consumer's condition.
  - For Medically-Supervised Withdrawal Management, medications are to be prescribed if needed during withdrawal management. The medications are to include those needed for physical health issues and mental impairment if acquired during the withdrawal process.
- Residential Treatment for Adults: Daily 24 hours a day, 7 days a week SUD treatment services must be provided to assess and address individual needs of each consumer and specific requirements must be met to address medical and clinical emergencies. Treatment services must include, among others: (A) Therapy, meeting requirements related to provider qualification, number of hours provided, and use of generally accepted clinical approaches to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. (B) Rehabilitation services, meeting requirements related to provider

qualification, number of hours provided, group ratios, and nature of the services. (C) Educational groups, meeting requirements related to provider qualification, number of hours provided, and nature of the services. (D) Case management, with credentialing and need requirements. (E) Crisis intervention, with credentialing and need requirements. Documentation shall reflect each consumer has received a minimum of twenty-four (24) hours of treatment services each week, including the treatment services required above, in addition to life skills, recreational, and self-help supportive meetings. More extensive treatment requirements are specified for some facility types as follows:

- Intensive Residential Treatment: Among other requirements, documentation must reflect each consumer has received a minimum of thirty-seven (37) hours of treatment services each week.
- Adult Residential Treatment for Consumers with Co-occurring Disorders: Among other things, psychiatric and/or psychological and/or mental health evaluations shall be completed on all consumers.
- Residential Treatment for Persons with Dependent Children: Among other things, detailed requirements are in place related to the treatment, medical care, and education of the children. Exceptions to certain requirements are made for TANF recipients and pregnant women.
- Halfway House Services: Consumers shall participate in a minimum of six (6) hours of structured SUD treatment per week. Other detailed service requirements are included, and, for Halfway House Services for Persons with Dependent Children, these include detailed additional parenting and child services.

## **Patient Rights and Safety Standards**

*Mental Health (MH) and Substance Use Disorder (SUD):* Individuals receiving services operated by, certified by, or under contract with ODMHSAS have specific rights, including but not limited to be notified of their rights, dignity, nondiscrimination, communication, freedom from maltreatment or abuse, religion, vote, confidentiality, to be involved in discharge planning, rights guaranteed by law, and treatment in the least restrictive setting that is appropriate. Seclusion and restraint are limited to specific circumstances. Consumers have the right to assert grievances, which are forwarded to ODMHSAS. Facilities must have a written grievance policy that meets specified criteria. As required, facilities must document and report critical incidents.

- Each CBSCC also must have written policies and procedures addressing mechanical restraints for adults only.

## **Quality Assurance or Improvement**

*Mental Health (MH) and Substance Use Disorder (SUD):* CBSCCs, CEDTs, and all residential SUD treatment facilities must, among other things, have a plan for conducting an organizational

needs assessment; data collection and use; have a performance improvement program; and report performance improvement findings.

## **Governance**

*Mental Health (MH) and Substance Use Disorder (SUD):* Among other things, all certified facilities must have an authority and governance structure to assure legal responsibility and accountability.

*Substance Use Disorder (SUD):* Substantially more detailed requirements are in place for all residential SUD facilities, including but not limited to, a written description of how the facilities will provide recovery oriented, culturally competent, trauma informed, and co-occurring capable services.

## **Special Populations**

*Mental Health (MH) and Substance Use Disorder (SUD):* Specific requirements are in place for non-discrimination against persons with HIV or AIDS, and for compliance with the ADA.

*Substance Use Disorder (SUD):* Requirements related to treatment of those with co-occurring disorders occur throughout the regulations and specific facilities exist for parents with dependent children.

## **Location of Regulatory and Licensing Requirements**

ODMHSAS regulations, title 450, ch. 1, 15, 18, 23, 24, 60<sup>1</sup>. Regulatory requirements reviewed September 20, 2019.

## **Other Information Sources**

S. Gay (ODMHSAS); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

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<sup>1</sup> See <http://okrules.elaws.us/oac/title450>.

# OKLAHOMA MEDICAID

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## Approach

The Oklahoma Health Care Authority (OHCA) oversees the state Medicaid program. Oklahoma does not have a relevant Section 1115 waiver that affects reimbursement of residential services in Institutions for Mental Diseases (IMDs). It historically has relied to some extent on Disproportionate Share Hospital (DSH) payments but not the in lieu of provision to reimburse certain services in IMDs.

## Types of Facilities

*Mental Health (MH) or Substance Use Disorder (SUD):* No evidence of coverage of MH or SUD residential treatment facilities for adults was located, with the exception of limited crisis stabilization services longer than a 24 hour period which may be reimbursed even if they are facility-based and categorized as outpatient:

- Facility Based Crisis Stabilization (FBCS). FBCS services are emergency psychiatric and substance abuse services aimed at resolving crisis situations. This service is limited to providers who contract with or are operated by the ODMHSAS to provide this service within the overall behavioral health service delivery system.

## Processes of Medicaid Enrollment

*Mental Health (MH) and Substance Use Disorder (SUD):* To participate in the Oklahoma Medicaid program, health care providers must have a provider agreement with the Medicaid agency and be appropriately licensed for the service to be provided. The provider agreement may be denied, terminated, or not renewed and other sanctions may apply.

To be reimbursed, FBCS must comply with all requirements applicable to Community-based Structured Crisis Centers (CBSCCs), where services may be provided in excess of 24 hours during only one episode of care. FBCS services are categorized as outpatient and such services must be an Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) certified organization/agency and have a current contract on file with the Oklahoma Health Care Authority.

## **Staffing**

*Mental Health (MH) and Substance Use Disorder (SUD):* State Medicaid requirements specify that FBCS services are provided under the supervision of a physician aided by a licensed nurse, and include LBHPs and Licensure Candidates for the provision of group and individual treatments. A physician must be available.

## **Placement**

*Mental Health (MH) and Substance Use Disorder (SUD):* State Medicaid requirements specify that crisis intervention service notes must include a detailed description of the crisis and level of functioning assessment.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* No evidence of Medicaid-based treatment or discharge planning or aftercare service requirements for residential treatment facilities for adults was located.

## **Treatment Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* State Medicaid requirements specify that the services provided by an FBCS are emergency stabilization, which includes a protected environment, chemotherapy, detoxification, individual and group treatment, and medical assessment. Crisis intervention services must be available twenty-four (24) hours a day, seven (7) days a week.

## **Care Coordination**

*Mental Health (MH) and Substance Use Disorder (SUD):* State Medicaid requirements specify that Behavioral Health Case Management is available to individuals transitioning from institutions to the community [except individuals ages twenty-two (22) to sixty-four (64) who reside in an institution for mental diseases (IMD) or individuals who are inmates of public institutions]. Individuals are considered to be transitioning to the community during the last thirty (30) consecutive days of a covered institutional stay. This time is to distinguish case management services that are not within the scope of the institution's discharge planning activities from case management required for transitioning individuals with complex, chronic,

medical needs to the community. Transition services provided while the individual is in the institution are to be claimed as delivered on the day of discharge from the institution.

## Quality Assurance or Improvement

*Mental Health (MH) and Substance Use Disorder (SUD):* No evidence of Medicaid-based quality assurance or improvement requirements for residential treatment facilities for adults was located.

## Special Populations

*Mental Health (MH) and Substance Use Disorder (SUD):* No evidence of Medicaid-based special population requirements for residential treatment facilities for adults was located.

## Location of Medicaid Requirements

Oklahoma Health Care Authority Medicaid Rules and Regulations<sup>2</sup>. Regulatory data collected December 2019.

## Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

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<sup>2</sup> See

<http://www.oar.state.ok.us/oar/codedoc02.nsf/All/556A34B8C6561955862584850051496C?OpenDocument>.