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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 21-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

December 10, 2020

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
Oklahoma City, OK 73105

Dear Ms. Anthony:

On October 5, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 21-0006. This SPA was submitted to revise coverage and reimbursement for services provided by physical therapist (PT) assistants, occupational therapist (OT) assistants, speech language pathology assistants and provisionally licensed clinical fellows. This SPA will reimburse PT/OT and speech language pathology therapy assistants at 85% of the rate paid to fully licensed therapists. Provisionally licensed clinical fellows will be reimbursed at the same rate as a fully licensed speech language therapist.

We are pleased to inform you that SPA 21-0006 was approved on December 10, 2020, with an effective date of February 1, 2021, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Oklahoma State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,



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cott -S
ate: 2020.12.10 15:33:25 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kasie McCarty, Oklahoma Health Care Authority
Megan Buck, Program Branch Manager

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 06

2. STATE

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.110

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 2,343,289

b. FFY 2022 \$ 3,117,952

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 1a-6.2
Attachment 3.1-A, Page 4
Attachment 4.19-B; Introduction, Page 1
Attachment 4.19-B; Introduction, Page 2
Attachment 4.19 B, Page 1a
Attachment 4.19-B, Page 28.2
Attachment 4.19-B, Page 28.9
Attachment 4.19-B, Page 28.10
Attachment 4.19-B, Page 28.10.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, Page 1a-6.2; TN # 13-12
Attachment 3.1-A, Page 4; TN # 03-11
Attachment 4.19-B; Introduction, Page 1; TN # 19-0034
Attachment 4.19-B; Introduction, Page 2; TN # 20-0003
Attachment 4.19 B, Page 1a; TN # 18-026
Attachment 4.19-B, Page 28.2; TN # 05-13
Attachment 4.19-B, Page 28.9; TN # 05-20
Attachment 4.19-B, Page 28.10; TN # 05-19

10. SUBJECT OF AMENDMENT

Revise coverage and reimbursement for therapy services rendered by physical, occupational and speech language pathology therapy assistants and clinical fellows

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

Melody Anthony

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

October 5, 2020

16. RETURN TO

Oklahoma Health Care Authority

Attn: Traylor Rains

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

October 5, 2020

18. DATE APPROVED

December 10, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

02/01/2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature] Digitally signed by James G. Scott -S
Date: 2020.12.10 15:33:58 -06'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)**B. Diagnosis and Treatment****5. Dental Services - (42 CFR 440.100)**

At a minimum, dental services include relief of pain and infection; limited restoration of teeth and maintenance of dental health; and oral prophylaxis every 184 days. Dental care includes emergency and preventive services and therapeutic services for dental disease, which, if left untreated, may become acute dental problems or may cause irreversible damage to the teeth or supporting structures. Other dental services may be provided based on medical necessity, including inpatient services in an eligible participating hospital and must be prior authorized.

6. Physical therapy, Occupational therapy, and Services for individuals with Speech, Hearing, and Language Disorders (42 CFR 440.110)

(a) Physical Therapy Services— Services are: 1) prescribed by a physician or other licensed provider of the healing arts; and 2) provided by a licensed physical therapist or a licensed physical therapist assistant under the supervision of a fully licensed physical therapist, working within the scope of his or her practice, in accordance with State law and 42 CFR 440.110(a).

(b) Occupational Therapy Services— Services are: 1) prescribed by a physician or other licensed provider of the healing arts; and 2) provided by a fully licensed occupational therapist or a licensed occupational therapist assistant under the supervision of a fully licensed occupational therapist, working within the scope of his or her practice, in accordance with State law and 42 CFR 440.110(b).

(c) Speech and Language Pathology Services— Services are: 1) referred by a physician or other licensed provider of the healing arts; and 2) provided by one of the following types of licensed practitioners working within the scope of his or her practice, in accordance with State law and 42 CFR 440.110(c):

- A fully licensed speech language pathologist; or
- A licensed speech language pathology assistant under supervision of a speech language pathologist; or
- A licensed clinical fellow under the supervision of a licensed speech language pathologist.

(d) Hearing Services - Hearing and hearing aid evaluations as appropriate when provided by a State licensed audiologist who meets the Federal qualifications specified at 42 CFR 440.110(c)(3).

(e) Assistive Technology Services/ Devices - The evaluation of a child with disabilities in order to recommend the proper assistive technology device. Services must be provided by a fully licensed speech language pathologist, fully licensed physical therapist or fully licensed occupational therapist [42 CFR 440.70(b)(3)].

7. Prescribed Drugs - (42 CFR 440.120)

Prescription drugs above the State plan limitation are provided when medically necessary.

Revised 02-01-21TN# 21-0006Approval Date 12-10-20Effective Date 02-01-21Supersedes TN# 13-12

**AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEFORICALLY NEEDY**

9. Clinic services.

 Provided No limitations With limitations* Not provided.

10. Dental services.

 Provided No limitations With limitations* Not provided.

11. Physical therapy and related services.

a. Physical therapy.

 Provided No limitations With limitations** Not provided.

b. Occupational therapy.

 Provided No limitations With limitations** Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

 Provided No limitations With limitations** Not provided.

*Description provided on attachment.

** Limitation applicable to adults only: OT/PT/ST services are provided in the outpatient setting.

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TN# 21-0006Approval Date 12-10-20Effective Date 02-01-21Supersedes TN# 03-11

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

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page are effective for services provided on or after that date with two exceptions:

1. Medicaid reimbursement using Medicare rates are updated annually based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.
2. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, as referenced. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient services. The fee schedule is published on the agency's website at www.okhca.org/feeschedules.

In the event an out-of-state provider will not accept the payment rate established in Attachment 4.19-B, Methods and Standards for Establishing Rates, the state will either: a) negotiate a reimbursement rate equal to the rate paid by Medicare, unless otherwise specified in the plan; or b) services that are not covered by Medicare, but are covered by the plan, will be reimbursed as determined by the State.

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, 2019
A. Emergency Room Services		October 1, 2019
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2019
C. Dialysis Services		October 1, 2019
D. Ancillary Services, Imaging and Other Diagnostic Services		February 1, 2021
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2019
F. Clinic Services and Observation/Treatment Room		October 1, 2019
H. Partial Hospitalization Program Services		April 1, 2019
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2019
Physician Services	Attachment 4.19-B, Page 3	October 1, 2019
Home Health Services	Attachment 4.19-B, Page 4	October 1, 2019
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2019
Dental Services	Attachment 4.19-B, Page 5	October 1, 2019
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2019
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, 2019
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2019
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2019
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2019
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2019
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2019
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2019
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2019
4.b. EPSDT		
• Partial Hospitalization Program Services	Attachment 4.19-B, Page 17	April 1, 2019
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2019
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	February 1, 2021
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, 2019

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DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES**Effective Dates for Reimbursement Rates for Specified Services:** *(continued)*

Service	State Plan Page	Effective Date
4.b. EPSDT (continued) • Other Practitioner – Applied Behavior Analysis (ABA) Services	Attachment 4.19-B, Page 28.13	July 1, 2019
Christian Science Nurses	Attachment 4.19-B, Page 28.5	October 1, 2019
Dentures	Attachment 4.19-B, Page 28.6	October 1, 2019
Respiratory Care	Attachment 4.19-B, Page 28.7	October 1, 2019
Private Duty Nursing Services	Attachment 4.19-B, Page 28.8	October 1, 2019
Physical Therapist	Attachment 4.19-B, Page 28.9	February 1, 2021
Occupational Therapist	Attachment 4.19-B, Page 28.10	February 1, 2021
Speech Language Pathologist	Attachment 4.19-B, Page 28.10.1	February 1, 2021
Christian Science Sanatoria	Attachment 4.19-B, Page 28.11	October 1, 2018
Other Practitioner – Licensed Clinical Social Worker	Attachment 4.19-B, Page 28.12	October 1, 2019
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services	Attachment 4.19-B, Page 32	October 1, 2019
Diabetes Self-management Training (DSMT) Services	Attachment 4.19-B, Page 43	January 1, 2020

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

Outpatient Hospital Reimbursement *(continued)***B. Outpatient Surgery** *(continued)*

2. Facility fees for surgical procedures not covered as ASC procedures and otherwise covered under Medicaid will be reimbursed according to a state-specific fee schedule based on APC pricing. Bilateral or multiple procedures performed in one day will be subject to discounting.
3. Separate fees for outpatient surgery services are not payable to the hospital if the patient is admitted to the same hospital within 72 hours.

C. Dialysis Services

1. Dialysis visits will be reimbursed at the provider's Medicare composite rate for dialysis services determined by Medicare under 42 CFR 413 subpart H. The facility's composite rate is a comprehensive prospective payment for all modes of facility and home dialysis and constitutes payment for the complete dialysis treatment, except for a physician's professional services, separately billable laboratory services and separately billable drugs.
2. The provider must furnish all of the necessary dialysis services, equipment and supplies. Reimbursement for dialysis services and supplies is further defined in the Medicare Provider Reimbursement Manual, HCFA Pub. 15 (referred to as "Pub. 15"). For purposes of specifying the services covered by the composite rate and the services that are separately billable, the agency hereby adopts and incorporates herein by reference Pub. 15.

D. Ancillary Services, Imaging and Other Diagnostic Services

Ancillary services, imaging services, and other diagnostic services will be reimbursed on a prospective basis by paying the lower of usual and customary charges or a fee basis.

1. Services such as physical, occupational, and speech therapy services are reimbursable at a flat statewide fee schedule rate. The rate is based on APC group 0600.
 - a. Reimbursement for licensed OT/PT/ST assistants will equal 85 percent of the payment made to a fully licensed therapist. Licensed speech language pathologist clinical fellows will be paid at the same rate of fully licensed speech language pathologists.
2. For each imaging service or procedure, the fee will be the technical component of the Medicare resource-based relative value scale (RBRVS).
3. For each diagnostic service or procedure, the fee will be the technical component of the RBRVS. For those services where there is no technical component under RBRVS, the fee will be 100 percent of the global value.
4. A facility fee will be reimbursed to the hospital for the services listed in D.2-3 in accordance with the methodology described in F. below.

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TN# 21-0006Approval Date 12-10-20Effective Date 02-01-21Supersedes TN # 18-026

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

Early and Periodic Screening, Diagnosis and Treatment of Conditions Found *(continued)*

Payment is made for Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services in accordance with the methodology described in Attachment 4.19-B, Page 3. Reimbursement for OT/PT/ST assistants will equal 85 percent of the payment made to a fully licensed therapist. Licensed speech language pathologist clinical fellows will be paid at the same rate of fully licensed speech language pathologists.

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TN# 21-0006Approval Date 12-10-20Effective Date 02-01-21Supersedes TN# 05-13

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

Physical Therapist

Payment is made for Physical Therapist in accordance with the methodology described in attachment 4.19-B, Page 3. Reimbursement for physical therapy assistants will equal 85 percent of the payment made to a fully licensed therapist. The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained on the Agency website at www.okhca.org.

TN# 21-0006 Approval Date 12-10-20 Effective Date 02-01-21 Revised 02-01-21

Supersedes TN# 05-20

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

Occupational Therapist

Payment is made for Occupational Therapist in accordance with the methodology described in attachment 4.19-B, Page 3. Reimbursement for occupational therapy assistants will equal 85 percent of the payment made to a fully licensed therapist. The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained on the Agency website at www.okhca.org.

Revised 02-01-21

TN# 21-0006

Approval Date 12-10-20

Effective Date 02-01-21

Supersedes TN# 05-19

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

Speech Language Pathologist

Payment is made for Speech Language Pathologist in accordance with the methodology described in attachment 4.19-B, Page 3. Reimbursement for speech language pathology assistants will equal 85 percent of the payment made to a fully licensed therapist. Licensed speech language pathologist clinical fellows will be paid at the same rate of fully licensed speech language pathologists. The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained on the Agency website at www.okhca.org.

NEW 02-01-21

TN# 21-0006Approval Date 12-10-20Effective Date 02-01-21Supersedes TN# NEW