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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page



Regional Operations Group

December 26, 2019

Our Reference: SPA OK 20-0013

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 20-0013, with an effective date of January 1, 2020. This amendment was submitted to establish Registered Behavioral Technicians (RBT) as providers of Applied Behavioral Analysis (ABA) Services.

This letter affirms that OK 20-0013 is approved effective January 1, 2020 as requested by the State.

We are including the CMS-179 and the following amended plan page:

- Attachment 3.1-A, Page 1a-6.1

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

Cc: Billy Bob Farrell, Branch Manager
Nancy Kirchner, CMS Baltimore

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 13

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

January 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.60

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 4,184,162

b. FFY 2021 \$ 5,745,353

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 1a-6.1;

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Page 1a-6.1; TN # 19-0007

10. SUBJECT OF AMENDMENT

Establishing Registered Behavioral Technicians as providers of Applied Behavioral Analysis Services

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

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

11/26/2019

16. RETURN TO

Oklahoma Health Care Authority

Attn: Maria Maule

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

11/27/2019

18. DATE APPROVED

12/26/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Bill Brooks

22. TITLE Director, Medicaid and CHIP Services
Regional Operations Group

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

The following diagnosis and treatment services are provided in addition to any diagnosis and treatment services covered elsewhere in the plan:

1. Medical or Other Remedial Care by Licensed Practitioners (42 CFR 440.60)

- (a) **Optometric Services** – Services for defects in vision including eyeglasses by State licensed optometrist.
- (b) **Podiatrists Services** – Payment is made for medically necessary surgical procedures and medically necessary outpatient visits and procedures generally considered as preventive foot care provided by a Doctor of Podiatric Medicine (DPM). Services beyond this limitation are available if as a result of a screening they are determined to be medically necessary and prior authorized.
- (c) **Nursing Services** – Nursing services must be provided by a registered nurse or licensed practical nurse under supervision of a registered nurse. Services may include medically necessary procedures rendered in the child's home.
- (d) **Licensed Behavioral Health Practitioner Services** – Services provided under the scope of their licensure by clinical psychologists and master's level behavioral practitioners who can bill independently using the appropriate Physician's Current Procedure Terminology (CPT) codes in an outpatient setting.
- (e) **Applied Behavior Analysis (ABA)** – ABA services must be medically necessary and prior authorized by OHCA or its designated agent. Eligible ABA provider types include:
 - i. **Board Certified Behavior Analyst® (BCBA®)** – A master's or doctoral level independent practitioner who is certified by the national-accrediting Behavior Analyst Certification Board® (BACB) and licensed by Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) provide behavior analysis services. A BCBA may supervise the work of a Board Certified Assistant Behavior Analyst® (BCaBA) and a Registered Behavior Technician (RBT) implementing behavior analytic interventions within their scope of practice and assumes professional responsibility for services rendered by the non-licensed practitioner.
 - ii. **Board Certified Assistant Behavior Analyst® (BCaBA®)** – A bachelor's level practitioner who is certified by the national-accrediting BACB and is certified by the Oklahoma DHS DDS to provide behavior analysis services under the supervision of a licensed BCBA.
 - iii. **Registered Behavior Technician™ (RBT®)** – A high school level or higher paraprofessional who is certified by the national-accrediting BACB and practices under the close and ongoing supervision of a BCBA. A RBT® is primarily responsible for the direct implementation of BCBA® designed behavior-analytic services.
 - iv. **State-licensed human services professional** – An Oklahoma state-licensed individual practicing within the scope of their human service profession as defined by State law and who is certified by the national-accrediting BACB, to include:
 - (A) A licensed physical therapist;
 - (B) A licensed occupational therapist;
 - (C) A licensed clinical social worker or social worker candidate under the supervision of a licensed clinical social worker;
 - (D) A licensed psychologist;
 - (E) A licensed speech-language pathologist or licensed audiologist;
 - (F) A licensed professional counselor or professional counselor candidate under the supervision of a licensed professional counselor;
 - (G) A licensed marital and family therapist or marital and family therapist candidate under the supervision of a licensed marital and family therapist; or
 - (H) A licensed behavioral practitioner or behavioral practitioner candidate under the supervision of a licensed behavioral practitioner.

- 2. Medical supplies, equipment, appliances and prosthetic devices (42 CFR 440.70 & 42 CFR 440.120).** Services and supplies not otherwise available to Medicaid clients in the state under the state plan when prior authorized.

3. Diagnostic Services (42 CFR 440.130(a))

(a) Investigations to Determine Source of Lead. A one-time investigation to determine the source of lead for a child diagnosed with elevated blood lead levels. Reimbursement does not include testing the water, soil, or paint. In accordance with the rules established by the Oklahoma Department of Environmental Quality (DEQ), a qualified Risk Assessor must perform the service.

4. Clinic Services (42 CFR 440.90)

(a) Public Health Clinic Services

Revised 01-01-20

TN# 20-0013

Approval Date 12/26/2019

Effective Date 01/01/2020

Supersedes TN# 19-0007

State: Oklahoma
 Date Received: 27 November, 2019
 Date Approved: 26 December, 2019
 Effective Date: 1 January, 2020
 Transmittal Number: 20-0013