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**State/Territory Name: OK**

**State Plan Amendment (SPA) #: 20-0021**

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

**Medicaid and CHIP Operations Group**

June 26, 2020

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

Dear Ms. Anthony:

On May 8, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 20-0021. This SPA was submitted to separate and differentiate between services provided in a school setting under EPSDT versus those school-based services provided pursuant to an Individual Education Plan (IEP).

We are pleased to inform you that SPA 20-0021 was approved on June 24, 2020, with an effective date of September 1, 2020, 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,

James G. Scott, Director
Division of Program Operations

Enclosures

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 20 — 0021

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
September 1, 2020

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 C.F.R. 440.130; 1905(a)(6); (a)(13)(C); (a)(24); (r)(5)

7. FEDERAL BUDGET IMPACT
a. FFY 2020 $ 0
b. FFY 2021 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 1a-6.6
Attachment 3.1-A, Page 1a-6.9
Attachment 3.1-A, Page 1a-6.10
Attachment 3.1-A, Page 1a-6.11
Attachment 3.1-A, Page 1a-6.12

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Attachment 3.1-A, Page 1a-6.6; TN # 18-03
Attachment 3.1-A, Page 1a-6.9; TN # 13-12
Attachment 3.1-A, Page 1a-6.10; TN # 13-12
Attachment 3.1-A, Page 1a-6.11; TN # 13-12
Attachment 3.1-A, Page 1a-6.12; TN # 18-03

10. SUBJECT OF AMENDMENT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) School-Based Services Update

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Melody Anthony

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
5/8/2020

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
5/8/2020

18. DATE APPROVED
6/24/2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL
9/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

FORM CMS-179 (07/92)

***Instructions on Back***

**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** *(continued)*

9. **Preventive Services – (42 CFR 440.130(c))**
**Outpatient Substance Abuse Prevention Counseling –** Interactive, preventive counseling that may include training in life skills, such as problem-solving, responsibility, communication and decision-making skills, which enable individuals to successfully resist social and other pressures to engage in activities that are destructive to their health and future. This service must be recommended by a physician or other licensed practitioner and may be provided by a BHP. A QBHT may provide assistance. For individual provider qualifications, see Attachment 3.1-A, page 1a-6.4.

10. **Inpatient Psychiatric Services (42 CFR 440.160) –** Provided when medically necessary and prior authorized.

11. **Personal Care Services (PCS) (42 CFR 440.167) –** Services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease that are: 1) authorized for an individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with an IEP service plan; 2) provided by registered paraprofessionals who have completed training provided by State Department of Education or Personal Care Assistants, including Licensed Practical Nurses who have completed on the job training specific to their duties and who is not a member of the individual's family (or legally responsible relative) Provision of these services allows clients with disabilities to function safely in their activities of daily living in the home and to safely attend school. Services include, but are not limited to: dressing, eating, bathing, assistance with transferring and toileting, positioning and instrumental activities of daily living such as preparing meals and managing medications. PCS also includes assistance while riding a school bus to handle medical or physical emergencies. Services must be prior authorized. The determination of whether a client needs PCS is based on a client's individual needs and a consideration of family resources.

12. **School-Based Health Services (42 CFR 440.130)** - School-based services are provided pursuant to a valid Individualized Education Plan (IEP) in accordance with Individuals with Disabilities Education Act (IDEA) and all relevant supporting documentation. Services provided per the IEP and supporting documentation are considered medically necessary and are provided by or through local educational agencies and/or interlocal cooperatives (schools) to eligible individuals. IEPs may only serve as the basis for medical necessity if the IEP team providers are qualified to make that determination, in accordance with their scope of practice. In addition to any other notification and/or consent requirements related to IEP evaluation and/or treatments, schools must provide sufficient notification to a child's legal guardian and obtain adequate consent from them prior to accessing a child's or legal guardian's public benefits or insurance for the first time, and annually thereafter, in accordance with 34 CFR 300.154.

    Medically necessary services are provided in a school setting during the school day when determined that the school is an appropriate place of service performed by qualified providers as set forth in the State Plan for the services they are providing and shall meet applicable qualifications under 42 CFR Part 440. OHCA-contracted practitioners furnish medically necessary services to the Medicaid eligible child while the school is the operator of the setting, ensures that a the student's school educational day is not unnecessarily interrupted, and that there is appropriate parental consent for the services. Schools have the right to limit outpatient visits unrelated to the IEP to before and after the school day so that interruptions the educational day are limited. Prior authorization is required for non-IEP services furnished by an independent practitioner under arrangement with the school. All beneficiaries must be allowed the freedom of choice to receive services from any qualified practitioner including in a community setting.

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

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*Reserved*

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

*Reserved*

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

*Reserved*

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

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*Reserved*