

## Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's [Proposed Changes Blog](#).

**OHCA COMMENT DUE DATE:** January 11, 2025

The proposed policy is an Emergency Rule. The proposed policy will be presented at the January 7, 2025 Tribal Consultation. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on March 6, 2025 and the OHCA Board of Directors on March 26, 2025.

**Reference: APA WF # 25-04**

**SUMMARY: School-Based Services (SBS) Expansion-** The Oklahoma Health Care Authority (OHCA), in collaboration with the Oklahoma State Department of Education (OSDE), will seek approval of policy revisions to enhance school-based services across the State. The changes will allow for an expansion of school-based services for all Medicaid eligible students that meet the criteria for medical necessity. These services are currently only reimbursable for students with an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP). The OHCA is partnering with the OSDE and school districts across the state to develop a strong infrastructure which supports school-based expansion, to ensure proper Medicaid billing, establish new school-based services, and enhance existing school-based services, specifically around nursing, behavioral health, and nutrition services. All eligible Medicaid students will have access to expansion of school-based services; initial implementation of school-based services will be reimbursed on a fee-for-service basis and will transition to managed care during 2026 or thereafter.

### LEGAL AUTHORITY

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; the Oklahoma Health Care Authority Board; Oklahoma Title XIX State Plan; Section 1905(r) of the Social Security Act; 42 CFR 431.53 and 42 CFR 440.130

### RULE IMPACT STATEMENT:

#### STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement  
APA WF # 25-04

#### A. Brief description of the purpose of the rule:

The proposed policy revisions allow all Medicaid eligible students access to medically necessary school based services covered by Medicaid. The provisions in section 11003(a)(1) of the Bipartisan Safer Communities Act (BSCA) and Title 42, of Public Health, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) section allows states the ability to

utilize school-based health services to all Medicaid eligible students rather than those who only have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP). OHCA, in collaboration with OSDE, propose policy changes to improve student wellness by providing all types of Medicaid covered school-based services.

- B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

The proposed rule changes will affect all Medicaid eligible youth and student populations within a school based setting.

- C. A description of the classes of persons who will benefit from the proposed rule:

The proposed rule changes will benefit Medicaid eligible youth and student populations within a school based setting. The proposed rule changes have the potential to improve access to care and health equity.

- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable economic impact and there are no fee changes associated with the rule change for the above classes of persons or any political subdivisions.

- E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated affect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The estimated yearly budget impact for SFY2026 will be an increase in the total amount of \$448,875.00 with \$147,769.65 of state share and \$301,105.35 of federal share. (Individual school districts will pay state share each year.)

The estimated yearly budget impact for SFY2027 will be an increase in the total amount of \$598,500.00 with \$197,026.20 of state share and \$401,473.80 of federal share. (Individual school districts will pay state share each year.)

- F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule changes will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule changes.

- G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The agency does not anticipate that the proposed rule changes will have an adverse effect on small businesses.

- H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there are no other legal methods to achieve the purpose of the proposed rule. Measures included a formal public comment period and tribal consultation.

- I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should have no adverse effect on the public health, safety or environment.

- J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The agency does not anticipate any detrimental effect on the public health and safety if the proposed rule is not passed.

- K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared date: December 12<sup>th</sup>, 2024.

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY  
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE**

**SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES**

**PART 103. QUALIFIED SCHOOLS AS PROVIDERS OF HEALTH-RELATED SERVICES**

**317:30-5-1020. General provisions**

~~(a) School-based services are medically necessary health-related and rehabilitative services that are provided by a qualified school provider to a student under the age of twenty-one (21) pursuant to an Individualized Education Program (IEP), in accordance with the Individuals with Disabilities Education Act (IDEA). Payment is made to qualified school providers for delivery of school-based services, provided that such services are, among other things, medically necessary and sufficiently supported by medical records and/or other documentation, as explained below.~~

(a) **Definitions.** The following words and terms, when used in this section, shall have the following meanings unless the context clearly indicates otherwise. Additional school-based service definitions are described in the Oklahoma Medicaid State Plan.

(1) "**Disability**" means a physical, sensory, cognitive, or affective impairment that causes the student to need special education.

(2) "**Family Educational Rights and Privacy Act (FERPA)**" means a federal law that regulates the management of student records and disclosure of information from those records.

(3) "**Health Insurance Portability and Accountability Act (HIPAA)**" means a federal law enacted in 1996, offering limited protections to ensure continuity of health care coverage. Under HIPAA, insured individuals who have a health condition cannot be denied benefits when they change jobs. It also prevents health plans from refusing coverage on the basis of pre-existing conditions.

(4) "**Individuals with Disabilities Education Act (IDEA)**" means the federal law that mandates that a free and appropriate public education be available to all school-age children with disabilities. It is also known as Public Law 105-17.

(5) "**Individualized Education Program (IEP)**" means a written plan for every student aged three (3) to twenty-one (21) receiving special education services that contains information such as the student's special learning needs and the specific special education services required for the student. The document is periodically reviewed and revised.

(6) "**Least restrictive environment (LRE)**" means a setting determined by the IEP team that gives the child as much time as possible in general education settings and activities while meeting the child's learning and physical needs. It also means that special classes, separate schooling, or other removal of a child with disabilities from the general education environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be satisfactorily achieved.

(7) "**Local Education Agency (LEA)**" means a combination of school districts or counties as are recognized in a State as an administrative agency for its public and charter schools.

(8) "**Physician prescription**" means a prescription is a formal communication from a physician or practitioner of the healing arts when applicable, authorizing a specific service.

(9) "**Plans of Care (POC)**" means a valid Individualized Education Program (IEP), Individualized Family Service Plan (IFSP) or services for which medical necessity has been otherwise established.

(10) "**Qualified School Provider**" means an OHCA-contracted local or state educational agency or school that employs or subcontracts rendering professionals for school-based services.

(11) "**Rendering professional**" means a health care professional who is an employee or subcontractor with a qualified school provider.

(12) "**School psychologist**" means an individual who may perform evaluation, testing and counseling services and who is state licensed or certified by the Oklahoma State Department of Education and who has a valid provider enrollment contract with the Oklahoma Health Care Authority (OHCA).

(13) "**Special education**" means specially designed instruction, provided at no cost to the parent, to meet the unique needs of a child with disabilities, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

(14) "**State Education Agency (SEA)**" means an employee of the State board of education or other agency or officer primarily responsible for the State supervision of public elementary

schools and secondary schools, or, if there is no such officer or agency, an officer or agency designated by the Governor or by State law. This does not include vendors who are not directly employed by the SEA.

(15) "State Medicaid Agency (SMA)" means a single State agency for the Medicaid program.

~~(b) An IEP and all relevant supporting documentation, including, but not limited to, the documentation required by Oklahoma Administrative Code (OAC) 317:30-5-1020(e), below, serves as the plan of care for consideration of reimbursement for school-based services. The plan of care must contain, among other things, the signatures, including credentials, of the provider(s) and the direct care staff delivering services under the supervision of the professional; as well as a complete, signed, and current IEP which clearly establishes the type, frequency, and duration of the service(s) to be provided, the specific place of services if other than the school (e.g., field trip, home), and measurable goals for each of the identified needs. Goals must be updated to reflect the current therapy, evaluation, or service that is being provided and billed to SoonerCare.~~

(b) Expansion of School-based services. Services are medically necessary health-related and rehabilitative services that are provided by a qualified school provider to a student under the age of twenty-one (21) pursuant to an Individualized Education Program (IEP), in accordance with the Individuals with Disabilities Education Act (IDEA) and other plans of care that meet medical necessity in accordance with OAC 317:30-3-1(f). Payment is made to qualified school providers for delivery of school-based services, provided that such services are, among other things, medically necessary and sufficiently supported by medical records and/or other documentation, as explained below.

~~(1) Except for those services, referenced in OAC 317:30-5-1023(b)(2)(H), a plan of care that meets the requirements of OAC 317:30-5-1020(b), above, shall serve as a prior medical authorization for the purpose of providing medically necessary and appropriate school-based services to students.~~

~~(2) For the purposes of occupational therapy services, and services for members with speech, hearing, and language disorders, a plan of care that meets the requirements of OAC 317:30-5-1020(b), above, may also, in accordance with sections (' ') 725.2(H) and 888.4(C) of Title 59 of the Oklahoma Statutes (O.S.) serve as a valid prescription or referral for an initial evaluation and any subsequent services, as is required by Title 42 of Code of Federal Regulations (C.F.R.), ' 440.110.~~

~~(3) Physical therapy services, by contrast, shall require a signed and dated prescription from the student's physician prior to that student's initial evaluation, in accordance with OAC 317:30-5-291(1). Prescriptions for school-based physical therapy must be reauthorized at least annually, and documented within Oklahoma State Department of Education's (OSDE) online IEP system, as set forth in subsection (c), below.~~

~~(c) Qualified school providers must ensure that adequate documentation is maintained within the OSDE online IEP system in order to substantiate that all school-based services billed to SoonerCare are medically necessary and comply with applicable state and federal Medicaid law. Such documentation shall include, among other things:~~

~~(1) Documentation establishing sufficient notification to a member's parents and receipt of adequate, written consent from them, prior to accessing a member's or parent's public benefits or insurance for the first time, and annually thereafter, in accordance with 34 C.F.R. ' 300.154;~~

~~(2) Any referral or prescription that is required by state or federal law for the provision of school-based services, or for the payment thereof, in whole or in part, from public funds;~~

including, but not limited to, 42 C.F.R. ' 440.110. However, any prescription or referral ordered by a physician or other licensed practitioner of the healing arts who has, or whose immediate family member has, a financial interest in the delivery of the underlying service in violation of Section 1395nn, Title 42 of United States Code shall not be valid, and services provided thereto shall not be eligible for reimbursement by the Oklahoma Health Care Authority (OHCA);

~~(3) An annual evaluation located in or attached to the IEP that clearly demonstrates, by means of the member's diagnosis and any other relevant supporting information, that school-based services are medically necessary, in accordance with OAC 317:30-3-1(f). Evaluations completed solely for educational purposes are not compensable. Evaluations must be completed annually and updated to accurately reflect the student's current status. Any evaluation for medically necessary school-based services, including but not limited to, hearing and speech services, physical therapy, occupational therapy, and psychological therapy, must include the following information:~~

- ~~(A) Documentation that supports why the member was referred for evaluation;~~
  - ~~(B) A diagnosis that clearly establishes and supports the need for school-based services;~~
  - ~~(C) A summary of the member's strengths, needs, and interests;~~
  - ~~(D) The recommended interventions for identified needs, including outcomes and goals;~~
  - ~~(E) The recommended units and frequency of services; and~~
  - ~~(F) A dated signature and the credentials of the professional completing the evaluation;~~
- and

~~(4) Documentation that establishes the medical necessity of the school-based services being provided between annual evaluations, including, for example, professional notes or updates, reports, and/or assessments that are signed, dated, and credentialed by the rendering practitioner.~~

(c) **Eligibility.** All eligible recipients must be allowed the freedom of choice to receive services from any qualified provider including those within a community setting. Medically necessary services are provided in a school setting during the school day when it is determined that the school is an appropriate place of service. Students shall receive services delivered in the least restrictive environment (LRE) consistent with the nature of the specific service(s) and the physical and mental condition of the student. Participation by Medicaid enrolled students is optional.

~~(d) All claims related to school-based services that are submitted to OHCA for reimbursement must include any numeric identifier obtained from OSDE.~~

**(d) Reimbursement for School Based Services.** School-based services are reimbursed pursuant to the methodology described in the Oklahoma Medicaid State Plan.

**(e) Individualized Education Program (IEP) and other Plans of Care (POC) service components and documentation requirements.** For IEP and other plans of care all relevant supporting documentation, including, but not limited to, the documentation required by Oklahoma Administrative Code (OAC) 317:30-5-1020(e), below, must contain, the signatures, including credentials, of the provider(s) and the direct care staff delivering services under the supervision of the professional; as well as a complete, signed, and current IEP/Plans of Care which clearly establishes the type, frequency, and duration of the service(s) to be provided, the specific place of services if other than the school (e.g., field trip, home), and measurable goals for each of the identified needs. Goals must be updated to reflect the current therapy, evaluation, or service that is being provided and billed to Medicaid.

~~(1) Except for those services, referenced in OAC 317:30-5-1023(b)(2)(H), a plan of care that meets the requirements of OAC 317:30-5-1020(b), above, shall serve as a prior medical~~

~~authorization for the purpose of providing medically necessary and appropriate school-based services to students.~~

(1) Qualified school providers must ensure adequate documentation is maintained in order to substantiate all IEP/Plans of Care school-based services billed to Medicaid are medically necessary and comply with applicable state and federal Medicaid law. Such documentation shall include:

(2) Documentation establishing sufficient notification to a member's parents and receipt of adequate, written consent from them, prior to accessing a member's or parent's public benefits or insurance for the first time, and annually thereafter, in accordance with 34 C.F.R. § 300.154;

(3) Any referral or prescription that is required by state or federal law for the provision of school-based services, or for the payment thereof, in whole or in part, from public funds, including, but not limited to, 42 C.F.R. § 440.110. However, any prescription or referral ordered by a physician or other licensed practitioner of the healing arts who has, or whose immediate family member has, a financial interest in the delivery of the underlying service in violation of Section 1395nn, Title 42 of United States Code shall not be valid, and services provided thereto shall not be eligible for reimbursement by the Oklahoma Health Care Authority (OHCA);

(4) An annual evaluation located in or attached to the IEP Plans of Care that clearly demonstrates, by means of the member's diagnosis and any other relevant supporting information, that school-based services are medically necessary, in accordance with OAC 317:30-3-1(f). Evaluations completed solely for educational purposes are not compensable. Evaluations must be completed annually and updated to accurately reflect the student's current status. Any evaluation for medically necessary school-based services, including but not limited to, hearing and speech services, physical therapy, occupational therapy, nursing services, psychological therapy, and counseling services must include the following information:

(A) Documentation that supports why the member was referred for evaluation;

(B) A diagnosis that clearly establishes and supports the need for school-based services;

(C) A summary of the member's strengths, needs, and interests;

(D) The recommended interventions for identified needs, including outcomes and goals;

(E) The recommended units and frequency of services; and

(F) A dated signature and the credentials of the professional completing the evaluation;  
and

(5) Documentation that establishes the medical necessity of the school-based services being provided between annual evaluations, including, for example, professional notes or updates, reports, and/or assessments that are signed, dated, and credentialed by the rendering practitioner.

**(f) IEP and other plan of care requirements.** Physical therapy services shall require a signed and dated prescription from the student's physician prior to that student's initial evaluation, in accordance with OAC 317:30-5-291(1). Prescriptions for school-based physical therapy must be reauthorized at least annually and documented. IEP documentation will be maintained within the Oklahoma State Department of Education's (OSDE) online IEP system, as set forth in subsection (c), below.

**317:30-5-1021. Eligible providers**

(a) Rendering professional eligible providers are local, regional, and state educational services agencies as defined by state law and the Individuals with Disabilities Education Act (IDEA), as most recently amended (hereinafter, "school providers"). School providers must submit a completed contract to the Oklahoma Health Care Authority (OHCA), including a Special Provisions for Schools, and must receive approval thereof prior to receiving reimbursement for school based services. means is a health care professional who is an employee or subcontractor with a qualified school provider to provide Medicaid compensable services pursuant of the IEP or other plan(s) of care.

(b) Qualified school providers must notify OHCA of all subcontractors performing Individualized Education Program (IEP) IEP and other plans of care related evaluations and services in the school setting prior to services being rendered. The notification must include a copy of the agreement between the school and subcontractor and must reflect the start and ending dates of the agreement for services. All subcontractors must be individually contracted with SoonerCare Medicaid and, if rendering services, must be identified on any claim for payment as the rendering provider.

(c) Services are performed by qualified school providers as set forth in the State Plan for the applicable services and shall meet applicable qualifications under 42 CFR Part 440. OHCA contracted practitioners provide medically necessary services to the Medicaid enrolled member.

(d) Local education agencies (LEA's) shall ensure their licensed and unlicensed Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service professionals are employed or contracted according to the requirements specified under the IDEA.

(e) Provision of school-based services must not restrict an individual's free choice of providers. Eligible members must have free choice of the providers of other medical care covered under the Title XIX State Plan.

**317:30-5-1023. Coverage by category**

(a) **Adults.** There is no coverage for services rendered to adults twenty-one (21) years of age and older.

(b) **Children.** For non Individualized Education Program (IEP) medical services that can be provided in a school setting, refer to Part 4, Early And Periodic Screening, Diagnostic and Treatment (EPSDT) Program/Child Health Services, of Oklahoma Administrative Code (OAC) at 317:30-3-65 through 317:30-3-65.12. Payment is made for the following compensable services rendered by qualified school providers:

(b) **Children.** For Medicaid members under the age of 21 years old with a valid IEP or other plan of care for which medical necessity has been otherwise established, payment is made for the following compensable services rendered by qualified school providers.

(1) **Diagnostic encounters.** Diagnostic encounters are defined as those services necessary to fully evaluate medical needs, defects, physical or behavioral health illnesses, or conditions discovered by the screening. Once service limitations under other plans of care have been met, additional requests may require prior authorization. Evaluation or testing for the sole purpose of academic placement (e.g., diagnosis of learning disorders) is not a compensable service.

Approved diagnostic encounters may include the following:

(A) **Hearing and hearing aid evaluation.** Hearing evaluation includes pure tone air, bone, and speech audiometry. Hearing evaluations must be provided by a state-licensed audiologist and as listed in OAC 317:30-5-675 (d) (1) and (2).

(B) **Audiometry test.** Audiometric test (Immittance [Impedance] audiometry or



tympanometry) includes bilateral assessment of middle ear status and reflex studies (when appropriate). Audiometry tests must be provided by a state-licensed audiologist as listed in OAC 317:30-5-675 (d) (1) and (2).

~~(C) **Ear impression (for earmold).** Ear impression (for earmold) includes taking an impression of a member's ear and providing a finished earmold, to be used with the member's hearing aid as provided by a state-licensed audiologist as listed in OAC 317:30-5-675 (d) (1) and (2).~~

(C) **Hearing screening.** Hearing screenings in schools includes application of tests and examinations to identify hearing defects or hearing disorders. The hearing screening may be performed by a state licensed audiologist, registered nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN and a Speech-Language Pathologists. The service can be billed when a Medicaid member has an individualized documented concern that warrants a screening.

(D) **Vision screening.** Vision screening in schools includes application of tests and examinations to identify visual defects or vision disorders. The vision screening may be performed by a registered nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN. The service can be billed when a Medicaid member has an individualized documented concern that warrants a screening. A vision examination must be provided by a state-licensed Doctor of Optometry (O.D.) or licensed physician specializing in ophthalmology (M.D. or D.O.). This vision examination, at a minimum, includes diagnosis and treatment for defects in vision.

~~(E) **Speech-language evaluation.** Speech language evaluation is for the purpose of identification of children or adolescents with speech or language disorders and the diagnosis and appraisal of specific speech and language services. Speech language evaluations must be provided by a fully licensed speech language pathologist as listed in OAC 317:30-5-675 (a) (1) through (3).~~

~~(F)~~(E) **Physical therapy evaluation.** Physical therapy evaluation includes evaluating the student's ability to move throughout the school and to participate in classroom activities and the identification of movement dysfunction and related functional problems. Physical therapy evaluations must be provided by a fully licensed physical therapist as listed in OAC 317:30-5-290.1 (a) (1) and (2). Physical therapy evaluations and must adhere to guidelines found at OAC 317:30-5-291.

~~(G)~~(F) **Occupational therapy evaluation.** Occupational therapy evaluation services include determining what therapeutic services, assistive technology, and environmental modifications a student requires for participation in the special education program and. Occupational therapy evaluations must be provided by a fully licensed occupational therapist as listed in OAC 317:30-5-295 (a) (1) and (2). Occupational therapy evaluations must adhere to guidelines found at OAC 317:30-5-296.

~~(H)~~(G) **Evaluation and testing.** Evaluation and testing by psychologists and certified school psychologists are for the purpose of assessing emotional, behavioral, cognitive, or developmental issues that are affecting academic performance and for determining recommended treatment protocol. Behavioral health evaluations include psychological testing evaluation and neuropsychological testing. Evaluation or testing for the sole purpose of academic placement (e.g., diagnosis of learning disorders) is not a compensable service. These evaluations and tests must be provided by a state-licensed, board-certified psychologist or a certified school psychologist

certified by the State Department of Education (SDE).

(2) **Child-guidance treatment encounter.** ~~A~~According to the IEP and other plan(s) of care that meet medical necessity, a child-guidance treatment encounter may occur through the provision of individual, family, or group treatment services to children and adolescents who are identified as having specific disorders or delays in development, emotional or behavioral problems, or disorders of speech, language, or hearing, or other medical needs. Once service limitations under other plans of care have been met, additional requests may require prior authorization. These types of encounters are initiated following the completion of a diagnostic encounter and subsequent development of a treatment plan, plan of care or as a result of an IEP and may include the following:

(A) **Hearing and vision services.** Hearing and vision services ~~may~~ include the provision of habilitation activities, such as: auditory training; aural and visual habilitation training including Braille, and communication management; orientation and mobility; and counseling for vision and hearing losses and disorders. Services must be provided by or under the direct guidance of one (1) of the following individuals practicing within the scope of his or her practice under state law:

(i) State-licensed audiologist as listed in OAC 317:30-5-675 (d) (1) and (2).

(ii) Fully licensed, speech-language pathologist as listed in OAC 317:30-5-675 (a) (1) through (3).

~~(iii) Certified orientation and mobility specialists.~~

(B) **Ear impression (for earmold).** Ear impression (for earmold) includes taking an impression of a member's ear and providing a finished earmold, to be used with the member's hearing aid as provided by a state-licensed audiologist as listed in OAC 317:30-5-675 (d) (1) and (2).

~~(B)~~(C) **Speech-language therapy services.** Speech-language therapy services include the provisions of speech and language services for the habilitation or prevention of communicative disorders. Speech-language therapy services must be provided by or under the direct guidance and supervision of a fully licensed speech-language pathologist within the scope of his or her practice under state law as listed in OAC 317:30-5-675 (a) (1) through (3).

~~(C)~~(D) **Physical therapy services.** Physical therapy services are provided for the purpose of preventing or alleviating movement dysfunction and related functional problems that adversely affect the member's education. Physical therapy services must adhere to guidelines found at OAC 317:30-5-291 and must be provided by or under the direct guidance and supervision of a fully licensed physical therapist; services may also be provided by a licensed physical therapy assistant who has been authorized by the Board of Examiners working under the supervision of a fully licensed physical therapist.

~~(E)~~ **Nursing services.** ~~Nursing services may include provision of services to protect the health status of children and adolescents, correct health problems and assist in removing or modifying health-related barriers, and must be provided by a RN or LPN under supervision of a RN. Services include medically necessary procedures rendered at the school site, such as catheterization, suctioning, tube feeding, and administration and monitoring of medication.~~

~~(D)~~(E) **Occupational therapy services.** Occupational therapy services may include the provision of services to improve, develop, or restore impaired ability to function independently. Occupational therapy services must adhere to guidelines found at OAC 317:30-5-296 and be provided by or under the direct guidance and supervision of a fully

licensed occupational therapist; services may also be provided by a licensed occupational therapy assistant who has been authorized by the Board of Examiners, working under the supervision of a licensed occupational therapist.

~~(F) **Counseling services.** All services must be for the direct benefit of the member. Counseling services must be provided by a state licensed social worker, a state licensed professional counselor, a state licensed psychologist or SDE-certified school psychologist, a state licensed marriage and family therapist, or a state licensed behavioral health practitioner, or under Board supervision to be licensed in one (1) of the above-stated areas.~~

~~(G)~~**(F) Assistive technology.** Assistive technology is the provision of services that help to select a device and assist a student with disability(ies) or student with medical need to use an assistive technology device, including coordination with other therapies and training of member and caregiver. Services must be provided by a:

- (i) Fully licensed speech-language pathologist as listed in OAC 317:30-5-675 (a) (1) through (3);
- (ii) Fully licensed physical therapist as listed in OAC 317:30-5-290.1 (a) (1) and (2);
- or
- (iii) Fully licensed occupational therapist as listed in OAC 317:30-5-295 (a) (1) and (2).

~~(G) **Assistive technology.** Assistive technology is the provision of services that help to select a device and assist a student with disability(ies) to use an assistive technology device, including coordination with other therapies and training of member and caregiver. Services must be provided by a:~~

- ~~(i) Fully licensed speech-language pathologist as listed in OAC 317:30-5-675 (a) (1) through (3);~~
- ~~(ii) Fully licensed physical therapist as listed in OAC 317:30-5-290.1 (a) (1) and (2);~~
- ~~or~~
- ~~(iii) Fully licensed occupational therapist as listed in OAC 317:30-5-295 (a) (1) and (2).~~

~~(E)~~**(G) Nursing services.** Nursing services ~~may include~~ the provision of services to protect the health status of children and adolescents, correct health problems and assist in removing or modifying health-related barriers, and must be provided by a RN or LPN under supervision of a RN. Services include medically necessary procedures rendered at the school site, such as catheterization, suctioning, tube feeding, and administration and monitoring of medication. Nursing services must be provided by a registered nurse or licensed practical nurse under supervision of a registered nurse within the scope of practice as defined under state law and covered under 42 CFR §440.60. Services include, medically necessary medication administration and monitoring, health assessments, monitoring of chronic conditions, first aid, and other interventions as outlined in the student's Individualized Education Program (IEP), or other plan(s) of care rendered at the school site.

~~(H) **Personal care.** Provision of personal care services (PCS) allow students with disabilities 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 provided by registered paraprofessionals that have completed training~~

~~approved or provided by SDE, or personal care assistants, including LPNs, who have completed on-the-job training specific to their duties. PCS does not include behavioral monitoring. Paraprofessionals are not allowed to administer medication, nor are they allowed to assist with or provide therapy services to SoonerCare members. Tube feeding of any type may only be reimbursed if provided by a RN or LPN. Catheter insertion and catheter/ostomy care may only be reimbursed when done by a RN or LPN. All PCS must be prior authorized.~~

~~(F)~~(H) **Counseling services.** All services must be for the direct benefit of the member; to address emotional, behavioral, cognitive, or developmental issues that are affecting academic performance. Counseling services must be provided by a state-licensed social worker, a state-licensed professional counselor, a state-licensed psychologist or SDE-certified school psychologist, a state-licensed marriage and family therapist, or a state-licensed behavioral health practitioner, or under Board supervision to be licensed in one (1) of the above-stated areas. School-based behavioral health services include:

- (i) Behavioral health case management services, intake, treatment plan development.
- (ii) Individual health behavioral intervention, family health behavioral intervention, group health behavioral intervention.
- (iii) Individual psychotherapy, family psychotherapy, group psychotherapy, psychotherapy for crisis.

~~(I) **Therapeutic behavioral services (TBS).** Services are goal directed activities for each client to restore, retain and improve the self-help, socialization, communication, and adaptive skills necessary to reside successfully in home and community based settings. It also includes problem identification and goal setting, medication support, restoring function, and providing support and redirection when needed. TBS activities are behavioral interventions to complement more intensive behavioral health services and may include the following components: basic living and self help skills; social skills; communication skills; organization and time management; and transitional living skills. This service must be provided by a behavioral health school aide (BHSA) who has a high school diploma or equivalent and has successfully completed training approved by the SDE, and in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), along with corresponding continuing education. BHSA must be supervised by a bachelor's level individual with a special education certification. BHSA must have Cardiopulmonary resuscitation (CPR) and first aid certification. Six (6) additional hours of related continuing education are required per year.~~

~~(H)~~(I) **Personal care.** Provision of personal care services (PCS) allow students with disabilities and those with medical needs 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 provided by ~~registered~~a certified paraprofessionals that have completed training approved or provided by SDE, or personal care assistants, including LPNs, who have completed on-the-job training specific to their duties. PCS does not include behavioral monitoring. Paraprofessionals are not allowed to administer medication, nor are they allowed to assist with or provide therapy services to Medicaid members. For these individuals with medical need without an IEP/ PCS must be prior authorized. ~~Tube feeding of any type may only be reimbursed if provided by a~~

RN or LPN. Catheter insertion and catheter/ostomy care may only be reimbursed when done by a RN or LPN. All PCS must be prior authorized.

~~(I) **Therapeutic behavioral services (TBS).** Services are goal directed activities for each client to restore, retain and improve the self help, socialization, communication, and adaptive skills necessary to reside successfully in home and community based settings. It also includes problem identification and goal setting, medication support, restoring function, and providing support and redirection when needed. TBS activities are behavioral interventions to complement more intensive behavioral health services and may include the following components: basic living and self help skills; social skills; communication skills; organization and time management; and transitional living skills. This service must be provided by a behavioral health school aide (BHSA) who has a high school diploma or equivalent and has successfully completed training approved by the SDE, and in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), along with corresponding continuing education. BHSA must be supervised by a bachelor's level individual with a special education certification. BHSA must have Cardiopulmonary resuscitation (CPR) and first aid certification. Six (6) additional hours of related continuing education are required per year.~~

(J) **Nutrition services.** Services identified as medically necessary include nutritional assessments and intervention, reassessment, and intervention. Nutritional services require a signed and dated prescription from the student's physician prior to services for all plans of care, except for a valid IEP where a physician's prescription is not required. Services must adhere to guidelines found at OAC 317, Chapter 30, Part 108. All services must be prescribed by a physician, physician assistant (PA), advanced practice registered nurse (APRN), or certified nurse midwife (CNW), and be face-to-face encounters between a licensed dietitian and the student.

~~(e) **Members eligible for Part B of Medicare.** EPSDT school health related services provided to Medicare eligible members are billed directly to the fiscal agent.~~

(c) **Additional Individualized Education Plan (IEP) services.** For children under the age of 22 years who have a valid IEP a payment is made for the following services delivered in the school setting. Payment is made for the following compensable services rendered by qualified school providers. The following service are in addition to the services listed above:

(1) **Child-guidance treatment encounter.** A child-guidance treatment encounter may occur through the provision of individual, family, or group treatment services to children and adolescents who are identified as having specific disorders or delays in development, emotional or behavioral problems, or disorders of speech, language, or hearing. These types of encounters are initiated following the completion of a diagnostic encounter and subsequent development of a treatment plan, or as a result of an IEP and may include the following:

(A) **Nursing services.** Nursing services may include provision of services to protect the health status of children and adolescents, correct health problems and assist in removing or modifying health-related barriers and must be provided by a RN or LPN under supervision of a RN. Services include medically necessary procedures rendered at the school site, such as catheterization, suctioning, tube feeding, and administration and monitoring of medication.

(B) **Personal care.** Provision of personal care services (PCS) allow students with disabilities 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 provided by a certified paraprofessionals that have completed training approved or provided by SDE, or personal care assistants, including LPNs, who have completed on-the-job training specific to their duties. PCS does not include behavioral monitoring. Paraprofessionals are not allowed to administer medication, nor are they allowed to assist with or provide therapy services to Medicaid members. For students with disabilities only, tube feeding of any type may only be reimbursed if provided by a RN or LPN. Catheter insertion and catheter/ostomy care may only be reimbursed when done by a RN or LPN.

(C) **Specialized transportation services.** Specialized Transportation Services are covered as school-based services as allowed under 42 CFR §431.53 are available to a Medicaid enrolled beneficiary under the age of 21 for whom the transportation services are medically necessary and documented in an IEP. Specialized Transportation Services must be provided on the same date of service that a Medicaid compensable IEP service is claimed. Transportation must be on a specially adapted school bus to and/or from the location where the Medicaid service is received. All specialized transportation services provided must be documented in a transportation log. Children requiring an aide during transportation on a specially adapted vehicle shall have this stated in the IEP. Transportation must be provided by the school division, or an entity contracted by the school division.

(d) **Members eligible for Part B of Medicare.** EPSDT school health-related services provided to Medicare eligible members are billed directly to the fiscal agent.