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~~ based Health Services (42 CFR 440.130)** - ~~School based health services include covered Behavioral Health services, treatment, and other measures to correct or ameliorate an identified mental health or substance abuse diagnosis and are provided pursuant to a valid Individualized Education Plan (IEP). Licensed psychologists may provide testing in school settings. Reimbursement for psychological evaluations in school settings is only available if the child ultimately has a covered service in an IEP. For evaluations conducted in a school setting, the Oklahoma State Department of Education (OSDE) requires that a licensed supervisor sign the evaluation. Therapeutic interventions and academic services are required to be coordinated with identified school staff (e.g., IEP case manager) in order to avoid duplication.~~ School-based health services include covered medical services, treatment, and other measures medically necessary and recommended by a physician or other licensed practitioners of the healing arts to correct or ameliorate an identified physical, mental health, and/or substance abuse diagnosis. 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 by or through the local educational agencies and/or interlocal cooperatives (schools) to eligible individuals for whom the service is medically necessary and documented in the IEP. 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.

Comment [OHCA1]: Moved to table within Att. 3.1-A, Page 1a-6.12

Comment [OHCA2]: Moved to table within Att. 3.1-A, Page 1a-6.12

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)

Individual Provider Qualifications
School-Based Services

Type of Service	CORRESPONDING 1905 CITATION	INDIVIDUAL PROVIDER QUALIFICATIONS
School–Based Behavioral Health Services - Services must be recommended by a licensed practitioner of the healing arts within the scope of their license. For services provided on school campus, contracted (or designated) community provider must ensure compliance with confidentiality and privacy laws and coordination of the clinical plan of care with identified school staff (e.g., IEP case manager) is required. Parent's consent must be obtained. ~~Rendering staff must meet individual provider qualifications. Services must not be duplicative.~~ Licensed psychologists may provide testing in school settings. Reimbursement for psychological evaluations in school settings is only available if the child ultimately has a covered service in an IEP. Therapeutic interventions and academic services are required to be coordinated with identified school staff (e.g., IEP case manager) in order to avoid duplication.		
Individual/Family/Group Psychotherapy. Need for service in school setting must be documented in IEP.	1905(a)(13)(C)	• Qualified Psychological Clinicians • Any Medicaid enrolled, qualified BHP.
Crisis Management / Behavior Redirection. Individualized, one-on-one service	1905(a)(13)(C)	• Any Medicaid enrolled, qualified BHP • Qualified Psychological Clinicians
Therapeutic Behavioral Services (TBS) Refer to Att. 3.1-A, Page 1a-~~6~~6.5b for a description of the service. Need for service in school setting must be documented in IEP.	1905(a)(13)(C)	• Any Medicaid enrolled, qualified provider (BHSA)
Therapeutic Day Treatment (TDT). Refer to Att. 3.1-A, Page 1a-6.5c for a description of the service. Need for service in school setting must be documented in child's IEP.	1905(a)(13)(C)	• Any Medicaid enrolled qualified provider.