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: February 18, 2020

The proposed policy is a Permanent Rule. The proposed policy was presented at the November 5, 2019 Tribal Consultation. The proposed rule changes will be presented at a Public Hearing on February 19, 2020. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on March 12, 2020 and the OHCA Board of Directors on March 18, 2020.

Reference: APA WF # 19-46

SUMMARY:

School-based/Early and Periodic Screening, Diagnostic and Treatment Revisions – The proposed rule changes cleanup the school-based policy to separate and differentiate between services provided in a school setting under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit versus those school-based services that are pursuant to an Individual Education Plan (IEP).

LEGAL AUTHORITY
The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; Individuals with Disabilities Education Act; 34 Code of Federal Regulations 300.154

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Maria Maule
Legal Services

FROM: Sasha Teel
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 19-46

A. Brief description of the purpose of the rule:

The proposed rule changes cleanup the school-based policy to separate and differentiate between services provided in a school setting under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit versus those school-based services that are pursuant to an Individual Education Plan (IEP). The proposed rule changes also clarify that school-based services are medically necessary health-related and rehabilitative services that are provided pursuant to an IEP. However, not all medically-necessary services that the Oklahoma Health Care Authority will reimburse for and provided in a school setting are done pursuant to an IEP so those will be removed from Part 103, Qualified Schools as Providers of Health-Related Services, and referenced in Part 4, EPSDT. Finally, the proposed revisions will involve limited rewriting aimed at clarifying text; fixing any grammatical errors; and aligning rules with the current business practice.

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 impact SoonerCare members who receive Medicaid school-based services pursuant to an IEP.

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

The proposed rule changes will benefit SoonerCare members who receive school-based services pursuant to an IEP by clarifying policy on the allowed covered IEP services. Additionally, the proposed rule changes will provide better clarification for school-based providers on Medicaid reimbursable IEP services.

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

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 effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

There is no budget impact since policy is just being clarified to reflect the current/correct practices for school-based and EPSDT services.

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:

There is no economic impact on political subdivisions.

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 proposed rule changes will not have an adverse effect on small business.

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 is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

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 changes should have no adverse effect on the public health, safety, and environment.

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

OHCA does not believe there is a detrimental effect on the public health and safety if the rule is not passed.

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

Prepared: December 16, 2019
Modified: January 15, 2020

RULE TEXT:

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

SUBCHAPTER 3. GENERAL PROVIDER POLICIES

PART 4. EARLY AND PERIODIC SCREENING, ~~DIAGNOSIS~~DIAGNOSTIC AND TREATMENT (EPSDT) PROGRAM/CHILD-HEALTH SERVICES

317:30-3-65. Early and Periodic Screening, ~~Diagnosis~~Diagnostic and Treatment (EPSDT) program/Child-health Services

Payment is made to eligible providers for Early and Periodic Screening, ~~Diagnosis~~Diagnostic and Treatment (EPSDT) services on behalf of eligible individuals under the age of ~~21~~twenty-one (21).

(1) The EPSDT program is a comprehensive child-health program, designed to ensure the availability of, and access to, required health care resources and help parents and guardians of Medicaid-eligible children and adolescents use these resources. An effective EPSDT program assures that health problems are diagnosed and treated early before they become more complex and their treatment more costly. The physician plays a significant role in educating parents and guardians about all services available through the EPSDT program. The receipt of an identified EPSDT screening makes the member eligible for all necessary follow-up care that is within the scope of the SoonerCare program. Early and Periodic Screening, ~~Diagnosis~~Diagnostic and Treatment (EPSDT) covers services, supplies, or equipment that are determined to be medically necessary for a child or adolescent, and which are included within the categories of mandatory and optional services in Section 1905(a) of Title XIX, regardless of whether such services, supplies, or equipment are listed as covered in ~~Oklahoma's State Plan~~Oklahoma's Medicaid State Plan.

(2) Federal regulations also require that the State set standards and protocols for each component of EPSDT services. The standards must provide for services at intervals which meet reasonable standards of medical and dental practice. The standards must also provide for EPSDT services at other intervals as medically necessary to determine the existence of certain physical or behavioral health illnesses or conditions.

(3) SoonerCare providers who perform EPSDT screenings must assure that the screenings they provide meet the minimum standards established by the Oklahoma Health Care Authority in order to be reimbursed at the level established for EPSDT services.

(4) An EPSDT screening is considered a comprehensive examination. A provider billing SoonerCare for an EPSDT screen may not bill any other Evaluation and Management Current Procedure Terminology (CPT) code for that patient on that same day. It is expected that the screening provider will perform necessary treatment as part of the screening charge. However, there may be other additional diagnostic procedures or treatments not normally considered part of a comprehensive examination, including diagnostic tests and administration of immunizations, required at the time of screening. Additional diagnostic procedures or treatments may be billed independently from the screening. Some services as set out in this section may require prior authorization.
(5) For an EPSDT screening to be considered a completed reimbursable service, providers must perform, and document, all required components of the screening examination. Documentation of screening services performed must be retained for future review.
(6) All comprehensive screenings provided to individuals under age ~~21~~twenty-one (21) must be filed on HCFA-1500 using the appropriate preventive medicine procedure code or an appropriate Evaluation and Management code from the Current Procedural Terminology Manual (CPT) accompanied by the appropriate "V" diagnosis code.
(7) For EPSDT services in a school-based setting that are provided pursuant to an IEP, please refer to Part 103, Qualified Schools As Providers Of Health-Related Services, in Oklahoma Administrative Code 317:30-5-1020 through 317:30-5-1028.

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

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

317:30-5-1022. Periodicity schedule [REVOKED]

~~(a) The SoonerCare program has adopted the recommendations of the American Academy of Pediatrics' Bright Futures' periodicity schedule for services.~~
~~(b) Children and adolescents enrolled in SoonerCare are referred to their SoonerCare provider for services. In cases where the SoonerCare provider authorizes the school to perform the screen or fails to schedule an appointment within three (3) weeks and a request has been made and documented by the school, the school may then furnish the Early and Periodic Screening, Diagnosis and Treatment child-health screening and bill it as a fee-for-service activity. Results of the child-health screening are forwarded to the member's SoonerCare provider.~~

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 program, of Oklahoma Administrative Code at 317:30-3-65 through 317:30-3-63.12. Payment is made for the following compensable services rendered by qualified school providers:

~~(1) **Child-health screening.** An initial screening may be requested by an eligible member at any time and must be provided without regard to whether the member's age coincides with the established periodicity schedule. Coordination referral is made to the SoonerCare provider to assure at a minimum, that periodic screens are scheduled and provided in accordance with the periodicity schedule following the initial screening. Child-health screening must adhere to the following requirements:~~

~~(A) Children and adolescents enrolled in SoonerCare must be referred to their SoonerCare provider for child-health screenings. In cases where the SoonerCare provider authorizes the school to perform this screen or fails to schedule an appointment within three (3) weeks and a request has been made and documented by the school, the school may then furnish the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) child-health screening. Written notification must be mailed to the SoonerCare member's primary care provider (PCP) prior to the school's intent to furnish and bill for the screen. Results of this screening must be forwarded to the member's SoonerCare provider.~~

~~(B) Child-health screenings must be provided by a state-licensed physician (M.D. or D.O.), state-licensed nurse practitioner with prescriptive authority, or state-licensed physician assistant. Screening services must include the following:~~

~~(i) Comprehensive health and developmental history, including assessment of both physical and mental health development;~~

~~(ii) Comprehensive unclothed physical exam;~~

~~(iii) Appropriate immunizations according to the age and health history;~~

~~(iv) Laboratory test, including blood level assessment; and~~

~~(v) Health education, including anticipatory guidance.~~

~~(C) Mass screenings for any school-based service are not billable to SoonerCare, nor are screenings that are performed as a child or adolescent find activity pursuant to an Individuals with Disabilities Education Act (IDEA) requirement. There must be a documented referral in place that indicates the child or adolescent has an individualized need that warrants a screening to be performed.~~

~~(2) **Child-health encounter.** The child-health encounter may include a diagnosis and treatment encounter, a follow-up health encounter, or a home visit. A child-health encounter may include any of the following services:~~

~~(A) vision;~~

~~(B) hearing;~~

~~(C) dental;~~

~~(D) a health history;~~

~~(E) physical examination;~~

~~(F) developmental assessment;~~

~~(G) nutrition assessment and counseling;~~

~~(H) social assessment and counseling;~~

~~(I) genetic evaluation and counseling;~~

~~(J) indicated laboratory and screening tests;~~

~~(K) screening for appropriate immunizations; or~~

~~(L) health counseling and treatment of childhood illness and conditions.~~

~~(2)~~ (1) **Diagnostic encounters.** Diagnostic encounters are defined as those services necessary to fully evaluate defects, physical or behavioral health illnesses, or conditions discovered by the screening. 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 who:

(i) holds a Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA); or

(ii) has completed the equivalent educational requirements and work experience necessary for the certificate; or

(iii) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

(B) **Audiometry test.** Audiometric test (Immittance [Impedance] audiometry or tympanometry) includes bilateral assessment of middle ear status and reflex studies (when appropriate) provided by a state-licensed audiologist who:

(i) holds a Certificate of Clinical Competence from ASHA; or

(ii) has completed the equivalent educational requirements and work experience necessary for the certificate; or

(iii) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

(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 who:

(i) holds a Certificate of Clinical Competence from the ASHA; or

(ii) has completed the equivalent educational requirements

and work experience necessary for the certificate; or

(iii) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

(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~~, or state-certified vision impairment teacher~~. The service can be billed when a SoonerCare 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 state-licensed speech-language pathologist who:

(i) holds a Certificate of Clinical Competence from the ASHA; or

(ii) has completed the equivalent educational requirements and work experience necessary for the certificate; or

(iii) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

(F) **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. It must be provided by a state-licensed physical therapist. Physical therapy evaluations must adhere to guidelines found at OAC 317:30-5-291.

(G) **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 must be provided by a state-licensed occupational therapist.

(H) ~~**Psychological evaluation and testing.** Psychological evaluation and testing are for the purpose of diagnosing and determining if emotional, behavioral, neurological, or developmental issues are affecting academic performance and for determining recommended treatment protocol. Evaluation/testing for the sole purpose of academic placement (e.g. diagnosis of learning disorders) is not a compensable service. Psychological evaluation and testing must be~~

~~provided by state-licensed, board-certified psychologist or school psychologist certified by Oklahoma State Department of Education (OSDE).~~**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. 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).

~~(3)~~(2) **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) **Hearing and vision services.** Hearing and vision services may include 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 of the following individuals practicing within the scope of his or her practice under state law:

(i) state-licensed, ~~Master's Degree Audiologist~~master's degree audiologist who:

(I) holds a Certificate of Clinical Competence from the ASHA; or

(II) has completed the equivalent educational requirements and work experience necessary for the certificate; or

(III) has completed the academic program and is acquiring supervised work experience to qualify for the certificate;

(ii) state-licensed, ~~Master's Degree Speech-Language Pathologist~~master's degree speech-language pathologist who:

(I) holds a Certificate of Clinical Competence from the ASHA; or

(II) has completed the equivalent educational requirements and work experience necessary for the certificate; or

(III) has completed the academic program and is acquiring supervised work experience to qualify for the certificate; and

~~(iii) state-certified deaf education teacher;~~

~~(iv)~~ (iii) certified orientation and mobility specialists; and

~~(v) state-certified vision impairment teachers.~~

(B) **Speech-language therapy services.** Speech-language therapy services include 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 state-licensed ~~Speech-Language Pathologist~~speech-language pathologist within the scope of his or her practice under state law who:

(i) holds a Certificate of Clinical Competence from the ASHA; or

(ii) has completed the equivalent educational requirements and work experience necessary for the certificate; or

(iii) has completed the academic program and is acquiring supervised work experience to qualify for the certificate; or

(C) **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 state-licensed physical therapist; services may also be provided by a ~~Physical Therapy Assistant~~physical therapy assistant who has been authorized by the Board of Examiners working under the supervision of a licensed ~~Physical Therapist~~physical therapist. The licensed ~~Physical Therapist~~physical therapist may not supervise more than three ~~Physical Therapy Assistants~~ physical therapy assistants.

(D) **Occupational therapy services.** Occupational therapy may include provision of services to improve, develop, or restore impaired ability to function independently. Occupational therapy services must be provided by or under the direct guidance and supervision of a state-licensed ~~Occupational Therapist~~occupational therapist; services may also be provided by an ~~Occupational Therapy Assistant~~occupational therapy assistant who has been authorized by the Board of Examiners, working under the supervision of a licensed ~~Occupational Therapist~~occupational 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.

(F) **~~Psychotherapy~~Counseling services.** ~~Psychotherapy services are the provision of counseling for children and parents.~~ All services must be for the direct benefit of the member. ~~Psychotherapy~~Counseling services must be provided by a state-licensed ~~Social Worker~~social worker, a state-licensed ~~Professional Counselor~~professional counselor, a state-licensed ~~Psychologist~~psycologist or SDE-certified school psycologist ~~School Psychologist certified by the OSDE~~, a state-licensed ~~Marriage and Family Therapist~~marriage and family therapist, or a state-licensed ~~Behavioral Practitioner~~behavioral health practitioner, or under Board supervision to be licensed in one of the above-stated areas.

(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) state-licensed, ~~Speech-Language Pathologist~~speech-language pathologist who:

(I) holds a Certificate of Clinical Competence from the ASHA; or

(II) has completed the equivalent educational requirements and work experience necessary for the certificate; or

(III) has completed the academic program and is acquiring supervised work experience to qualify for the certificate;

(ii) state-licensed ~~Physical Therapist~~physical therapist; or

(iii) state-licensed ~~Occupational Therapist~~occupational therapist.

(H) **Personal care.** Provision of personal care services allow students with disabilities to safely attend school~~; includes, but is not limited to, assistance with toileting, oral feeding, positioning, hygiene, and riding the school bus, in order to handle medical or physical emergencies~~. 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~~/assistants~~ that have completed training approved or provided by ~~OSDE~~SDE, or ~~Personal Care~~

~~Assistants~~personal care assistants, including LPNs, who have completed on-the-job training specific to their duties. Personal ~~Care~~care services do 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 personal care services must be prior authorized.

(I) **Therapeutic behavioral services (TBS).** ~~Therapeutic behavioral services are interventions to modify the non-adaptive behavior necessary to improve the student's ability to function in the community as identified on the plan of care. Medical necessity must be identified and documented through assessment and annual evaluations/re-evaluations. Services encompass behavioral management, redirection, and assistance in acquiring, retaining, improving, and generalizing socialization, communication and adaptive skills.~~ 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~~ behavioral health school aide (BHSA) who has a high school diploma or equivalent and has successfully completed ~~the paraprofessional~~ training approved by the ~~OSDE~~SDE, and in collaboration with Department of Mental Health and Substance Abuse Services, along with ~~and all~~ corresponding continuing education. ~~and a training curriculum in behavioral interventions for pervasive developmental disorders as recognized by OHCA.~~ BHSA must be supervised by a bachelor's level individual with a special education certification. BHSA must have CPR and First Aid certification. Six (6) additional hours of related continuing education are required per year.

~~(J) **Immunization.** Immunizations must be coordinated with the PCP for children and adolescents enrolled in SoonerCare. An administration fee, only, can be paid for immunizations provided by the schools.~~

(c) **Members eligible for Part B of Medicare.** EPSDT school health-related services provided to Medicare eligible members are billed

directly to the fiscal agent.

317:30-5-1024. Periodic screening examination [REVOKED]

~~At a minimum, referrals to ***SoonerCare*** providers for periodic screening must be completed and provided in accordance with the periodicity schedule following the initial screening.~~

317:30-5-1025. Interperiodic screening examination [REVOKED]

~~Interperiodic screenings must be provided when medically necessary to determine the existence of suspected physical or mental illnesses or conditions. They may include physical, mental or dental conditions. The determination of whether an interperiodic screen is medically necessary may be made by a health, developmental or educational professional who comes into contact with the child outside of the formal health care system. Children enrolled in SoonerCare are referred to their SoonerCare provider for these services. In cases where the SoonerCare provider authorizes the School to perform the screen or fails to schedule an appointment within three weeks and a request has been made and documented by the School, the School may then furnish the EPSDT child health screening and bill it as a fee-for-services activity. Results of this interperiodic screening are forwarded to the child's SoonerCare provider.~~

317:30-5-1026. Reporting of suspected ~~child~~ abuse/neglect

~~Instances of child abuse and/or neglect discovered through screenings and regular examinations are to be reported in accordance with State law. Section 7103 of Title 10 of the Oklahoma Statutes mandates reporting suspected abuse or neglect to the Oklahoma Department of Human Services. Section 7104 of Title 10 of the Oklahoma Statutes further requires reporting of criminally injurious conduct to the nearest law enforcement agency.~~ ~~.~~ Instances of child abuse and/or neglect are to be reported in accordance with state law, including, but not limited to, 10A Oklahoma Statute (O.S.) § 1-2-101 and 43A O.S. § 10-104. Any person suspecting child abuse or neglect shall immediately report it to the Oklahoma Department of Human Services (DHS) hotline, at 1-800-522-3511; any person suspecting abuse, neglect, or exploitation of a vulnerable adult shall immediately report it to the local DHS County Office, municipal or county law enforcement authorities, or, if the report occurs after normal business hours, the DHS hotline. Health care professionals who are requested to report incidents of domestic abuse by adult victims with legal capacity shall promptly make a report to the nearest law enforcement agency, per 22 O.S. § 58.

317:30-5-1027. Billing

~~(a)~~ Each service has a specified unit of service (unit) for billing purposes which represents the actual time spent providing a direct

service. Direct service must be face-to face with the child. There is no reimbursement for time reviewing/completing paperwork and/or documentation related to the service or for staff travel to/from the site of service, unless otherwise specified.

(1) Most units of service are time-based, meaning that the service must be of a minimum duration in order to be billed. A unit of service that is time-based is continuous minutes; the time cannot be aggregated throughout the day.

(2) There are no minimum time requirements for evaluation services, for which the unit of service is generally a completed evaluation. The only exception is the ~~Psychological Evaluation~~evaluation and testing (OAC 317:, which is billed in hourly increments.

~~(b) The following units of service are billed on the appropriate claim form:~~

~~(1) Service: Child Health Screening; Unit: Completed comprehensive screening.~~

~~(2) Service: Interperiodic Child Health Screening; Unit: Completed interperiodic screening.~~

~~(3) Service: Child Health Encounter; Unit: per encounter; limited to 3 encounters per day.~~

~~(4) Service: Individual Treatment Encounter; Unit: 15 minutes, unless otherwise specified.~~

~~(A) Hearing and Vision Services.~~

~~(B) Speech Language Therapy; Unit: per session, limited to one per day.~~

~~(C) Physical Therapy.~~

~~(D) Occupational Therapy.~~

~~(E) Nursing Services; Unit: up to 15 minutes; maximum 32 units per day.~~

~~(F) Psychotherapy Services; maximum 8 units per day.~~

~~(C) Assistive Technology.~~

~~(H) Therapeutic Behavioral Services.~~

~~(5) Service: Group Treatment Encounter; no more than 5 members per group, Unit: 15 minutes, unless otherwise specified. A daily log/list must be maintained and must identify the SoonerCare participants for each group therapy session.~~

~~(A) Hearing and Vision Services.~~

~~(B) Speech Language Therapy; Unit: per session, limited to one per day.~~

~~(C) Physical Therapy.~~

~~(D) Occupational Therapy.~~

~~(E) Psychotherapy Services; maximum 8 units per day.~~

~~(6) Service: Administration only, Immunization; Unit: one administration.~~

~~(7) Service: Hearing Evaluation; Unit: Completed Evaluation.~~

~~(8) Service: Hearing Aid Evaluation; Unit: Completed Evaluation.~~

~~(9) Service: Audiometric Test (Impedance); Unit: Completed Test (Both Ears).~~

~~(10) Service: Tympanometry and acoustic reflexes.~~

~~(11) Service: Ear Impression Mold; Unit: 2 molds (one per ear).~~
~~(12) Service: Vision Screening; Unit: one examination, by state licensed O.D., M.D., or D.O.~~
~~(13) Service: Speech Language Evaluation; Unit: one evaluation.~~
~~(14) Service: Physical Therapy Evaluation; Unit: one evaluation.~~
~~(15) Service: Occupational Therapy Evaluation; Unit: one evaluation.~~
~~(16) Service: Psychological Evaluation and Testing; Unit: one hour.~~
~~(17) Service: Personal Care Services; Unit: 10 minutes, 32 units daily.~~
~~(18) Service: Nursing Assessment/Evaluation (Acute episodic care); Unit: one assessment/evaluation, 18 yearly.~~
~~(19) Service: Psychological Evaluation and Testing; Unit: per hour of psychologist time, 8 hours yearly.~~