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 16, 2018

The proposed policy is a Permanent Rule. The proposed policy was presented at the January 2, 2017 Tribal Consultation and is scheduled to be presented to the Medical Advisory Committee on March 15, 2018 and the OHCA Board of Directors on March 22, 2018.
Reference: APA WF # 17-07

SUMMARY:
School-Based Services Policy Revisions – The proposed revisions remove unintended barriers for medical services rendered in the school setting pursuant to an Individual Education Plan.

LEGAL AUTHORITY:
The Oklahoma Health Care Authority Act, Section 5007 (F)(1) and (3) of Title 63 of Oklahoma Statutes; Section 5003 through 5016 of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; 42 Code of Federal Regulations (CC.F.R.FR) 440.110; 34 C.F.R. 300.154

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Tywanda Cox
Federal and State Policy

FROM: Sasha Teel
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 17-07

A. Brief description of the purpose of the rule:

The proposed school-based revisions will remove unintended barriers for medical services rendered in the school setting

pursuant to an Individual Education Plan (IEP). The proposed revisions will allow an IEP and all relevant supporting documentation (hereinafter, “plan of care”) that meet certain requirements to serve as the prior medical authorization for most medically necessary services that can be provided in a school setting with the exception of personal care services. Personal care services must still receive prior authorization, in accordance, with Oklahoma Health Care Authority's (OHCA) federally-approved state Medicaid plan.

A valid plan of care may also serve as a prescription or referral for the initial evaluation and any subsequent services for occupational therapy services and services for members with speech, hearing, and language disorders-see Title 59 of the Oklahoma Statutes (O.S.), Sections 725.2(H) and 888.4(C). Physical therapy services, by contrast, shall require a prescription from the student’s physician prior to that student’s initial evaluation. This difference results from Oklahoma statutory language indicating that physical therapists (PT) are not licensed practitioners of the healing arts-see 59 O.S. § 887.17(A)(5) (“Nothing in the Physical Therapy Practice Act shall be construed as authorization for a PT or physical therapist assistant to practice any branch of the healing art.”). Physical therapy services, like occupational therapy services and services for members with speech, hearing, and language disorders, must be prescribed by a physician or practitioner of the healing arts under State law, in order to obtain federal Medicaid reimbursement(42 C.F.R. § 440.110). OHCA has submitted a request to Attorney General Mike Hunter on this particular State law issue.

Additionally, the revisions update the requirements needed in an IEP and plan of care. The proposed revisions also eliminate the reference to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) where the term is no longer valid. All claims related to school-based services that are submitted to OHCA for reimbursement must include any numeric identifier obtained from the Oklahoma State Department of Education. The proposed revisions also update eligibility requirements for practitioners who provide services in school-based settings. Finally, the revisions will remove specific references that are no longer applicable, update acronyms and references to other legal authorities, and clean up some grammatical errors.

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:

SoonerCare members, receiving services in a school setting, may be positively affected by the proposed rule as the change is intended to increase access to school-based services. SoonerCare providers that render school-based services may also benefit from the change as it is intended to remove barriers to these services.

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

SoonerCare providers that render school-based services will benefit as unintended access barriers will be removed.

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 changes:

Oklahoma school districts will benefit from unintended access barriers being removed, allowing more Medicaid therapy services being provided to students at their schools. There is no additional economic impact and there are no fee changes associated with the rule change for any other of 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:

It is estimated that the change will result in a positive impact to the Oklahoma school districts of about $6.5 million, as a result of federal matching funds.

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 will have a positive economic impact on Oklahoma school districts by allowing them to access federal dollars for medically necessary school-based services, as reflected in item E, above. Contracting changes have been made in order to ensure collaboration between OSDE and OHCA in implementing these 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 proposed rule will not have an adverse impact 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 proposed revisions will be at no cost to the agency. 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 may have a positive impact on public health as rules remove unintended barriers for medically necessary services rendered in the school setting.

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:

The rule impact statement was prepared January 22,2018.

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~~HEALTH-RELATED SERVICES

317:30-5-1020. General provisions

~~(a) Payment is made to eligible qualified school providers for delivery of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services to eligible individuals under the age of 21. School-based services must be medically necessary and have supporting documentation to be considered for reimbursement. In addition, services provided in the school setting are only compensable when provided to eligible SoonerCare members pursuant to an Individual Education Plan (IEP).~~

~~(b) EPSDT services are comprehensive child-health services, designed to ensure the availability of, and access to, required health care resources and to help parents and guardians of SoonerCare eligible children use these resources. Effective EPSDT services assure that health problems are diagnosed and treated early before they become more complex and their treatment more costly. The Schools play a significant role in educating parents and guardians about all services available through the EPSDT program.~~

~~(c) The receipt of an identified EPSDT screening makes the SoonerCare child eligible for all necessary follow-up care that is within the scope of the SoonerCare Program. An Individualized Education Program (IEP) or Individual Family Services Plan (IFSP) entitles the SoonerCare eligible child to medically necessary and appropriate health related EPSDT treatment services. For reimbursement purposes, prior to rendering a medically related evaluation and/or service pursuant to an eligible SoonerCare child's IEP or IFSP, either through an IEP/IFSP addendum or a new IEP/IFSP, parental consent must be obtained. An IEP or IFSP serves as the plan of care for consideration of reimbursement for health related EPSDT treatment services. The IEP or IFSP may not serve as an evaluation. Services that require prior authorization will need to be authorized prior to the development of the IEP or IFSP.~~

~~The IEP/IFSP must be completed and signed during the meeting by all required providers and individuals and must include the type, frequency, and duration of the service(s) provided, the signatures, including credentials, of the provider(s) and the direct care staff delivering services under the supervision of the professional, and the specific place of services if other than the school (e.g., field trip, home). The IEP/IFSP must also contain 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. In order to bill SoonerCare for services rendered in the school, including evaluations, these services must result in or be identified in the IEP. Federal regulations require that diagnosis and treatment be provided for conditions identified during a screening whether or not they are covered under the Authority's current program. Such services must be allowable under federal Medicaid regulations and must be necessary to ameliorate or correct defects of physical or mental illnesses/conditions.~~

~~(d) Federal regulations 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 and mental illnesses or conditions. SoonerCare providers who offer EPSDT screenings must assure that the screenings they provide meet the minimum standards for those services in order to be reimbursed at the level established for EPSDT services.~~

~~(e) To assure full payment for the EPSDT screening, providers must perform and document all necessary components of the screening examination. Documentation of screening services performed must be retained for future review.~~

~~(f) Evaluations must be prior authorized when medically necessary and/or required and prescribed or referred by a treating physician or other practitioner of the healing arts with supporting medical documentation. Initial evaluations (e.g. initial physical therapy evaluation) that do not require a prior authorization and that are performed as part of the IEP development process are compensable when the appropriate documented referral and supporting medical documentation are in place. Evaluations completed for educational purposes only are not compensable. All evaluations must be medically necessary and support the services billed to SoonerCare. The evaluations must be included in the IEP for reimbursement consideration. A diagnosis alone is not sufficient documentation to support the medical necessity of services. The child's diagnosis must~~

~~clearly establish and support that the prescribed therapy is medically necessary. Evaluations must be completed annually and updated to accurately reflect the participant's current status. Evaluations include but are not limited to hearing and speech services, physical therapy, occupational therapy, and psychological evaluations and must include the following information:~~

~~(1) Medical documentation that supports why the member was referred for evaluation;~~

~~(2) Diagnosis;~~

~~(3) Member's strengths, needs, and interests;~~

~~(4) Recommended interventions for identified needs, including outcomes and goals;~~

~~(5) Recommended units and frequency of services; and~~

~~(6) Dated signature and credentials of professional completing the evaluation.~~

~~(g) Annual evaluations/re-evaluations are required prior to each annual IEP.~~

~~(h) No more than five SoonerCare members can be present during a group therapy session. A daily log/list must be maintained and must identify the participants for each group session.~~

(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 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.

(b) An IEP and all relevant supporting documentation, including, but not limited to, the documentation required by OAC 317:30-5-1020(c), 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.

(1) Except for those services referenced in Oklahoma Administrative Code (OAC) 317:30-5-1023(b)(4)(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.

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

317:30-5-1021. Eligible providers

(a) ~~Eligible providers are local, regional, and state educational services agencies as defined by State law and the Individuals with Disabilities Education Act (IDEA), as amended in 1997. A completed contract to provide EPSDT services through the schools must be submitted to the Oklahoma Health Care Authority (OHCA). The must approve the contract in order for eligible school providers to receive reimbursement.~~ 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.

(b) Qualified ~~Schools~~school providers must notify OHCA of all subcontractors performing ~~IEP~~Individualized Education Program (IEP) 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. ~~OHCA may request that schools enroll with SoonerCare all entities and individuals that provide SoonerCare services in the school setting and may require that the rendering provider be included on any claim for payment by the school.~~All subcontractors must be individually contracted with SoonerCare and, if rendering services, must be identified on any claim for payment as the rendering provider.

317:30-5-1023. Coverage by category

(a) **Adults.** There is no coverage for services rendered to adults.

(b) **Children.** ~~Payment is made for compensable services rendered by local, regional, and state educational services agencies as defined by IDEA:~~Payment is made for the following compensable services rendered by qualified school providers:

(1) **~~Child health~~Child-health screening.** An initial screening may be requested by an eligible ~~individual~~member at any time and must be provided without regard to whether the ~~individual's~~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~~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~~child-health screenings. In cases where the SoonerCare provider authorizes the school to perform this 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~~ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) child-health screening. Written notification must be mailed to the ~~Soonercare~~SoonerCare member's ~~PCP~~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 ~~child's~~member's SoonerCare provider.

(B) ~~Child health~~Child-health screenings must be provided by a ~~state licensed~~state-licensed physician (M.D. or D.O.), ~~state licensed~~state-licensed nurse practitioner with prescriptive authority, or ~~state licensed~~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 ~~IDEA~~ 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~~Child-health encounter.** The ~~child health~~child-health encounter may include a diagnosis and treatment encounter, a follow-up health encounter, or a home visit. A ~~Child Health Encounter~~child-health encounter may include any of the following services:

(A) vision;
(B) hearing;
(C) dental;
(D) a ~~child~~ 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.

(3) **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~~hearing aid evaluation.** Hearing evaluation includes pure tone air, bone and speech audiometry. Hearing evaluations ~~must adhere to guidelines found at OAC 317:30-5-676 and~~ must be provided by a state-licensed audiologist who:

(i) holds a ~~certificate of clinical competence~~Certificate of Clinical Competence from the

American Speech ~~and~~ 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~~Certificate of Clinical Competence from the ~~American Speech and 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.

(C) **Ear impression (for earmold).** Ear impression (for earmold) includes taking impression of a member's ear and providing a finished earmold which is used with the member's hearing aid provided by a ~~state licensed~~state-licensed audiologist who:

(i) holds a ~~certificate of clinical competence~~Certificate of Clinical Competence from the ~~American Speech and 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.

(D) **Vision ~~Screenings~~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~~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~~Speech-language evaluation.** ~~Speech Language~~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~~Speech-language evaluations ~~must adhere to guidelines found at OAC 317:30-5-676 and~~ must be provided by state-licensed speech-language pathologist who:

(i) holds a ~~certificate of clinical competence~~Certificate of Clinical Competence from the ~~American Speech and 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.

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

(G) **Occupational ~~Therapy~~therapy evaluation**. Occupational ~~Therapy~~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. ~~Occupational Therapy evaluations must adhere to guidelines found at OAC 317:30-5-296.~~

(H) **Psychological ~~Evaluation and Testing~~evaluation and testing.** Psychological ~~Evaluation and Testing~~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~~evaluation and testing must be provided by state-licensed, ~~Board Certified, Psychologist or School Psychologist~~board-certified psychologist or school psychologist certified by Oklahoma State Department of

Education ~~(SDE)~~(OSDE). ~~Psychological evaluations and testing services must adhere to guidelines found at OAC 317:30-5-241.1 and 317:30-5-241.2.~~

(4) **~~Child guidance~~Child-guidance treatment encounter.** A ~~child guidance~~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 or IFSP~~Individualized Education Program (IEP) and may include the following:

(A) **Hearing and ~~Vision Services~~vision services.** Hearing and vision services ~~must adhere to guidelines found at OAC 317:30-5-676 and~~ may include provision of habilitation activities, such as auditory training, aural and visual habilitation training, including Braille, and communication management, orientation and mobility, 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~~state law:

(i) state-licensed, Master's Degree Audiologist who:

(I) holds a ~~certificate of clinical competence~~Certificate of Clinical Competence from the ~~American Speech and 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;

(ii) state-licensed, Master's Degree Speech-Language Pathologist who:

(I) holds a ~~certificate of clinical competence~~Certificate of Clinical Competence from the ~~American Speech and 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;

(iii) state-certified deaf education teacher;

(iv) certified orientation and mobility specialists;

and

(v) state-certified vision impairment teachers.

(B) **~~Speech Language Therapy Services~~Speech-language therapy services**. ~~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~~Speech-language therapy services ~~must adhere to guidelines found at OAC 317:30-5-676 and~~ must be provided by or under the direct guidance and supervision of a state-licensed Speech-Language Pathologist within the scope of his or her practice under ~~State~~state law who:

(i) holds a ~~certificate of clinical competence~~Certificate of Clinical Competence from the ~~American Speech and 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; or

(C) **Physical ~~Therapy Services~~therapy services**. Physical ~~Therapy Services~~therapy services are provided for the purpose of preventing or alleviating movement dysfunction and related functional problems that adversely affects the ~~child's~~member's education. Physical ~~Therapy~~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 who has been authorized by the Board of Examiners working under the supervision of a licensed Physical Therapist. The licensed Physical Therapist may not supervise more than three Physical Therapy Assistants.

(D) **Occupational ~~Therapy Services~~therapy services**. Occupational therapy may include provision of services to improve, develop or restore impaired ability to function independently. Occupational ~~Therapy~~therapy services ~~must adhere to guidelines found at OAC 317:30-5-296 and~~ must be provided by or under the direct guidance and supervision of a state-licensed Occupational Therapist; services may also be provided by an Occupational Therapy Assistant who has been authorized by the Board of Examiners, working under the supervision of a licensed Occupational Therapist.

(E) **Nursing ~~Services~~services**. Nursing ~~Services~~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 ~~registered nurse~~RN or ~~licensed practical nurse~~LPN under supervision of a ~~registered nurse~~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 ~~Services~~services.** Psychotherapy services are the provision of counseling for children and parents. All services must be for the direct benefit of the ~~child~~member. Psychotherapy services must be provided by a state-licensed Social Worker, a ~~state Licensed~~state-licensed Professional Counselor, a ~~State licensed~~state-licensed Psychologist or School Psychologist certified by the ~~SDE~~OSDE, a ~~State licensed~~state-licensed Marriage and Family Therapist or a ~~State licensed~~state-licensed Behavioral Practitioner, or under Board supervision to be licensed in one of the above stated areas. ~~Psychotherapy services must adhere to guidelines found at OAC 317:30-5-241.1 and 317:30-5-241.2.~~

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

(i) state-licensed, Speech-Language Pathologist who:

(I) holds a ~~certificate of clinical competence~~Certificate of Clinical Competence from the ~~American Speech and 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;

(ii) state-licensed Physical Therapist; or

(iii) state-licensed Occupational Therapist.

(H) **Personal ~~Care~~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 school bus to handle medical or physical emergencies. Services must be provided by registered paraprofessionals/assistants that have completed training

approved or provided by ~~SDE~~OSDE, or Personal Care Assistants, including ~~Licensed Practical Nurses~~LPNs, who have completed on-the-job training specific to their duties. Personal 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 ~~registered nurse or licensed practical nurse~~RN or LPN. Catheter insertion and Catheter/Ostomy care may only be reimbursed when done by a ~~registered nurse~~RN or ~~licensed practical nurse~~LPN.

(I) **Therapeutic ~~Behavioral Services~~behavioral services.** 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. This service must be provided by a Behavioral Health School Aide (BHSA) who has a high school diploma or equivalent and has successfully completed the paraprofessional training approved by the ~~State Department of Education~~OSDE and a training curriculum in behavioral interventions for ~~Pervasive Developmental Disorders~~pervasive developmental disorders as recognized by OHCA. BHSA must be supervised by a ~~bachelors~~bachelor's level individual with a special education certification. BHSA must have CPR and First Aid certification. Six additional hours of related continuing education are required per year.

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

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