

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: November 11, 2020

The proposed policy is an Emergency Rule. The proposed policy was presented at the March 3, 2020 and the September 1, 2020 Tribal Consultations. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on November 12, 2020 and the OHCA Board of Directors on November 12, 2020.

Reference: APA WF # 20-14

SUMMARY:

Therapy Assistants and Clinical Fellows – The proposed revisions will add physical therapy assistants, occupational therapy assistants, speech-language pathology assistants (SLPAs), and speech-language pathology clinical fellows as eligible providers that can render therapy services to SoonerCare members. Additionally, the proposed revisions will outline provider qualifications and other requirements for provision of these therapy services. Finally, revisions will be made to clarify that these providers will be reimbursed at the rate established per the Oklahoma Medicaid State Plan.

LEGAL AUTHORITY

The Oklahoma Health Care Authority Act, Section 5007 of Title 63 of Oklahoma Statutes; the Oklahoma Health Care Authority Board

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement
APA WF # 20-14

A. Brief description of the purpose of the rule:

The proposed revisions will add physical therapy assistants, occupational therapy assistants, speech-language pathology assistants (SLPAs), and speech-language pathology clinical fellows as eligible providers that can render therapy services to SoonerCare members. Additionally, the proposed revisions will outline provider qualifications and other requirements for

provision of these therapy services. Finally, revisions will be made to clarify that these providers will be reimbursed at the rate established per the Oklahoma Medicaid State Plan.

- 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 who utilize physical therapy, occupational therapy, and speech-language pathology services will most likely be positively affected by the proposed rule changes.

Assistants of physical therapy, occupational therapy, and speech-language pathology services, and speech language pathology clinical fellows will also be affected by the proposed rule changes.

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

The proposed rule changes to allow physical therapy assistants, occupational therapy assistants, speech-language pathology assistants, and speech language pathology clinical fellows to render services will benefit SoonerCare members who utilize these services, by allowing access to additional providers.

The proposed rule changes to allow physical therapy assistants, occupational therapy assistants, speech-language pathology assistants, and speech language pathology clinical fellows to render services will benefit providers by allowing contracting with and reimbursement to the aforementioned providers for the delivery of therapy 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 probable impact of the proposed rule upon any classes of persons or 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 effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The estimated budget impact, for SFY2021, will be an increase in the total amount of \$2,297,680; with \$856,116 state share. The estimated budget impact, for SFY2022, will be an increase in the total amount of \$4,595,360; with \$1,493,492 state share.

- 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 is not expected to 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 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: October 8, 2020

Modified: October 30, 2020

RULE TEXT:

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY

CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 27. INDEPENDENT ~~LICENSED~~ PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

317:30-5-290.1. Eligible providers

~~(a) Eligible physical therapists must be appropriately licensed in the state in which they practice.~~

~~(b) All eligible providers of physical therapy services must have entered into a Provider Agreement with the Oklahoma Health Care Authority to perform physical therapy services.~~

(a) Physical therapists.

(1) Must be appropriately licensed in good standing in the state in which they practice and working in accordance with the Oklahoma Physical Therapy Practice Act or other applicable statute(s); and

(2) Entered into a provider agreement with the Oklahoma Health Care Authority (OHCA) to provide physical therapy services.

(b) Physical therapist assistants.

(1) Must be working under the supervision of a fully licensed physical therapist;

(2) Must be appropriately licensed in good standing in the state in which they practice and working in accordance with the Oklahoma Physical Therapy Practice Act or other applicable statute(s);

(3) Entered into a provider agreement with the OHCA to provide physical therapy services; and

(4) Provided the name of their OHCA-contracted supervising physical therapist upon enrollment.

317:30-5-291. Coverage by category

Payment is made to registered physical therapists as set forth in this Section.

(1) **Children.** Initial therapy evaluations do not require prior authorization and must be provided by a fully licensed physical therapist. All therapy services following the initial evaluation must be prior authorized for continuation of service. Prior to the initial evaluation, the therapist must have on file a signed and dated prescription or referral for the therapy services from the member's physician or other licensed practitioner of the healing arts. The prescribing or referring provider must be able to provide, if requested, clinical documentation from the member's medical record that supports the medical necessity for the evaluation and referral.

(2) **Adults.** There is no coverage for adults for services rendered by individually contracted providers. Coverage for adults is permitted in an outpatient hospital setting as

described in Oklahoma Administrative Code 317:30-5-42.1.

(3) **Individuals eligible for Part B of Medicare.** Services provided to Medicare eligible recipients are filed directly with the fiscal agent.

317:30-5-291.1. Payment rates

~~Payment is made in accordance with the current allowable Medicaid fee schedule.~~ All physical therapy services are reimbursed per the methodology described in the Oklahoma Medicaid State Plan.

317:30-5-293. Team therapy (Co-treatment)

Therapists, or therapy assistants, working together as a team to treat one (1) or more members cannot ~~each~~ bill separately for the same or different service provided at the same time to the same member.

(1) ~~CPT~~ Current Procedural Terminology (CPT) codes are used for billing the services of one (1) therapist or therapy assistant. The therapist cannot bill for his/her services and those of another therapist or a therapy assistant, when both provide the same or different services, at the same time, to the same member.

(2) If multiple therapies (physical therapy, occupational therapy, and/or speech therapy) are provided to one (1) member at the same time, only one (1) therapist can bill for the entire service, or each therapist can divide the service units.

(3) Providers must report the CPT code for the time actually spent in the delivery of the modality requiring constant attendance and therapy services. Pre- and post-delivery services are not to be counted in determining the treatment service time. The time counted must begin when the therapist is directly working with the member to deliver treatment services.

(4) The time counted is the time the member is being treated. If the member requires both a therapist and an assistant, or even two (2) therapists, each service unit of time the member is being treated can count as only one (1) unit of each code. The service units billed must equal the total time the member was receiving actual therapy services. It is not allowable for each therapist or therapy assistant to bill for the entire therapy session. The time the member spends not being treated, for any reason, must not be billed.

PART 28. OCCUPATIONAL THERAPY SERVICES **OCCUPATIONAL THERAPISTS AND** **OCCUPATIONAL THERAPY ASSISTANTS**

317:30-5-295. Eligible providers

~~(a) Eligible occupational therapists must be appropriately licensed in the state in which they practice.~~

~~(b) All eligible providers of occupational therapy services must have entered into a Provider Agreement with the Oklahoma Health~~

~~Care Authority to perform occupational therapy services.~~

(a) Occupational therapists.

(1) Must be appropriately licensed in good standing in the state in which they practice and working in accordance with the Oklahoma Occupational Therapy Practice Act or other applicable statute(s); and

(2) Entered into a provider agreement with the Oklahoma Health Care Authority (OHCA) to provide occupational therapy services.

(b) Occupational therapy assistants.

(1) Must be working under the supervision of a fully licensed occupational therapist;

(2) Must be appropriately licensed in good standing in the state in which they practice and working in accordance with the Oklahoma Occupational Therapy Practice Act or other applicable statute(s);

(3) Entered into a provider agreement with the OHCA to provide occupational therapy services; and

(4) Provided the name of their OHCA-contracted supervising occupational therapist upon enrollment.

317:30-5-296. Coverage by category

Payment is made for occupational therapy services as set forth in this Section.

(1) **Children.** Initial therapy evaluations do not require prior authorization and must be provided by a fully licensed occupational therapist. All therapy services following the initial evaluation must be prior authorized for continuation of service. Prior to the initial evaluation, the therapist must have on file a signed and dated prescription or referral for the therapy services from the member's physician or other licensed practitioner of the healing arts. The prescribing or referring provider must be able to provide, if requested, clinical documentation from the member's medical record that supports the medical necessity for the evaluation and referral.

(2) **Adults.** There is no coverage for adults for services rendered by individually contracted providers. Coverage for adults is permitted in an outpatient hospital setting as described in Oklahoma Administrative Code 317:30-5-42.1.

(3) **Individuals eligible for Part B of Medicare.** Services provided to Medicare eligible recipients are filed directly with the fiscal agent.

317:30-5-297. Payment rates

Payment is made in accordance with the current allowable Medicaid fee schedule. All occupational therapy services are reimbursed per the methodology described in the Oklahoma Medicaid State Plan.

317:30-5-299. Team therapy (Co-treatment)

Therapists, or therapy assistants, working together as a team to treat one (1) or more members cannot ~~each~~ bill separately for the same or different service provided at the same time to the same member.

(1) ~~CPT~~Current Procedural Terminology (CPT) codes are used for billing the services of one (1) therapist or therapy assistant. The therapist cannot bill for his/her services and those of another therapist or a therapy assistant, when both provide the same or different services, at the same time, to the same member.

(2) If multiple therapies (physical therapy, occupational therapy, and/or speech therapy) are provided to one (1) member at the same time, only one (1) therapist can bill for the entire service, or each therapist can divide the service units.

(3) Providers must report the CPT code for the time actually spent in the delivery of the modality requiring constant attendance and therapy services. Pre- and post-delivery services are not to be counted in determining the treatment service time. The time counted must begin when the therapist is directly working with the member to deliver treatment services.

(4) The time counted is the time the member is being treated. If the member requires both a therapist and an assistant, or even two (2) therapists, each service unit of time the member is being treated can count as only one (1) unit of each code. The service units billed must equal the total time the member was receiving actual therapy services. It is not allowable for each therapist or therapy assistant to bill for the entire therapy session. The time the member spends not being treated, for any reason, must not be billed.

PART 51. HABILITATION SERVICES

317:30-5-482. Description of services

Habilitation services include the services identified in (1) through (15) of this Section. Habilitation services providers must have an applicable agreement with the Oklahoma Health Care Authority (OHCA) to provide Developmental Disabilities Services (DDS) Home and Community-Based Services (HCBS).

(1) **Dental services.** Dental services are provided per Oklahoma Administrative Code (OAC) 317:40-5-112.

(A) **Minimum qualifications.** Dental services providers must have non-restrictive licensure by the Oklahoma State Board of Dentistry to practice dentistry in Oklahoma.

(B) **Description of services.** Dental services include services for maintenance or improvement of dental health as well as relief of pain and infection. These services may include:

- (i) ~~an~~An oral examination;
- (ii) ~~bite~~Bite-wing X-rays;

- (iii) ~~dental~~Dental cleaning;
- (iv) ~~topical~~Topical-fluoride treatment;
- (v) ~~development~~Development of a sequenced treatment plan that prioritizes:
 - (I) ~~elimination~~Elimination of pain;
 - (II) ~~adequate~~Adequate oral hygiene; and
 - (III) ~~restoration~~Restoration or an improved ability to chew;
- (vi) ~~routine~~Routine training of member or primary caregiver regarding oral hygiene; and
- (vii) ~~preventive~~Preventive, restorative, replacement, and repair services to achieve or restore functionality provided after appropriate review when applicable, per OAC 317:40-5-112.

(C) **Coverage limitations.** Coverage of dental services is specified in the member's Individual Plan (IP) in accordance with applicable Waiver limits. Dental services are not authorized when recommended for cosmetic purposes.

(2) **Nutrition services.** Nutrition Services are provided per OAC 317:40-5-102.

(3) **Occupational therapy services.**

(A) **Minimum qualifications.** Occupational therapists and occupational therapy assistants must have current, non-restrictive licensure by the Oklahoma Board of Medical Licensure and Supervision. Occupational therapy assistants must be ~~employed~~supervised by occupational therapists-, per OAC 317:30-5-295 (b) (1).

(B) **Description of services.** Occupational therapy services include evaluation, treatment, and consultation in leisure management, daily living skills, sensory motor, perceptual motor, and mealtime assistance. Occupational therapy services may include the use of occupational therapy assistants, within the limits of the occupational therapist's practice.

(i) Services are:

(I) ~~intended~~Intended to help the member achieve greater independence to reside and participate in the community; and

(II) ~~rendered~~Rendered in any community setting as specified in the member's IP. The IP must include a practitioner's prescription.

(ii) For purposes of this Section, a practitioner is defined as medical and osteopathic physicians, physician assistants, and other licensed health care professionals with prescriptive authority to order occupational therapy services in accordance with the rules and regulations governing the SoonerCare program.

(iii) The provision of services includes a written report or record documentation in the member's record, as required.

(C) **Coverage limitations.** Payment is made for compensable services to the individual occupational therapist for direct services or for services provided by a qualified occupational therapist assistant, within the occupational therapist's employment. Payment is made in 15-minute units, with a limit of ~~480~~four hundred and eighty (480) units per Plan of Care year. Payment is not allowed solely for written reports or record documentation.

(4) **Physical therapy services.**

(A) **Minimum qualifications.** Physical therapists and physical therapist assistants must have current, non-restrictive licensure with the Oklahoma Board of Medical Licensure and Supervision. The physical therapist must ~~employ~~supervise the physical therapist assistant, per OAC 317:30-5-290.1 (b) (1).

(B) **Description of services.** Physical therapy services include evaluation, treatment, and consultation in locomotion or mobility and skeletal and muscular conditioning to maximize the member's mobility and skeletal/muscular well-being. Physical therapy services may include the use of physical therapist assistants, within the limits of the physical therapist's practice.

(i) Services are intended to help the member achieve greater independence to reside and participate in the community. Services are provided in any community setting as specified in the member's IP. The IP must include a practitioner's prescription. For purposes of this Section, practitioners are defined as licensed medical and osteopathic physicians, and physician assistants in accordance with the rules and regulations covering the OHCA SoonerCare program.

~~(ii) For purposes of this Section, a practitioner is defined as a licensed medical and osteopathic physicians, and physician assistants in accordance with the rules and regulations covering the OHCA SoonerCare program.~~

~~(iii)~~(ii) The provision of services includes a written report or record documentation in the member's record, as required.

(C) **Coverage limitations.** Payment is made for compensable services to individual physical therapists for direct services or for services provided by a qualified physical therapist assistant within the physical therapist's employment. Payment is made in 15-minute units with a limit of ~~480~~four hundred and eighty (480) units per Plan of Care year. Payment is not allowed solely for written reports or record documentation.

(5) **Psychological services.**

(A) **Minimum qualifications.** Qualification as a provider of psychological services requires current, non-restrictive

licensure as a psychologist by the Oklahoma State Board of Examiners of Psychologists or licensing board in the state in which service is provided. Psychological technicians who have completed all board certification and training requirements may provide services under a licensed psychologist's supervision.

(B) **Description of services.** Psychological services include evaluation, psychotherapy, consultation, and behavioral treatment. Service is provided in any community setting as specified in the member's IP. The provider must develop, implement, evaluate and revise the Protective Intervention Protocol (PIP) corresponding to the relevant outcomes identified in the member's IP.

(i) Services are:

(I) ~~intended~~Intended to maximize a member's psychological and behavioral well-being; and

(II) ~~provided~~Provided in individual and group formats, with a six-person maximum.

(ii) Approval of services is based upon assessed needs per OAC 340:100-5-51.

(C) **Coverage limitations.**

(i) Payment is made in ~~15~~fifteen (15) minute units. A minimum of ~~15~~fifteen (15) minutes for each individual and group encounter is required.

(ii) Psychological services are authorized for a period, not to exceed twelve (12) months.

(I) Initial authorization must not exceed ~~192~~one hundred and ninety-two (192) units, ~~48~~forty-eight (48) hours of service.

(II) Authorizations may not exceed ~~288~~two hundred and eighty-eight (288) units per plan of care year unless an exception is made by the DDS director of Behavior Support Services or his or her designee.

(III) No more than ~~12~~twelve (12) hours of services, ~~48~~forty-eight (48) units, may be billed for PIP preparation. Any clinical document must be prepared within sixty (60) calendar days of the request. Further, if the document is not prepared, payments are suspended until the requested document is provided.

(IV) When revising a PIP to accommodate recommendations of a required committee review, the provider may bill for only one (1) revision. The time for preparing the revision must be clearly documented and must not exceed four (4) hours.

(6) **Psychiatric services.**

(A) **Minimum qualifications.** Qualification as a psychiatric services provider requires a current, non-restrictive license to practice medicine in Oklahoma. Certification by the American Board of Psychiatry and Neurology or satisfactory

completion of an approved residency program in psychiatry is required.

(B) **Description of services.** Psychiatric services include outpatient evaluation, psychotherapy, medication and prescription management and consultation, and are provided to eligible members. Services are provided in community setting specified in the member's IP.

(i) Services are intended to contribute to the member's psychological well-being.

(ii) A minimum of ~~30~~thirty (30) minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is ~~30~~thirty (30) minutes, with a limit of ~~200~~two hundred (200) units, per Plan of Care year.

(7) **Speech/language pathology services.**

(A) **Minimum qualifications.** Qualification as a ~~speech and/or language~~speech-language pathology services provider requires current, non-restrictive licensure as a ~~speech and/or language~~speech-language pathologist by the Oklahoma Board of Examiners for Speech-Language Pathology and Audiology, per OAC 317:30-5-675 (a) (1) through (3).

(B) **Description of services.** Speech therapy includes evaluation, treatment, and consultation in communication and oral motor and/or feeding activities provided to eligible members. Services are intended to maximize the member's community living skills and may be provided in the community setting specified in the member's IP. ~~The IP must include a practitioner's prescription.~~

(i) ~~The IP must include a practitioner's prescription.~~ For purposes of this Section, practitioners are defined as licensed medical and osteopathic physicians, physician assistants, and other licensed professionals with prescriptive authority to order speech and/or language services in accordance with rules and regulations covering the OHCA SoonerCare program.

(ii) A minimum of ~~45~~fifteen (15) minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is ~~45~~fifteen (15) minutes, with a limit of ~~288~~two hundred and eighty-eight (288) units, per Plan of Care year.

(8) **Habilitation training specialist (HTS) services.**

(A) **Minimum qualifications.** Providers must complete the Oklahoma Department of Human Services (DHS) DDS-sanctioned training curriculum. Residential habilitation providers:

(i) ~~are~~Are at least ~~18~~eighteen (18) years of age;

(ii) ~~are~~Are specifically trained to meet members' unique needs;

(iii) ~~were~~Were not convicted of, pled guilty to, or pled nolo contendere to misdemeanor assault and battery, or a

felony, per Section (§) 1025.2 of Title 56 of the Oklahoma Statutes ~~(56 O.S. § 1025.2)~~ (O.S.); unless a waiver is granted, per 56 O.S. § 1025.2; and

(iv) ~~receive~~Receive supervision and oversight from contracted-agency staff with a minimum of four (4) years of any combination of college-level education or full-time equivalent experience in serving persons with disabilities.

(B) **Description of services.** HTS services include services to support the member's self-care, daily living, and adaptive and leisure skills needed to reside successfully in the community. Services are provided in community-based settings in a manner that contributes to the member's independence, self-sufficiency, community inclusion, and well-being.

(i) Payment is not made for:

(I) ~~routine~~Routine care and supervision normally provided by family; or

(II) ~~services~~Services furnished to a member by a person who is legally responsible per OAC 340:100-3-33.2.

(ii) Family members who provide HTS services must meet the same standards as providers who are unrelated to the member. HTS staff residing in the same household as the member may not provide services in excess of ~~40~~forty (40) hours per week. Members requiring more than ~~40~~forty (40) hours per week of HTS services, must use staff members, who do not reside in the household and are employed by the member's chosen provider agency to deliver the balance of necessary support staff hours. Exceptions may be authorized, when needed, for members who receive services through the Homeward Bound Waiver.

(iii) Payment does not include room and board or maintenance, upkeep, or improvement of the member's or family's residence.

(iv) For members who also receive intensive personal supports (IPS), the member's IP must clearly specify the role of the HTS and person providing IPS to ensure there is no duplication of services.

(v) Review and approval by the DDS plan of care reviewer is required.

(vi) Pre-authorized HTS services accomplish the same objectives as other HTS services, but are limited to situations where the HTS provider is unable to obtain required professional and administrative oversight from an OHCA-approved oversight agency. For pre-authorized HTS services, the service:

(I) ~~provider~~Provider receives DDS area staff oversight; and

(II) ~~must~~Must be pre-approved by the DDS director or his or her designee.

(C) **Coverage limitations.** HTS services are authorized per

OAC 317:40-5-110, 317:40-5-111, 317:40-7-13, and 340:100-3-33.1.

(i) A unit is ~~15~~fifteen (15) minutes.

(ii) Individual HTS services providers are limited to a maximum of ~~40~~forty (40) hours per week regardless of the number of members served.

(iii) More than one (1) HTS may provide care to a member on the same day.

(iv) Payment cannot be made for services provided by two (2) or more HTSs to the same member during the same hours of a day.

(v) A HTS may receive reimbursement for providing services to only one (1) member at any given time. This does not preclude services from being provided in a group setting where services are shared among members of the group.

(vi) HTS providers may not perform any job duties associated with other employment including on-call duties, at the same time they are providing HTS services.

(9) **Self Directed HTS (SD HTS).** SD HTS are provided per OAC 317:40-9-1.

(10) **Self Directed Goods and Services (SD GS).** SD GS are provided per OAC 317:40-9-1.

(11) **Audiology services.**

(A) **Minimum qualifications.** Audiologists must have licensure as an audiologist by the Oklahoma Board of Examiners for Speech Pathology and Audiology.

(B) **Description of services.** Audiology services include individual evaluation, treatment, and consultation in hearing to eligible members. Services are intended to maximize the member's auditory receptive abilities. ~~The member's IP must include a practitioner's prescription.~~

(i) The member's IP must include a practitioner's prescription. For purposes of this Section, practitioners are defined as licensed medical and osteopathic physicians, and physician assistants in accordance with rules and regulations covering the OHCA SoonerCare program.

(ii) A minimum of ~~15~~fifteen (15) minutes for encounter and record documentation is required.

(C) **Coverage limitations.** Audiology services are provided in accordance with the member's IP.

(12) **Prevocational services.**

(A) **Minimum qualifications.** Prevocational services providers:

(i) ~~are~~Are at least ~~18~~eighteen (18) years of age;

(ii) ~~complete~~Complete the DHS DDS-sanctioned training curriculum;

(iii) ~~were~~Were not convicted of, pled guilty to, or pled nolo contendere to misdemeanor assault and battery, or a

felony per 56 O.S. §_1025.2, unless a waiver is granted per 56 O.S. §_1025.2; and

(iv) ~~receive~~Receive supervision and oversight by a person with a minimum of four (4) years of any combination of college-level education or full-time equivalent experience in serving persons with disabilities.

(B) **Description of services.** Prevocational services are not available to persons who can be served under a program funded per Section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA) per Section 1401 et seq. of Title 20 of the United States Code.

(i) Prevocational services are learning and work experiences where the individual can develop general, non-job, task-specific strengths that contribute to employability in paid employment in integrated community settings.

(ii) Activities include teaching concepts, such as communicating effectively with supervisors, co-workers, and customers, attendance, task completion, problem solving, and safety. These activities are associated with building skills necessary to perform work.

(iii) Pre-vocational services are delivered for the purpose of furthering habilitation goals that lead to greater opportunities for competitive, integrated employment. All prevocational services are reflected in the member's IP. Documentation must be maintained in the record of each member receiving this service, noting the service is not otherwise available through a program funded under the Rehabilitation Act of 1973 or IDEA.

(iv) Services include:

(I) ~~center~~Center-based prevocational services, per OAC 317:40-7-6;

(II) ~~community~~Community-based prevocational services per, OAC 317:40-7-5;

(III) ~~enhanced~~Enhanced community-based prevocational services per, OAC 317:40-7-12; and

(IV) ~~supplemental~~Supplemental supports, as specified in OAC 317:40-7-13.

(C) **Coverage limitations.** A unit of center-based or community-based prevocational services is one (1) hour and payment is based on the number of hours the member participates in the service. All prevocational services and supported-employment services combined may not exceed \$27,000, per Plan of Care year. The services that may not be provided to the same member at the same time as prevocational services are:

(i) HTS;

(ii) Intensive Personal Supports;

(iii) Adult Day Services;

(iv) Daily Living Supports;

- (v) Homemaker; or
- (vi) ~~therapy~~Therapy services, such as occupational therapy; physical therapy; nutrition, speech, or psychological services; family counseling; or family training, except to allow the therapist to assess the individual's needs at the workplace or to provide staff training, per OAC 317:40-7-6.

(13) Supported employment.

(A) Minimum qualifications. Supported employment providers:

- (i) ~~are~~Are at least ~~18~~eighteen (18) years of age;
- (ii) ~~complete~~Complete the DHS DDS-sanctioned training curriculum;
- (iii) ~~were~~Were not convicted of, pled guilty to, or pled nolo contendere to misdemeanor assault and battery, or a felony, per ~~Section 1025.2 of Title 56 of the Oklahoma Statutes (O.S. 56 § 1025.2)~~56 O.S. § 1025.2 unless a waiver is granted, per 56 O.S. § 1025.5; and
- (iv) ~~receive~~Receive supervision and oversight by a person with a minimum of four (4) years of any combination of college-level education or full-time equivalent experience in serving persons with disabilities.

(B) Description of services. Supported employment is conducted in a variety of settings, particularly worksites in which persons without disabilities are employed, and includes activities that are outcome based and needed to sustain paid work by members receiving services through HCBS Waivers, including supervision and training. The outcome of supported employment is sustained paid employment at or above minimum wage, but not less than the customary wage and benefit level paid by the employer for the same or similar work performed by individuals without disabilities. The paid employment occurs in an integrated setting in the general workforce in a job that meets personal and career goals.

(i) When supported-employment services are provided at a worksite in which persons without disabilities are employed, payment:

- (I) ~~is~~Is made for the adaptations, supervision, and training required by members as a result of their disabilities; and
- (II) ~~does~~Does not include payment for the supervisory activities rendered as a normal part of the business setting.

(ii) Services include:

- (I) ~~job~~Job coaching per OAC 317:40-7-7;
- (II) ~~enhanced~~Enhanced job coaching per OAC 317:40-7-12;
- (III) ~~employment~~Employment training specialist services per OAC 317:40-7-8; and
- (IV) ~~stabilization~~Stabilization per OAC 317:40-7-11.

(iii) Supported-employment services furnished under HCBS

Waivers are not available under a program funded by the Rehabilitation Act of 1973 or Individuals with Disabilities Education Act (IDEA).

(iv) Documentation that the service is not otherwise available under a program funded by the Rehabilitation Act of 1973 or IDEA must be maintained in the record of each member receiving the service.

(v) Federal financial participation (FFP) may not be claimed for incentive payment subsidies or unrelated vocational training expenses, such as:

(I) ~~incentive~~Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

(II) ~~payments~~Payments passed through to users of supported-employment programs; or

(III) ~~payments~~Payments for vocational training not directly related to a member's supported-employment program.

(C) **Coverage limitations.** A unit is ~~15~~fifteen (15) minutes and payment is made per OAC 317:40-7-1 through 317:40-7-21. All prevocational services and supported-employment services combined cannot exceed \$27,000, per Plan of Care year. The DDS case manager assists the member to identify other alternatives to meet identified needs above the limit. The services that may not be provided to the same member, at the same time as supported-employment services are:

(i) HTS;

(ii) Intensive Personal Supports;

(iii) Adult Day Services;

(iv) Daily Living Supports;

(v) Homemaker; or

(vi) ~~therapy~~Therapy services, such as occupational therapy; physical therapy; nutrition, speech, or psychological services, family counseling, or family training, except to allow the therapist to assess the individual's needs at the workplace or to provide staff training.

(14) Intensive personal supports (IPS).

(A) **Minimum qualifications.** IPS provider agencies must have a current provider agreement with OHCA and DHS DDS. Providers:

(i) ~~are~~Are at least ~~18~~eighteen (18) years of age;

(ii) ~~complete~~Complete the DHS DDS-sanctioned training curriculum;

(iii) ~~were~~Were not convicted of, pled guilty to, or pled nolo contendere to misdemeanor assault and battery, or a felony, per ~~Section 1025.2 of Title 56 of the Oklahoma Statutes (O.S. 56 § 1025.2)~~56 O.S. § 1025.2 unless a waiver is granted, per 56 O.S. § 1025.2;

- (iv) ~~receive~~Receive supervision and oversight by a person with a minimum of four (4) years of any combination of college-level education or full-time equivalent experience in serving persons with disabilities; and
- (v) ~~receive~~Receive oversight regarding specific methods to be used with the member to meet the member's complex behavioral or health support needs.

(B) Description of services.

(i) IPS:

- (I) ~~are~~Are support services provided to members who need an enhanced level of direct support in order to successfully reside in a community-based setting; and
- (II) ~~build~~Build upon the level of support provided by a HTS or daily living supports (DLS) staff by utilizing a second staff person on duty to provide assistance and training in self-care, daily living, and recreational and habilitation activities.

(ii) The member's Individual Plan (IP) must clearly specify the role of HTS and the person providing IPS to ensure there is no duplication of services.

(iii) Review and approval by the DDS plan of care reviewer is required.

(C) Coverage limitations. IPS are limited to ~~24~~twenty-four (24) hours per day and must be included in the member's IP, per OAC 317:40-5-151 and 317:40-5-153.

(15) Adult day services.

(A) Minimum qualifications. Adult day services provider agencies must:

- (i) ~~meet~~Meet the licensing requirements, per 63 O.S. § 1-873 et seq. and comply with OAC 310:605; and
- (ii) ~~be~~Be approved by the DHS DDS director and have a valid OHCA contract for adult day services.

(B) Description of services. Adult day services provide assistance with the retention or improvement of self-help, adaptive and socialization skills, including the opportunity to interact with peers in order to promote a maximum level of independence and function. Services are provided in a non-residential setting away from the home or facility where the member resides.

(C) Coverage limitations. Adult day services are furnished four or more hours per day on a regularly scheduled basis, for one (1) or more days per week. A unit is ~~15~~fifteen (15) minutes for up to a maximum of six (6) hours daily, at which point a unit is one (1) day. All services must be authorized in the member's IP.

PART 73. EARLY INTERVENTION SERVICES

317:30-5-641. Coverage by category

Payment is made for early intervention services as set forth in this Section.

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

(2) **Children.** Payment is made for compensable services rendered by the ~~OSDH~~Oklahoma State Department of Health (OSDH) and its contractors, pursuant to the State's plan for Early Intervention services required under Part C of the ~~IDEIA~~IDEA.

(A) **Child health screening examination.** An initial screening may be requested by the family of an eligible individual at any time and must be provided without regard to whether the individual'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.

(B) **Child health encounter (EPSDT partial screen).** The child health encounter (the EPSDT partial screen) may include a diagnosis and treatment encounter, a follow-up health encounter, or a home visit. A child health encounter may include:

- (i) ~~child~~Child health history,
- (ii) ~~physical~~Physical examination,
- (iii) ~~developmental~~Developmental assessment,
- (iv) ~~nutrition~~Nutrition assessment and counseling,
- (v) ~~social~~Social assessment and counseling,
- (vi) ~~indicated~~Indicated laboratory and screening tests,
- (vii) ~~screening~~Screening for appropriate immunizations,
- (viii) ~~health~~Health counseling, and
- (ix) ~~treatment~~Treatment of common childhood illness and conditions.

(C) **Hearing and Hearing Aid evaluation.** Hearing evaluations must meet guidelines found at ~~OAC 317:30-5-675~~ and ~~OAC~~ Oklahoma Administrative Code (OAC) 317:30-5-676.

(D) **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 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.

(E) **Ear impression (for earmold).** Ear impression (for earmold) includes taking impression of client's ear and providing a finished earmold which is used with the client's hearing aid 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.

(F) **Speech language evaluation.** Speech language evaluation must be provided by a statefully licensed speech-language pathologist.

(G) **Physical therapy evaluation.** Physical therapy evaluation must be provided by a Statefully licensed physical therapist.

(H) **Occupational therapy evaluation.** Occupational therapy evaluation must be provided by a Statefully licensed occupational therapist.

(I) **Psychological evaluation and testing.** Psychological evaluation and testing must be provided by State-licensed, board certified, psychologists.

(J) **Vision testing.** Vision testing examination must be provided by a State licensed Doctor of Optometry (O.D.) or licensed physician specializing in ophthalmology (M.D. or D.O.). At a minimum, vision services include diagnosis and treatment for defects in vision.

(K) **Treatment encounter.** A treatment encounter may occur through the provision of individual, family or group treatment services to infants and toddlers who are identified as having specific disorders or delays in development, emotional or behavioral problems, or disorders of speech, language, vision, or hearing. These types of encounters are initiated following the completion of a diagnostic encounter and subsequent development of the Individual Family Services Plan (IFSP), and may include the following:

(i) **Hearing and Vision Services.** These services include assisting the family in managing the child's vision and/or hearing disorder such as auditory training, habilitation training, communication management, orientation and mobility, and counseling the family. This encounter is designed to assist children and families with management issues that arise as a result of hearing and/or vision loss. These services are usually provided by vision impairment teachers or specialists and orientation specialists, and mobility specialists. These services may be provided in the home or community setting, such as a specialized day care center. Hearing services must be provided by:

(I) a State licensed, Master's Degree, ASHA certified audiologist; or

(II) a ~~State~~A fully licensed, Master's degree, ASHA certified speech-language pathologist; or

(III) ~~an~~An audiologist or speech-language pathologist who has completed the equivalent educational

requirements and work experience necessary for the certificate or has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

~~(ii) **Speech language therapy services.** Speech language therapy services must be provided by a State licensed, speech language pathologist 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.~~

(ii) **Speech-language therapy services.** Speech-language therapy services must be provided by:

(I) A fully licensed, speech-language pathologist who meets the requirements found at OAC 317:30-5-675 (a) (1) through (3);

(II) A licensed speech-language pathology assistant who is working under the supervision of a speech-language pathologist and meets the requirements found at OAC 317:30-5-675 (b) (1) through (4); or

(III) A licensed speech-language pathology clinical fellow, who is working under the supervision of a fully licensed speech-language pathologist and meets the requirements found at OAC 317:30-5-675 (c) (1) through (4).

(iii) **Physical therapy services.** Physical therapy services must be provided by a Statefully licensed physical therapist or physical therapist assistant, per OAC 317:30-5-290.1.

(iv) **Occupational therapy services.** Occupational therapy may include provision of services to improve, develop or restore impaired ability to function independently and must be provided by a Statefully licensed occupational therapist or occupational therapy assistant, per OAC 317:30-5-295.

(v) **Nursing services.** Nursing services may include the provision of services to protect the health status of infants and toddlers, correct health problems, and assist in removing or modifying health related barriers and must be provided by a registered nurse or licensed practical nurse under supervision of a registered nurse. Services may include medically necessary procedures rendered in the child's home.

(vi) **Psychological services.** Psychological and counseling services are planning and managing a program of

psychological services, including the provision of counseling or consultation to the family of the infant or toddler, when the service is for the direct benefit of the child and assists the family to better understand and manage the child's disabilities. Psychological services must be provided by a State-licensed psychologist.

(vii) **Psychotherapy counseling services.** Psychotherapy counseling services are the provision of counseling for children and parents. All services must be for the direct benefit of the child. Psychotherapy counseling services must be provided by a State licensed Social Worker, a State Licensed Professional Counselor, a State licensed Psychologist, State licensed Marriage and Family Therapist, or a State licensed Behavioral Practitioner, or under Board Supervision to be licensed in one of the above stated areas.

(viii) **Family Training and Counseling for Child Development.** Family Training and Counseling for Child Development services are the provision of training and counseling regarding concerns and problems in development. Services integrate therapeutic intervention strategies into the daily routines of a child and family in order to restore or maintain function and/or to reduce dysfunction resulting from a mental or physical disability or developmental delay. All services must be for the direct benefit of the child. Family Training and Counseling for Child Development services must be provided by a Certified Child Development Specialist.

(L) **Immunizations.** Immunizations must be coordinated with the Primary Care Physician for those infants and toddlers enrolled in SoonerCare. An administration fee, only, can be paid for immunizations provided by the OSDH.

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

(i) ~~State~~ A fully licensed Speech Language Pathologist
~~who is a speech-language pathologist as listed in OAC 317:30-5-675 (a) (1) through (3);~~

~~(I) holds a certificate of clinical competence from the American Speech and Hearing AssociationASHA; or~~

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

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

- ~~(ii) StateA fully licensed Physical Therapist; or physical therapist as listed in OAC 317:30-5-290.1 (a); or~~
- ~~(iii) StateA fully licensed Occupational Therapist occupational therapist as listed in OAC 317:30-5-295 (a).~~

**PART 77. ~~SPEECH AND HEARING SERVICES~~ SPEECH-LANGUAGE
PATHOLOGISTS, SPEECH-LANGUAGE PATHOLOGY ASSISTANTS, CLINICAL
FELLOWS, AND AUDIOLOGISTS**

317:30-5-675. Eligible providers

~~(a) Eligible speech and hearing providers must be either state licensed speech/language pathologists or state licensed audiologists who:~~

- ~~(1) hold a certificate of clinical competence from the American Speech and Hearing Association; or~~
- ~~(2) have completed the equivalent educational requirements and work experience necessary for the certificate; or~~
- ~~(3) have completed the academic program and are acquiring supervised work experience to qualify for the certificate.~~

~~(b) All eligible providers of speech and hearing services must have entered into a contract with the Oklahoma Health Care Authority to perform speech and hearing services.~~

(a) Speech-language pathologist (SLP).

- (1) Must be appropriately licensed in good standing in the state in which they practice and working in accordance with the Speech-Language Pathology and Audiology Licensing Act or other applicable statute(s);
- (2) Entered into a Provider Agreement with the Oklahoma Health Care Authority (OHCA) to provide speech-language pathology services; and
- (3) Must have one (1) of the following:
 - (A) Hold the Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA);
 - (B) Completed the equivalent educational requirements and work experience necessary for the certificate; or
 - (C) Have completed the academic program and are acquiring supervised work experience to qualify for the certificate.

(b) Speech-language pathology assistant (SLPA).

- (1) Must be working under the supervision of a fully licensed speech-language pathologist;
- (2) Must be appropriately licensed in good standing in the state in which they practice and working in accordance with the Speech-Language Pathology and Audiology Licensing Act or other applicable statute(s);
- (3) Entered into a provider agreement with the OHCA to provide speech-language pathology services; and
- (4) Provided the name of their OHCA-contracted supervising speech-language pathologist upon enrollment.

(c) Clinical fellow.

- (1) Must be working under the supervision of a fully licensed speech-language pathologist;
- (2) Must have a clinical fellow license in good standing in the state in which they practice and working in accordance with the Speech-Language Pathology and Audiology Licensing Act or other applicable statute(s);
- (3) Entered into a provider agreement with the OHCA to provide speech-language pathology services; and
- (4) Provided the name of their OHCA-contracted supervising speech-language pathologist upon enrollment.

(d) Audiologists.

- (1) Must be appropriately licensed in good standing in the state in which they practice and working in accordance the Speech-Language Pathology and Audiology Licensing Act or other applicable statute(s);
- (2) Entered into a provider agreement with the Oklahoma Health Care Authority (OHCA) to provide speech-language pathology and audiology services; and
- (3) Must have one (1) of the following:
 - (A) Hold the Certificate of Clinical Competence from ASHA;
 - (B) Completed the equivalent educational requirements and work experience necessary for the certificate; or
 - (C) Have completed the academic program and are acquiring supervised work experience to qualify for the certificate.

317:30-5-676. Coverage by category

Payment is made for speech and hearing services as set forth in this Section.

(1) Children. Coverage for children is as follows:

(A) Preauthorization required. All therapy services, including the initial evaluation, must be prior authorized. Prior to the initial evaluation, the therapist must have on file a signed and dated prescription or referral for the therapy services from the member's physician or other licensed practitioner of the healing arts. The prescribing or referring provider must be able to provide, if requested, clinical documentation from the member's medical record that supports the medical necessity for the evaluation and referral.

(B) ~~Speech/Language Services~~ Speech-language pathology services. ~~Speech/language therapy services may include speech/language evaluations, individual and group therapy services provided by a state licensed speech/language pathologist.~~

(i) Speech-language pathology services may include speech-language evaluations, individual and group therapy services provided by a fully licensed and certified speech-language pathologist, a licensed speech-language

pathology clinical fellow, and services within the scope of practice of a speech-language pathology assistant as directed by the supervising speech-language pathologist, as listed in Oklahoma Administrative Code (OAC) 317:30-5-675 (a) through (c).

(ii) Initial evaluations must be prior authorized and provided by a fully licensed speech-language pathologist.

(C) **Hearing aids.** Hearing and hearing aid evaluations include pure tone air, bone and speech audiometry by a state licensed audiologist. Payment is made for a hearing aid following a recommendation by a Medical or Osteopathic physician and a hearing aid evaluation by a state licensed audiologist.

(2) **Adults.** There is no coverage for adults for services rendered by individually contracted providers. Coverage for adults is permitted in an outpatient hospital setting as described in ~~30-5-42.1~~. OAC 317:30-5-42.1.

(3) **Individuals eligible for Part B of Medicare.** Services provided to Medicare eligible recipients are filed directly with the fiscal agent.

317:30-5-677. Payment rates

Payment is made in accordance with the current allowable Medicaid fee schedule. All speech-language pathology and hearing services are reimbursed per the methodology described in the Oklahoma Medicaid State Plan.

317:30-5-680. Team therapy (Co-treatment)

Therapists, or therapy assistants, working together as a team to treat one (1) or more members cannot ~~each~~ bill separately for the same or different service provided at the same time to the same member.

(1) ~~CPT~~ Current Procedural Terminology (CPT) codes are used for billing the services of one (1) therapist or therapy assistant. The therapist cannot bill for his/her services and those of another therapist or a therapy assistant, when both provide the same or different services, at the same time, to the same member.

(2) If multiple therapies (physical therapy, occupational therapy, and/or speech therapy) are provided to one (1) member at the same time, only one (1) therapist can bill for the entire service, or each therapist can divide the service units.

(3) Providers must report the CPT code for the time actually spent in the delivery of the modality requiring constant attendance and therapy services. Pre- and post-delivery services are not to be counted in determining the treatment service time. The time counted must begin when the therapist is directly working with the member to deliver treatment services.

(4) The time counted is the time the member is being treated. If

the member requires both a therapist and an assistant, or even two (2) therapists, each service unit of time the member is being treated can count as only one (1) unit of each code. The service units billed must equal the total time the member was receiving actual therapy services. It is not allowable for each therapist or therapy assistant to bill for the entire therapy session. The time the member spends not being treated, for any reason, must not be billed.

PART 103. QUALIFIED SCHOOLS AS PROVIDERS OF HEALTH RELATED SERVICES

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) **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~~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. 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-a fully licensed speech-language pathologist who-as listed in OAC 317:30-5-675 (a) (1) through (3).

- ~~(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-fully licensed physical therapist as listed in OAC 317:30-5-290.1 (a) (1) and (2). 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-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) **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).

(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 (1) of the following individuals practicing within the scope of his or her practice under state law:

- (i) ~~state~~-State licensed, 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~~-Fully licensed, master's degree speech-language pathologist ~~who is~~ as listed in OAC 317:30-5-675 (a) (1) through (3).

- ~~(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) Certified orientation and mobility specialists; ~~and.~~
(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-~~fully licensed speech-language pathologist within the scope of his or her practice under state law ~~who:~~ as listed in OAC 317:30-5-675 (a) (1) through (3).

~~(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-~~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. ~~The licensed physical therapist may not supervise more than three (3) 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-~~fully licensed occupational therapist; services may also be provided by ~~an~~ a licensed occupational therapy assistant who has been authorized by the Board of Examiners, working under the supervision of a licensed 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) **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) **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 who:~~ Fully licensed speech-language pathologist as listed in OAC 317:30-5-675 (a) (1) through (3).

~~(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-~~ Fully licensed physical therapist as listed in OAC 317:30-5-290.1 (a) (1) and (2); or

~~(iii) State-~~ Fully licensed occupational therapist as listed in OAC 317:30-5-295 (a) (1) and (2).

(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.

(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, along with corresponding continuing education. 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.

(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.