

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY****4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)****B. Diagnosis and Treatment (continued)****9. Preventive Services – (42 CFR 440.130(c))**

**Outpatient Substance Abuse Prevention Counseling** – Interactive, preventive counseling that may include training in life skills, such as problem-solving, responsibility, communication and decision-making skills, which enable individuals to successfully resist social and other pressures to engage in activities that are destructive to their health and future. This service must be recommended by a physician or other licensed practitioner and may be provided by a BHP. A QBHT may provide assistance. For individual provider qualifications, see Attachment 3.1-A, page 1a-6.4.

**10. Inpatient Psychiatric Services (42 CFR 440.160) –** Provided when medically necessary and prior authorized.

**11. Personal Care Services (PCS) (42 CFR 440.167) –** Services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease that are: 1) authorized for an individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual ~~in accordance with an IEP service plan;~~ 2) provided by registered paraprofessionals who have completed training ~~provided by State Department of Education~~ or Personal Care Assistants, including Licensed Practical Nurses who have completed on the job training specific to their duties and who is not a member of the individual's family (or legally responsible relative). Provision of these services allows clients with disabilities to function safely in their activities of daily living, ~~in the home and to safely attend school.~~ Services include, but are not limited to: dressing, eating, bathing, assistance with transferring and toileting, positioning and instrumental activities of daily living such as preparing meals and managing medications. PCS also includes assistance while riding a school bus to handle medical or physical emergencies. Services must be prior authorized. The determination of whether a client needs PCS is based on a client's Individual needs and a consideration of family resources.

**13. 12. Private Duty Nursing (PDN) Services (42 CFR 440.80) –** Services are provided under the direction of the member's physician by a registered nurse (RN) or a licensed practical nurse (LPN) who is employed by an OHCA-contracted home health agency and in good standing in the state in which services are provided. Medically necessary PDN services offered through an OHCA-contracted home health agency must meet one of the following requirements:

- Medicare certified; or
- accredited by The Joint Commission (TJC); and
- licensed through the Oklahoma Department of Health as a Home Care Agency.

Home health service providers that did not participate in Medicaid prior to January 1, 1998, must meet the "Capitalization Requirements" set forth in 42 CFR 489.28.

Medically necessary services are furnished in the member's home or when normal life activities take the member outside of the home.

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**4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found** *(continued)*

**B. Diagnosis and Treatment** *(continued)*

**13. School-Based Health Services** – Medicaid 1905(a) services delivered in the school setting are provided ~~pursuant to and identified as medically necessary in a valid Individualized Education Program (IEP), Individualized Family Service Plan (IFSP) in accordance with Individuals with Disabilities Education Act (IDEA) and all relevant supporting documentation or services for which medical necessity has been otherwise established, and are covered under one or more of the service categories described in Section 1905(a) of the Social Security Act. These services are necessary to correct or ameliorate physical or behavioral illnesses or conditions. Services provided per the IEP and supporting documentation are considered medically necessary and School-based services are provided by or through local educational agencies (LEAs) and/or interlocal cooperatives (schools) to eligible individuals. IEPs my only serve as the basis for medical necessity if the IEP team providers are qualified to make that determination, in accordance with their scope of practice.~~

~~School-Based Health Services also includes m~~Medically necessary services are provided in a school setting during the school day when ~~it is determined that~~ the school is an appropriate place of service. ~~Services are~~ performed by qualified providers as set forth in the State Plan for the ~~applicable~~ services ~~they are providing~~ and shall meet applicable qualifications under 42 CFR Part 440. OHCA-contracted practitioners ~~furnish provide~~ medically necessary services to the Medicaid ~~eligible~~ enrolled child while the ~~LEA/school, as is~~ the operator of the setting, ~~ensuresensure~~ that the student's school educational day is not unnecessarily interrupted, and that there is appropriate parental consent for the services. Schools have the right to limit visits unrelated to the ~~IEP medically necessary plans of care~~ to before and after the school day so that interruptions to the educational day are limited. ~~Prior authorization is required for non-IEP services furnished by an independent practitioner under arrangement with the school.~~

All ~~beneficiaries eligible recipients~~ must be allowed the freedom of choice to receive services from any qualified practitioner, ~~including those within~~ a community setting. ~~Beneficiaries shall receive services delivered in the least restrictive environment consistent with the nature of the specific service(s) and the physical and mental condition of the client. Participation by Medicaid enrolled recipients is optional. Additional units may be exceeded based on medical necessity. Therapeutic interventions are required to be coordinated with identified school staff.~~

~~In addition to any service limitations detailed in 1905(a) or as otherwise detailed in Attachment 4.19-B, the following services are applicable to LEAs/schools under this section.~~

- ~~I. Per 42 CFR 440.130(d), psychological testing and evaluation and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of his or her practice under state law and provided in an individual or group setting. Medically necessary mental and/or behavioral health services per the member's medical plan(s) of care are provided by school psychologist and include evaluation, testing, and counseling services in the school setting. Services may include but are not limited to the following areas of functioning: Cognitive assessment, Emotional assessment, Behavioral assessment, Cognitive-behavioral therapy, and Individual interactive psychotherapy. These services must be provided by a state-licensed psychologist working within scope of licensure or State Department of Education-certified school psychologist.~~

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CATEGORICALLY NEEDY****4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)****B. Diagnosis and Treatment (continued)****13. School-Based Health Services (continued)**

- II. Orientation and Mobility Services are related services provided to eligible members as part of their medically necessary plan(s) of care with their focus being determined on the basis of an evaluation of the member by an orientation and mobility specialist. Orientation and mobility services support a member with a visual impairment to know where he or she is in space and where he or she wants to go (orientation) and how to carry out a plan to get there (mobility). Services are provided by certified orientation and mobility specialists who holds a current and valid certification in orientation and mobility from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or an individual who holds a current and valid certification in orientation and mobility from the National Blindness Professional Certification Board (NBPCB).
- III. Specialized Transportation Services covered as school-based services as allowed under 42 CFR §431.53 are available to a Medicaid enrolled beneficiary under the age of 21 for whom the transportation services are medically necessary and documented in an IEP. Services must be provided on the same date of service that a Medicaid covered service, required by the student' s IEP, is received. Transportation must be on a specially adapted school bus to and/or from the location where the Medicaid service is rendered. All specialized transportation services provided must be documented in a transportation log. Children requiring an aide during transportation on a specially adapted vehicle shall have this stated in the IEP. Transportation must be provided by the LEA/school.
- IV. Personal Care Services covered under 42 CFR §440.167 and performed by certified paraprofessionals who have completed training provided by State Department of Education or Personal Care Assistants, including Licensed Practical Nurses who have completed on the job training specific to their duties and who are not a member of the individual's family (or legally responsible relative). Services are authorized when medically necessary.

Local Education Agency (LEA) Responsibilities:

- 1) A LEA shall ensure that individual professional requirements are in compliance with Medicaid qualification and state scope of practice prior to an LEA billing for any services of a clinician under Medicaid.

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**4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)**

**School-based Services (SBS)**

- a. SBS described in Attachment 3.1-A, of the Oklahoma State Plan will be reimbursed the lower of: a) billed charges; or b) a fixed fee per unit as indicated for specific services listed elsewhere in this attachment. All rates are published on <http://www.okhca.org/feeschedules>.

School-based Services delivered by Local Education Agencies (LEAs) and provided to children. Services include:

1. EPSDT preventative screenings and diagnostic encounters including:
  - A. Hearing and hearing aid evaluation,
  - B. Audiometry testing,
  - C. Vision screening,
  - D. Speech language evaluation,
  - E. Physical therapy evaluation,
  - F. Occupational therapy evaluation, and
  - G. Behavioral health assessment and evaluation (i.e., developmental testing, screenings, psychological testing, neurobehavioral status exams),
  
2. Child-guidance treatment encounters including:
  - A. Hearing and Audiology services,
  - B. Vision services,
  - C. Orientation and Mobility services,
  - D. Speech-language therapy services,
  - E. Physical therapy services,
  - F. Occupational therapy services,
  - G. Nursing services, (i.e., Medication Administration, Pulse Oximetry)
  - H. Counseling services,
  - I. Assistive Technology services,
  - J. Personal Care Services (PCS),
  - K. Therapeutic Behavioral Services (TBS), and
  - L. Behavioral Health Services (BHS) including:
    - i. Behavioral health treatment development and planning,
    - ii. Behavioral health case management services,
    - iii. Individual, family, and group health behavioral intervention

All costs described within this methodology are for Medicaid services provided by qualified practitioners that have been approved under Attachment 3.1-A of the Medicaid state plan.

Except as otherwise noted in the plan, State-developed fee schedule rates are the same for both governmental and private providers of school-based services listed above.

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LEAs to maintain adequate supporting documentation for all reimbursable services, program costs, and eligibility data. These documents are required to be available upon request for audit.

**c. State Monitoring**

The Oklahoma State Department of Education and the Oklahoma Health Care Authority will work in partnership to provide oversight activities throughout the year to monitor compliance with federal and state requirements. In addition, district provider claims are subject to audit by Oklahoma Health Care Authority Program Integrity Division.

If the Oklahoma State Department of Education or the Oklahoma Health Care Authority becomes aware of potential issues of fraud misuse or abuse of district services and Medicaid funds, it will perform timely audits and investigations to identify and take necessary actions to remedy and resolve the problem.

Awareness of Federal Audit and Documentation Regulations: The Oklahoma State Department of Education, the Oklahoma Health Care Authority and any contractors used to help administer any part of the school services program are aware of federal regulations listed below for audits and documentation:

1. 42 CFR § 431.107 Required provider agreement
2. 45 CFR § 447.202 Audits
3. 45 CFR § 75.302 Financial management and standards for financial management systems.