

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 0 - 1 3	2. STATE Oklahoma
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2010	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> \$25,151 b. FFY <u>2011</u> (\$753,805) savings
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 1a-6.1 Attachment 4.19-B Page 8	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, Revised 07-01-06, TN # 06-15 Same Page, Revised 08-01-00, TN # 00-11


10. SUBJECT OF AMENDMENT

Contracting directly with individual Licensed Behavioral Health Professionals (LBHPs)

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED April 23, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 23 April, 2010	18. DATE APPROVED 14 July, 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 July, 2010	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS c. Mike Fogarty Cindy Roberts Tywanda Cox Traylor Rains Rodney Ikard	

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

The following diagnosis and treatment services are provided in addition to any diagnosis and treatment services covered elsewhere in the plan:

A	
STATE	Oklahoma
DATE REC'D	4-23-10
DATE APP'VD	7-14-10
DATE EFF	7-1-10
HCFA 179	10-13

Medical or Other Remedial Care by Licensed Practitioners (42 CFR 440.60)

- (a) **Optometric Services** – Services for defects in vision including eyeglasses by State licensed optometrist (42 CFR 440.60);
- (b) **Podiatrists' Services** – Payment is made for medically necessary surgical procedures and medically necessary outpatient visits; and procedures generally considered as preventive foot care. Services beyond this limitation are available if as a result of a screening they are determined to be medically necessary and prior authorized.
- (c) **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.
- (d) **Behavioral Health Services** – Behavioral Health services provided by licensed practitioners under the scope of their licensure in an outpatient setting are reimbursable in accordance with 42 CFR 440.60.

2. **Medical supplies, equipment, appliances and prosthetic devices** not otherwise available to Medicaid recipients in the state under the state plan when prior authorized (42 CFR 440.70 & 42 CFR 440.120);

3. **Clinic Services (42 CFR 440.90)**

- (a) **Family Training and Counseling for Child Development** – Family training and counseling for child development provide treatment services to children who are identified as having specific disorders or delays in development, emotional or behavioral problems, or disorders of speech, language, vision or hearing. Services integrate therapeutic intervention strategies into the daily routines of a child and family in order to restore or maintain function and/or reduce dysfunction resulting from a mental or physical disability or developmental delay. This service is provided by a Child Development Specialist. Refer to Attachment 3.1-A. Page 1a-6.9 for provider qualifications.
- (b) **Investigations to Determine Source of Lead** – a one-time investigation to determine the source of lead for a child diagnosed with elevated blood lead levels. Reimbursement does not include testing the water, soil or paint. Services must be provided by a qualified Risk Assessor in accordance with the rules established by the Oklahoma Department of Environmental Quality.

Revised 07-01-10

TN # 10-13
Supersedes
TN # 06-15

Approval Date 7-14-10 Effective Date 7-1-10

SUPERSEDES: TN- 06-15

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

7. Payment of psychological services

Payment is made for psychological services on behalf of eligible individuals under 21 years of age through EPSDT.

- (a) Psychological services payments made to psychologists are made in accordance with the established fee schedule rates described in Attachment 4.19-B, Page 3, (Payment for physicians' services {including remedial care and services}).
- (b) Psychological services payments made to other licensed behavioral health professionals are made at 75 percent of the established fee schedule rates described in attachment 4.19B, Page 3, (Payment for physicians' services {including remedial care and services}).

STATE <u>Oklahoma</u>	A
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