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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 18-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

July 12, 2018

Our Reference: SPA OK 18-06

Becky Pasternik-Ikard
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 18-06, with an effective date of September 1, 2018. This amendment was submitted update the state's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) periodicity schedule.

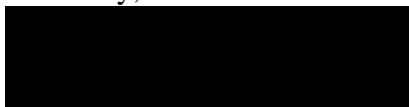
This letter affirms that OK 18-06 is approved effective September 1, 2018 as requested by the State.

We are enclosing the CMS-179 and the following amended plan pages.

- o Attachment 3.1-A, 1a-6

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Rachel Dressel, CMS Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 8 - 0 6	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 September 1, 2018
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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 440.40(b); 42 CFR 441.58	7. FEDERAL BUDGET IMPACT a. FFY <u>2018</u> \$ <u>\$130,007</u> b. FFY <u>2019</u> \$ <u>\$1,661,573</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 1a-6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 1a-6; TN # 06-15
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10. SUBJECT OF AMENDMENT

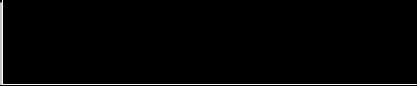
Update the EPSDT periodicity schedule within the State Plan

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: Tywanda Cox 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Becky Pasternik-Ikard	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED May 30, 2018	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED May 30, 2018	18. DATE APPROVED July 12, 2018

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2018	20. SIGNATURE 

21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator (ARA), Division of Medicaid and Children's Health
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23. REMARKS

c: **Becky Pasternik-Ikard
Tywanda Cox**

**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

A. Screening Services

1. Initial Screen. Periodic, comprehensive child health assessments are provided by a licensed medical or osteopathic physician, physician assistant, or advanced practice nurse practitioner to each eligible individual under the age of 21. An initial EPSDT screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule. At a minimum these assessments must include the following components:

- (a) Comprehensive Health and/or Developmental history;
- (b) Comprehensive unclothed physical exam;
- (c) Appropriate Immunizations;
- (d) Health Education;
- (e) Appropriate Laboratory Tests;
- (f) Lead Toxicity Screening;
- (g) Vision Services; and
- (h) Dental Services.

State: Oklahoma
Date Received: 30 May, 2018
Date Approved: 12 July, 2018
Effective Date: 1 September, 2018
Transmittal Number: 18-06

2. Periodicity Schedule(s). The preventive pediatric health care periodicity schedule recommended by the American Academy of Pediatrics (AAP) has been adopted for use by the State for eligible individuals from age birth through 20 (this will eliminate the prenatal and 21 year old visit shown on the AAP Periodicity Schedule). Immunizations are to be checked and provided as needed according to the Advisory Committee on Immunization Practices (ACIP) schedule. Vision and Hearing screens are subject to their own periodicity schedule. However, age appropriate vision and hearing screens must be performed. Dental screens begin at the first sign of tooth eruption by the primary care provider and with each subsequent visit to determine if the child needs a referral to a dental provider. Dental services, including the initial direct referral to a dentist, must occur according to the periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for infants, children, and adolescents recommended by the American Academy of Pediatric Dentistry (AAPD).

3. Optional Screens. Periodic screening must be provided in accordance with the recommended AAP periodicity schedule following the initial screening. Interperiodic screenings must be provided when medically necessary to determine the existence of suspected physical or mental illnesses or conditions. A partial screening may be paid if the provider cannot provide all of the minimum components of the screening.

Revised 09-01-18

TN# 18-06 Approval Date 07/12/18 Effective Date 09/01/2018

Supersedes TN# 06-15