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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-0007

This file contains the following documents in the order listed:

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

Regional Operations Group

September 23, 2019

Our Reference: SPA OK 19-0007

Melody Anthony
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0007, with an effective date of July 1, 2019. This amendment was submitted to establish the Applied Behavioral Analysis (ABA) Service and its reimbursement.

This letter affirms that OK 19-0007 is approved effective July 1, 2019 as requested by the State.

We are including the CMS-179 and the following amended plan pages:

- Attachment 3.1-A, Page 1a-6.1
- Attachment 4.19-B, Introduction Page 2
- Attachment 4.19-B, Page 28.13

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,



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Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group (ROG)

Cc: Billy Bob Farrell, ROG Dallas
Nancy Kirchner, CMS Baltimore
Tia Lyles, CMS Baltimore
Melissa Musotto, CMS Baltimore
Kitty Marx, CMS Baltimore

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 9 — 0 0 07

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, 2019

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS 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; 42 CFR § 440.60;

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 1,786,410

b. FFY 2020 \$ 7,562,601

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 1a-6.1;
Attachment 4.19-B, Introduction Page 2;
Attachment 4.19-B, Page 28.13;

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, Page 1a-6.1; TN # 13-12
Attachment 4.19-B, Introduction Page 2; TN # 18-026
Attachment 4.19-B, Page 28.13; NEW

10. SUBJECT OF AMENDMENT

Establishment of Applied Behavioral Analysis Services and Reimbursement

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Becky Pasternik-Ikard

14. TITLE

Chief Executive Officer

15. DATE SUBMITTED

06/26/2019

16. RETURN TO

Oklahoma Health Care Authority

Attn: Nicole Nantois

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

06/26/2019

18. DATE APPROVED

09/23/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Bill Brooks

22. TITLE

Director, Centers for Medicaid and CHIP Services
Regional Operations Group (ROG), Dallas

23. REMARKS

**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:

1. 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.
- (b) **Podiatrists Services** – Payment is made for medically necessary surgical procedures and medically necessary outpatient visits and procedures generally considered as preventive foot care provided by a Doctor of Podiatric Medicine (DPM). 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 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) **Licensed Behavioral Health Practitioner Services** – Services provided under the scope of their licensure by clinical psychologists and master's level behavioral practitioners who can bill independently using the appropriate Physician's Current Procedure Terminology (CPT) codes in an outpatient setting.
- (e) **Applied Behavior Analysis (ABA)** – ABA services must be medically necessary and prior authorized by OHCA or its designated agent. Eligible ABA provider types include:
 - i. **Board Certified Behavior Analyst (BCBA)** – A master's or doctoral level independent practitioner who is certified by the nationally accredited BACB and licensed by DHS DDS to provide behavior analysis services. A BCBA may supervise the work of BCaBA's implementing behavior analytic interventions within their scope of practice and assumes professional responsibility for services rendered by the non-licensed practitioner.
 - ii. **Board Certified Assistant Behavior Analyst (BCaBA)** – A bachelor's level practitioner who is certified by the nationally accredited Behavior Analyst Certification Board (BACB) and is certified by the Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) to provide behavior analysis services under the supervision of a licensed BCBA; and
 - iii. **State-licensed human services professional** – An Oklahoma state-licensed or certified individual practicing within the scope of their human service profession as defined by State law and who is certified by the nationally accredited BACB, to include:
 - (A) A licensed physical therapist;
 - (B) A licensed occupational therapist;
 - (C) A licensed clinical social worker or social worker candidate under the supervision of a licensed clinical social worker;
 - (D) A licensed psychologist;
 - (E) A licensed speech-language pathologist or licensed audiologist;
 - (F) A licensed professional counselor or professional counselor candidate under the supervision of a licensed professional counselor;
 - (G) A licensed marital and family therapist or marital and family therapist candidate under the supervision of a licensed marital and family therapist; or
 - (H) A licensed behavioral practitioner or behavioral practitioner candidate under the supervision of a licensed behavioral practitioner.

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

3. Diagnostic Services (42 CFR 440.130(a))

(a) 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. In accordance with the rules established by the Oklahoma Department of Environmental Quality (DEQ), a qualified Risk Assessor must perform the service.

**4. Clinic Services (42 CFR 440.90)
(a) Public Health Clinic Services**

State: Oklahoma
 Date Received: 26 June, 2019
 Date Approved: 23 September, 2019
 Effective Date: 1 July, 2019
 Transmittal Number: 19-0007

Revised 07-01-19

TN# 19-0007

Approval Date 09/23/2019

Effective Date 07/01/2019

Supersedes TN# 13-0012

DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES**Effective Dates for Reimbursement Rates for Specified Services:** *(continued)*

Service	State Plan Page	Effective Date
4.b. EPSDT <i>(continued)</i> <ul style="list-style-type: none"> • Other Practitioner – Applied Behavior Analysis (ABA) Services 	Attachment 4.19-B, Page 28.13	July 1, 2019
Christian Science Nurses	Attachment 4.19-B, Page 28.5	October 1, 2018
Dentures	Attachment 4.19-B, Page 28.6	October 1, 2018
Respiratory Care	Attachment 4.19-B, Page 28.7	October 1, 2018
Private Duty Nursing Services	Attachment 4.19-B, Page 28.8	October 1, 2018
Physical Therapist	Attachment 4.19-B, Page 28.9	October 1, 2018
Occupational Therapist	Attachment 4.19-B, Page 28.10	October 1, 2018
Christian Science Sanatoria	Attachment 4.19-B, Page 28.11	October 1, 2018
Other Practitioner – Licensed Clinical Social Worker	Attachment 4.19-B, Page 28.12	October 1, 2018
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services	Attachment 4.19-B, Page 32	October 1, 2018

State: Oklahoma
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TN# 19-0007Approval Date 09/23/2019Effective Date 07/01/2019Supersedes TN# 18-0026

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

4b. Early and Periodic screening, diagnostic and treatment *(continued)*

Applied Behavior Analysis (ABA) Services

Payment for ABA services is made in accordance with the methodology described in Attachment 4.19-B, Page 3.

State: Oklahoma
Date Received: 26 June, 2019
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New 07-01-19

TN# 19-0007

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Supersedes TN# NONE -- New Page