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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0018

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

August 26, 2020

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard
Oklahoma City, OK 73105

Dear Ms. Anthony:

On June 5, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 20-0018. This SPA was submitted to update and strengthen PDN policy by defining the place of service where PDN is allowed and by clarifying which PDN services are authorized.

We are pleased to inform you that SPA 20-0018 was approved on August 7, 2020, with an effective date of September 1, 2020, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved page for incorporation into the Oklahoma State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by James G.
Scott -5
Date: 2020.08.26 17:26:42 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kasie McCarty, Oklahoma Health Care Authority
Megan Buck, Program Branch Manager

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 18

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, 2020

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 440.80

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 988,324

b. FFY 2021 \$ 12,213,778

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 1a-6.6

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, Page 1a-6.6; TN # 20-0021

10. SUBJECT OF AMENDMENT

Private Duty Nursing Services

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

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

July 5, 2020

16. RETURN TO

Oklahoma Health Care Authority

Attn: Traylor Rains

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

6/5/2020

18. DATE APPROVED

8/7/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

9/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott -S
Date: 2020.08.26 17:28:32 -05'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

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 *(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.

12. School-Based Health Services – Medicaid 1905(a) services delivered in the school setting are provided pursuant to a valid Individualized Education Plan (IEP) in accordance with Individuals with Disabilities Education Act (IDEA) and all relevant supporting documentation. Services provided per the IEP and supporting documentation are considered medically necessary and are provided by or through local educational agencies and/or interlocal cooperatives (schools) to eligible individuals. IEPs may 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.

Medically necessary services are provided in a school setting during the school day when determined that the school is an appropriate place of service performed by qualified providers as set forth in the State Plan for the services they are providing and shall meet applicable qualifications under 42 CFR Part 440. OHCA-contracted practitioners furnish medically necessary services to the Medicaid eligible child while the school is the operator of the setting, ensures 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 outpatient visits unrelated to the IEP to before and after the school day so that interruptions 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 must be allowed the freedom of choice to receive services from any qualified practitioner including in a community setting.

13. 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.

Revised 09-01-20

TN# 20-0018

Approval Date 8/7/2020

Effective Date 9/1/2020

Supersedes TN# 20-0021