

Oklahoma Health Care Authority

It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments are directed to the [Oklahoma Health Care Authority \(OHCA\) Proposed Changes Blog](#).

OHCA COMMENT DUE DATE: January 15, 2017

The proposed policy is a Permanent Rule. The proposed policy was presented at the November 1, 2016 Tribal Consultation and is scheduled to be presented to the Medical Advisory Committee on January 19, 2017 and the OHCA Board of Directors on February 9, 2017.

Reference: APA WF 16-11

SUMMARY:

School Based Language Clean-up Only-Proposed School Based Services policy is revised to correct the number of units authorized for personal care services. Additionally, proposed changes will align timely filing requirements for school based targeted case management services with current agency requirements.

LEGAL AUTHORITY

The Oklahoma Health Care Authority Board; The Oklahoma Health Care Authority Act, Section 5003 through 5016 of Title 63 of Oklahoma Statutes; Section 1905(a)(24) of Social Security Act; 42 CFR 440.167; 42 CFR 447.45

RULE IMPACT STATEMENT:

**STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY**

TO: Tywanda Cox
Federal and State Policy

From: Likita Gunn
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 16-11

A. Brief description of the purpose of the rule:

The proposed revisions to School Based Services corrects the number of units authorized for personal care services from yearly to daily and amends the timely filing of claims from twelve months to six months. Cleanup of language will accurately reflect OHCA practices and requirements for payment under SoonerCare.

- B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

No classes of persons will be affected by the proposed rule change as the revisions are aligning policy with current practice.

- C. A description of the classes of persons who will benefit from the proposed rule:

No classes of persons will benefit from the proposed rule change as the revisions are aligning policy with current practice.

- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

The proposed rule should have no economic impact and no fee changes.

- E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated affect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

Agency staff has determined that the proposed rule is budget neutral.

- F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule.

- G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule will not have an adverse effect on small businesses as provided by the Oklahoma Small Business Regulatory Flexibility Act.

- H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or nonregulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

There are no other legal methods to minimize compliance costs.

- I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule. Opportunities for public input are provided throughout the rulemaking process, in addition to formal public comment periods and tribal consultations.

- J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

OHCA does not believe there is a detrimental effect on the public health and safety if the rule is not passed.

- K. The date the rule impact statement was prepared and if modified, the date modified:

This rule impact statement was prepared on October 17, 2016.

RULE TEXT

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS FEE FOR SERVICE**

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

**PART 103. QUALIFIED SCHOOLS AS PROVIDERS OF
HEALTH RELATED SERVICES**

317:30-5-1027. Billing

(a) Each service has a specified unit of service (unit) for billing purposes which represents the actual time spent providing a direct service. Direct service must be face-to face with the child. There is no reimbursement for time reviewing/completing paperwork and/or documentation related to the service or for staff travel to/from the site of service, unless otherwise specified.

(1) Most units of service are time-based, meaning that the service must be of a minimum duration in order to be billed. A unit of service that is time-based is continuous minutes; the time cannot be aggregated throughout the day.

(2) There are no minimum time requirements for evaluation services, for which the unit of service is generally a completed evaluation. The only exception is the Psychological Evaluation, which is billed in hourly increments.

(b) The following units of service are billed on the appropriate claim form:

(1) Service: Child Health Screening; Unit: Completed comprehensive screening.

(2) Service: Interperiodic Child Health Screening; Unit: Completed interperiodic screening.

(3) Service: Child Health Encounter; Unit: per encounter; limited to 3 encounters per day.

(4) Service: Individual Treatment Encounter; Unit: 15 minutes, unless otherwise specified.

(A) Hearing and Vision Services.

(B) Speech Language Therapy; Unit: per session, limited to one per day.

(C) Physical Therapy.

(D) Occupational Therapy.

(E) Nursing Services; Unit: up to 15 minutes; maximum 32 units per day.

(F) Psychotherapy Services; maximum 8 units per day.

(G) Assistive Technology.

(H) Therapeutic Behavioral Services.

(5) Service: Group Treatment Encounter; no more than 5 members per group, Unit: 15 minutes, unless otherwise specified. A daily log/list must be maintained and must identify the SoonerCare participants for each group therapy session.

- (A) Hearing and Vision Services.
- (B) Speech Language Therapy; Unit: per session, limited to one per day.
- (C) Physical Therapy.
- (D) Occupational Therapy.
- (E) Psychotherapy Services; maximum 8 units per day.
- (6) Service: Administration only, Immunization; Unit: one administration.
- (7) Service: Hearing Evaluation; Unit: Completed Evaluation.
- (8) Service: Hearing Aid Evaluation; Unit: Completed Evaluation.
- (9) Service: Audiometric Test (Impedance); Unit: Completed Test (Both Ears).
- (10) Service: Tympanometry and acoustic reflexes.
- (11) Service: Ear Impression Mold; Unit: 2 molds (one per ear).
- (12) Service: Vision Screening; Unit: one examination, by state licensed O.D., M.D., or D.O.
- (13) Service: Speech Language Evaluation; Unit: one evaluation.
- (14) Service: Physical Therapy Evaluation; Unit: one evaluation.
- (15) Service: Occupational Therapy Evaluation; Unit: one evaluation.
- (16) Service: Psychological Evaluation and Testing; Unit: one hour.
- (17) Service: Personal Care Services; Unit: 10 minutes, 32 units ~~yearly~~daily.
- (18) Service: Nursing Assessment/Evaluation (Acute episodic care); Unit: one assessment/evaluation, 18 yearly.
- (19) Service: Psychological Evaluation and Testing; Unit: per hour of psychologist time, 8 hours yearly.

PART 104. SCHOOL-BASED CASE MANAGEMENT SERVICES

317:30-5-1033. Billing

Claims should not be submitted until SoonerCare eligibility of the individual has been determined. However, a claim must be received by OHCA within ~~12~~six (6) months of the date of service. If the eligibility of the individual has not been determined after ~~10~~four (4) months from the date of service, a claim should be submitted in order to assure that the claim is filed and reimbursement can be made should the individual be determined eligible at a later date.