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**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 21-0022-A**

This file contains the following documents in the order listed:


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

# OK - Submission Package - OK2021MS0001O - (OK-21-0022-A) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	OK2021MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	MIGRATED_HH.OK HH - adults	<b>State</b>	OK
<b>SPA ID</b>	OK-21-0022-A	<b>Region</b>	Dallas, TX
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	Sandra Puebla	<b>Submission Date</b>	7/6/2021
<b>Package Disposition</b>		<b>Approval Date</b>	9/24/2021 4:23 PM EDT
<b>Priority Code</b>	P1		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th Street  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

September 24, 2021

Melody Anthony  
Chief Executive Officer / State Medicaid Director  
Oklahoma Health Care Authority  
4345 N Lincoln Blvd  
Oklahoma City, OK 73105

Re: Approval of State Plan Amendment OK-21-0022-A MIGRATED\_HH.OK HH - adults

Dear Melody Anthony,

On July 06, 2021, the Centers for Medicare and Medicaid Services (CMS) received Oklahoma State Plan Amendment (SPA) OK-21-0022-A for migrating individuals currently receiving Health Homes services to other care coordination models in place to serve this population.

We approve Oklahoma State Plan Amendment (SPA) OK-21-0022-A with an effective date(s) of October 01, 2021.

As a reminder, CMS expects that all quality measures for the Health Homes benefit be reported based on the termination date of the program.

If you have any questions regarding this amendment, please contact Deborah Read at [deborah.read@cms.hhs.gov](mailto:deborah.read@cms.hhs.gov)

Sincerely,

James G. Scott

Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | OK2021MS0001O | OK-21-0022-A | MIGRATED\_HH.OK HH - adults

### Package Header

<b>Package ID</b>	OK2021MS0001O	<b>SPA ID</b>	OK-21-0022-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/6/2021
<b>Approval Date</b>	9/24/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Oklahoma

**Medicaid Agency Name:** Oklahoma Health Care Authority

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | OK2021MS0001O | OK-21-0022-A | MIGRATED\_HH.OK HH - adults

### Package Header

<b>Package ID</b>	OK2021MS0001O	<b>SPA ID</b>	OK-21-0022-A
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<b>Approval Date</b>	9/24/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** OK-21-0022-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Program Termination - Phase-Out Plan	10/1/2021	TN # 14-0012

#### Page Number of the Superseded Plan Section or Attachment (If Applicable):

Attachment 3.1-H

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | OK2021MS00010 | OK-21-0022-A | MIGRATED\_HH.OK HH - adults

### Package Header

<b>Package ID</b>	OK2021MS00010	<b>SPA ID</b>	OK-21-0022-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/6/2021
<b>Approval Date</b>	9/24/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The State is collaborating with the Oklahoma Department of Mental Health Substance Abuse Services (ODMHSAS) to terminate the health homes benefit for adults effective October 1, 2021; however, other care coordination models will still be in place to still serve this population.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$846708
Second	2023	\$737328

#### Federal Statute / Regulation Citation

Section 2703 of the Affordable Care Act (Public Law 111-148); Section 1945 of Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | OK2021MS00010 | OK-21-0022-A | MIGRATED\_HH.OK HH - adults

### Package Header

**Package ID** OK2021MS00010  
**Submission Type** Official  
**Approval Date** 9/24/2021  
**Superseded SPA ID** N/A

**SPA ID** OK-21-0022-A  
**Initial Submission Date** 7/6/2021  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Governor's office does not review State Plan amendments

# Health Homes Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | OK2021MS0001O | OK-21-0022-A | MIGRATED\_HH.OK HH - adults

CMS-10434 OMB 0938-1188

## Package Header

<b>Package ID</b>	OK2021MS0001O	<b>SPA ID</b>	OK-21-0022-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/6/2021
<b>Approval Date</b>	9/24/2021	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN # 14-0012		
	User-Entered		

## Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

### Describe the reason for termination

Oklahoma Medicaid will terminate the Health Home program October 1, 2021. Other care coordination models currently in place will continue to serve the population impacted by the termination of the program.

### Describe the overall approach the state will use to terminating the program

The Health Home population will continue to receive integrated behavioral and physical health care coordination from nurses and behavioral health case managers. This will be provided by Community Mental Health Centers (CMHCs) and through Certified Community Behavioral Health service delivery that were previously contracted as Health Homes.

### Indicate method of termination

### Termination effective date

- The state will terminate all participants from the Health Homes Program on the same date 10/1/2021
- The state will phase-out the termination of participation in the Health Homes Program

### Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

Oklahoma currently has coordinated care delivery for adults with Serious Mental Illness (SMI) through Patient Centered Medical Homes (PCMH), Health Access Networks (HANS), Health Management Program (HMP), and Certified Community Behavioral Health (CCBH) service delivery. Care coordination will be a seamless transition for members receiving Health Home (HH) services through CMHCs CCBH services. Most CMHCs will become an eligible organization to provide CCBH services. Current HH members who do not choose a CMHC or a CCBH provider to continue services can access physical and behavioral health integration services through the PCMH, CMHC, and/or CCBHs.

The State previously reported that as of July 1, 2021 there were 3,581 adults enrolled in the HH program. Most HH providers are transitioning to the CCBH model; therefore, care coordination, provider standards, health information technology (HIT), and provider capacity will remain the same and there is no need for health record transmission. Of the current enrollees, it was found that there were 117 adults attributed to private behavioral health organizations or state sponsored Program of Assertive Community Treatment (PACT) teams; thus, will not transition to the CCBH model when the HH program terminates. Forty-seven (47) of the 117 current adult enrollees will transition to the University of Oklahoma-sponsored PACT team (OU IMPACT). The State has planned outreach activities to current HH enrollees to inform them that the program is ending and they have free choice of providers for integrated health care, including Patient Center Medical Home (PCMH).

There are no concerns related to care coordination, provider standards, HIT, nor health record transmission for enrollees who are currently aligned with private providers that do not choose to pursue CCBH provider certification. CCBH providers (as well as OU IMPACT) have protocols and procedures in place with area hospitals for identifying and engaging at-risk consumers who are admitted to emergency departments, inpatient hospitals, urgent recovery and crisis centers. These protocols also apply when consumers are discharged, unless there is a formal transfer of care to a non-CCBH provider or non-PACT entity. Protocols include: the transfer of medical records of services received; active follow-up after discharge; a plan for suicide prevention and safety as appropriate; and a provision for peer services.

The State believes that with the Prospective Payment System (PPS) reimbursement method and CCBH provider expansion funding, CCBH providers will have the capacity to provide access and continued quality services to transitioning HH enrollees.

Over the past few years, many members have shifted from the HH program to CCBH providers causing a shift from the HH program financial line to that of CCBHC providers. The budget impact to sunset health home services for adults and children is not inclusive of expansion adults and the estimated budget savings for expansion adults is \$0 because there is no utilization for the program by this population.

Questions regarding this transition can be directed to Malissa McIntire, Director of Integrated Care, ODMHSAS, at (405) 248-9341.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 10/25/2021 1:09 PM EDT*