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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 13-03

This file contains the following documents in the order listed:

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

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

May 31, 2013

Our Reference: SPA OK 13-03

Dr. Garth Splinter
State Medicaid Director
2401 NW 23rd Street
Suite 1A
Oklahoma City, Oklahoma 73107

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 13-03, dated March 28, 2013. This state plan amendment requests the removal of the restriction of "children only" from transportation services for approved HCBS Medicaid recipients, including adults as beneficiaries who are receiving NEMT services.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of July 1, 2013. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.


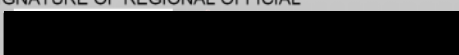
If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Tywanda Cox

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 1 3 - 0 3	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, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.170		7. FEDERAL BUDGET IMPACT a. FFY 2013 <u>\$ -0-budget neutral</u> b. FFY 2014 <u>\$ -0-budget neutral</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 9a.2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same Page, New Page 6-1-06, TN# 06-06	
10. SUBJECT OF AMENDMENT Transportation for approved HCBW members			
11. GOVERNOR'S REVIEW (<i>Check One</i>) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105	
13. TYPED NAME Nico Gomez			
14. TITLE Chief Executive Officer			
15. DATE SUBMITTED			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 21 March, 2013		18. DATE APPROVED 31 May 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2013		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Bill Brooks		22. TITLE Associate Regional Administrator	
23. REMARKS c: Nico Gomez Cindy Roberts Tywanda Cox			
FORM CMS-179 (07/92)			

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24.a Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary. (continued)

- ☐ Individuals who meet income and resource requirements of AFDC or SSI
- ☐ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☐ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- ☐ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- ☐ Individuals infected with TB
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits
- ☐ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution.
- ☐ Individuals terminally ill if in a medical institution and will receive hospice care
- ☒ Individuals aged or disabled with income not above 100% FPL
- ☒ Individuals receiving only an optional State supplement in a 209(b) State
- ☐ Individuals working disabled who buy into Medicaid (BBA working disabled group)
- ☐ Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

STATE <u>Oklahoma</u>	
DATE REC'D	<u>9-21-2013</u>
DATE APP'D	<u>5-31-2013</u>
DATE EFF	<u>JULY 1, 2013</u>
ICFA	<u>179 13-03</u>

(6) The State will pay the contracted broker by the following method:

- ☒ (i) risk capitation
- ☐ (ii) non-risk capitation
- ☒ (iii) other (e.g., brokerage fee and direct payment to providers)

FFS mileage rate for those individuals eligible for Non-Emergency Transportation (NET) but not included in NET capitation roster.

Revised 07-01-2013

TN# 13-03 Approval Date 5/31/2013 Effective Date 7/1/2013
Supersedes
TN# 06-06SUPERSEDES: TN- 06-06