

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 15-01

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) 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

April 30, 2015

Dr. Garth Splinter
State Medicaid Director
Oklahoma Health Care Authority
4345 North Lincoln Blvd.
Oklahoma City, OK, 73105

Our Reference: SPA OK 15-0001

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 15-0001, dated March 31, 2015. This state plan amendment allows for changes in family planning 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, 2015. A copy of the CMS-179 and approved plan page are enclosed with this letter.



If you have questions, please contact Tamara Sampson at (214) 767-6431.

Sincerely,

A black rectangular box redacting 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 5 - 0 1	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, 2015	
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 440.40 & 250 and 441.20		7. FEDERAL BUDGET IMPACT a. FFY 2015 <u>Budget Neutral</u> b. FFY 2016 <u>Budget Neutral</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 2a-1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1-A, Page 2a-1	
10. SUBJECT OF AMENDMENT Removing brand name family planning devices from plan; clarification of when a device can be re-implanted based on current practice.			
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 4345 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105	
13. TYPED NAME Nico Gomez			
14. TITLE Chief Executive Officer			
15. DATE SUBMITTED 31-Mar-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 31-Mar-15		18. DATE APPROVED 30-Apr-15	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 01-Jul-15		20. SIGNATURE 	
21. TYPED NAME		22. TITLE Associate Regional Director Division of Medicaid and Children's Health	
23. REMARKS c: Mike Fogarty 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

Family Planning Services

4.c. Family Planning Service Limitations

- (1) Sterilizations including non-emergency and elective sterilizations are covered only when all the requirements of 42 CFR 441.2, Subpart F are met.
- (2) Hysterectomies require an acknowledgement of the sterilization results of the hysterectomy signed by the recipient or her representative prior to the operation.
- (3) Long acting reversible contraceptives (LARC) are reimbursable once per recipient as per the recommendation noted in the package insert for each respective device. For intrauterine and implantable devices, if removal and/or re-implantation at the same or different incision site is performed prior to the typical duration noted in the device's package insert, reimbursement is available for the removal only.

State: Oklahoma
Date Received: March 31, 2015
Date Approved: April 30, 2015
Date Effective: July 1, 2015
Transmittal Number: 15-0001

Revised 07-01-2015

TN# <u>15-0001</u>	Approval Date <u>4-30-2015</u>	Effective Date <u>7-1-2015</u>
Supersedes		
TN# <u>11-05</u>		