

## Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 15-02

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, Room 714  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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August 7, 2015

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

Our Reference: SPA OK-15-002

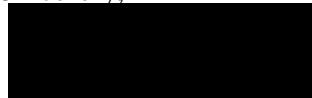
Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 15-002, dated May 15, 2015. This state plan amendment adds Urgent Recovery Clinic services to the clinic benefit.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of April 1, 2015. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions concerning this SPA, please contact Suzette Seng at (214) 767-6478 or via e-mail at [Suzette.Seng@cms.hhs.gov](mailto:Suzette.Seng@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

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

1. TRANSMITTAL NUMBER

1 5 - 0 2

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

April 1, 2015

5. TYPE OF PLAN MATERIAL (*Check One*)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS A 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 440.90

7. FEDERAL BUDGET IMPACT

a. FFY 2015 \$60,996

b. FFY 2016 \$119,428

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A; Page 4a-1.4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Same Page Revised 10-01-11 TN#11-09

10. SUBJECT OF AMENDMENT

Reimbursement of crisis intervention services in Urgent Recovery Clinics.

11. GOVERNOR'S REVIEW (*Check One*)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

The Governor does not review State  
Plan material.

12. SIGNATURE OF REGIONAL ADMINISTRATOR

13. TYPED NAME

Nico Gomez

14. TITLE

Chief Executive Officer

15. DATE SUBMITTED

May 15, 2015

16. RETURN TO

Oklahoma Health Care Authority  
Attn: Tywanda Cox  
4345 N. Lincoln  
Oklahoma City, OK 73105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

May 15, 2015

18. DATE APPROVED

August 7, 2015

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2015

20. SIGNATURE

21. TYPED NAME

Bill Brooks

22. TITLE

Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS

c: Nico Gomez  
Garth Splinter  
Tywanda Cox

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

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**Clinic Services**

- (a) All medical services performed must be medically necessary and may not be experimental in nature.
- (b) Only services furnished by or under the direction of a physician or dentist are covered. Clinic services may be provided in Public Health Clinics, qualified Urgent Care Clinics, qualified Urgent Recovery Clinics and other types of governmental and non-governmental clinics.
- (c) Clinic services for which physicians or dentists file directly are not covered.
- (d) Clinic services are limited to the same scope of services that are otherwise furnished in the plan, as appropriate.

State: Oklahoma  
Date Received: 5-15-15  
Date Approved: 8-7-15  
Date Effective: 4-1-15  
Transmittal Number: OK 15-002

Revised 04-01-2015

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TN# OK 15-002  
Supersedes  
TN# OK 11-009

Approval Date 7 August, 2015

Effective Date 1 April, 2015