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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 18-0038

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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

July 18, 2018

Our Reference: SPA OK 18-038

Becky Pasternik-Ikard
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 18-038, with an effective date of July 1, 2018. This amendment was submitted update and increase the reimbursement rate for Personal Care Services.

This letter affirms that OK 18-038 is approved effective July 1, 2018 as requested by the State.

We are enclosing the CMS-179 and the following amended plan pages.

- Attachment 4.19-B, Page 11

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,

 for

Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Andrew Badaracco, CMS Baltimore
Tia Lyles, CMS Baltimore

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

1. TRANSMITTAL NUMBER

1 8 - 3 8

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, 2018

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 440.167

7. FEDERAL BUDGET IMPACT

a. FFY 2018 \$ 53,350.00

b. FFY 2019 \$ 227,282.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 11

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Page 11, TN# 02-10

10. SUBJECT OF AMENDMENT

Personal Care Rate Reimbursement Update & Increase

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 STATE AGENCY OFFICIAL

13. TYPED NAME

Becky Pasternik-Ikard

14. TITLE

Chief Executive Officer

15. DATE SUBMITTED

July 3, 2018

16. RETURN TO

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

July 3, 2018

18. DATE APPROVED

July 18, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL

for

21. TYPED NAME

Bill Brooks

22. TITLE

Associate Regional Administrator, Division of Medicaid
and Children's Health

23. REMARKS

c: Becky Pasternik-Ikard
Tywanda Cox

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

Payment for personal care services

The rate for personal care services is based on a 15 minute unit. Payment is made at the most current fee schedule amount.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the services. The agency's personal care fee schedule rates were set as of July 1, 2018 and are effective for services provided on or after that date. All rates are published on the Agency's website: www.okhca.org/feeschedules.

State: Oklahoma
Date Received: 3 July, 2018
Date Approved: 18 July, 2018
Effective Date: 1 July, 2018
Transmittal Number: 18-38

Revised 07-01-18

TN# 18-38 Approval Date 07/18/2018 Effective Date 07/01/2018
Supersedes
TN# 02-10