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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 21-0008

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

February 4, 2021

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
Oklahoma City, OK 73105

Dear Ms. Anthony:

On November 9, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 21-0008. This SPA was submitted to comply with the 21st Century Cures Act, which requires states to use an electronic visit verification (EVV) system for personal care services (PCS) that require an in-home visit by a provider.

We are pleased to inform you that SPA 20-0036 was approved on February 4, 2021, with an effective date of January 1, 2021, as requested by the state. Please disregard the Request for Additional Information (RAI), which was issued on February 3, 2021, as that information is no longer needed to complete this review. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Oklahoma State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the handwritten signature of James G. Scott.

Digitally signed by James G.
Scott -S
Date: 2021.02.04 14:44:42
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kasie McCarty, Oklahoma Health Care Authority
Sandra Puebla, Oklahoma Health Care Authority
Sophia Hinojosa, Acting Program Branch Manager

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

1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>08</u>	2. STATE Oklahoma
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2021	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

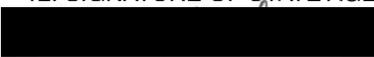
6. FEDERAL STATUTE/REGULATION CITATION Section 1903(l) of the SSA Act; 42 CFR 440.167	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 0 b. FFY 2022 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A; Page 9a-2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1-A; Page 9a-2; TN # 02-10

10. SUBJECT OF AMENDMENT

Requiring the use of an Electronic Visit Verification (EVV) system for personal care services (PCS) that require and in-home visit by a provider.

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

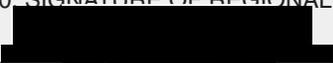
- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Traylor Rains 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Melody Anthony	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED November 9, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 11/09/2020	18. DATE APPROVED 02/04/21
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2021.02.04 14:45:23 -06'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

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

24.

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and rendered by qualified person under supervision of a R.N.

Personal care services (PCS) are Activities for Daily Living and Instrumental Activities for Daily Living (ADL/IADL) assistance provided to individuals determined to be medically and financially eligible to receive services. Personal care services are provided as per 42 CFR 440.167, in the individual's home, an educational or employment setting, and with prior approval. The personal care provider is an individual who is not legally responsible for the client and has demonstrated competency to provide the services documented in the person centered plan. Providers of personal care services include home health and personal care agencies contracted with the State Medicaid Agency who meet required state licensing requirements and their qualified staff. A registered nurse (RN) is responsible for making the determination of competency, the implementation and monitoring of the service plan, and for supervision of the personal care provider.

Electronic Visit Verification (EVV) for Personal Care Services (PCS)

The State will comply with the Electronic Visit Verification System (EVV) requirements for personal care services by January 1, 2021 in accordance with the requirements of Section 12006 of the 21st Century Cures Act (the Cures Act).

Revised 01-01-21

TN# 21-0008

Approval Date 02-04-21

Effective Date 01-01-21

Supersedes TN# 02-10