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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

April 2, 2021

Melody Anthony
State Medicaid Director
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Our Reference: SPA OK 21-0013

Dear Ms. Anthony:

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) to Attachment 4.19-B, OK# 21-0013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 5, 2021. This state plan amendment amends the reimbursement methodology for tribal providers rendering residential substance use disorder (SUD) services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

[Redacted Signature]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 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

January 1, 2021

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

42 CFR 431.110; 42 CFR 136; P.L. 93-638

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 109,036.00

b. FFY 2022 \$ 115,541.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 1g

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 4.19-B, Page 1g; TN # 17-05

10. SUBJECT OF AMENDMENT

SPA to establish the outpatient OMB Rate for Tribal Providers of Residential Substance Use Disorder Services

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

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

2/5/2021

16. RETURN TO

Oklahoma Health Care Authority

Attn: Traylor Rains

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

February 5, 2021

18. DATE APPROVED

4/2/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

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

**REIMBURSEMENT FOR INDIAN HEALTH SERVICE, TRIBAL PROGRAMS, AND URBAN
CLINICS**

For services provided by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) the applicable Office of Management and Budget (OMB) rate will be paid as published and specified in the Federal Register.

**Alternative Payment Methodology for Reimbursement of Indian Health Services and Tribal
638 Facilities contracted as FQHCs**

For qualified facilities operated by I/T/U providers that contract with the Medicaid agency as an FQHC, hereafter referred to as I/T/U-FQHC, an alternate payment method (APM) is allowed. The APM rate for services provided by an I/T/U-FQHC is set at the OMB rate.

The rate for services will be the same for both AI/AN and non-AI/AN.

For purposes of being recognized as an FQHC by Medicaid, Tribal facilities need not meet any requirement other than being operated by a Tribe or Tribal organization under P.L. 93-638.

Encounter reimbursement of I/T/Us & I/T/U/FQHCs

Reimbursement is made for an individual medical, dental, and outpatient behavioral health encounter per member per day. Reimbursement for more than one outpatient visit within a 24-hour period is made when services are provided for a distinctly different diagnosis.

Reimbursement of Residential Substance Use Disorder (SUD) Treatment Services

Reimbursement is made to qualified facilities operated by I/T/U providers for residential SUD treatment services at the outpatient OMB rate. Reimbursement will be provided in the amount of one outpatient encounter rate per member per day of service.