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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 21-0022-D

This file contains the following documents in the order listed:

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

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

September 22, 2021

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
4345 North Lincoln Boulevard
Oklahoma City, OK 73105

Dear Ms. Anthony:

On July 6, 2021, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 21-0022-D. This SPA was submitted to remove references to the Health Homes service in Oklahoma's State Plan due to that program terminating as of October 1, 2021.

We are pleased to inform you that SPA 21-0022-D was approved on September 22, 2021 with an effective date of October 1, 2021, as requested by the state. 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,



Digitally signed by James G.
Scott -S
Date: 2021.09.22 16:12:04
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Sandra Puebla, Oklahoma Health Care Authority
Kasie McCarty, Oklahoma Health Care Authority
Sophia Hinojosa, 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>2</u> <u>2-D</u>	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 October 1, 2021
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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 440.160; 42 CFR 441.151; 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT a. FFY 2022 _____ \$0 _____ b. FFY 2023 _____ \$0 _____
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 6a-1.7 Attachment 4.19-B, Page 29a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1-A, Page 6a-1.7; TN # 15-06 Attachment 4.19-B, Page 29a ; TN # 15-06
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10. SUBJECT OF AMENDMENT
Termination of Health Home program; removal of references in State Plan pages.

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 7/6/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 7/6/2021	18. DATE APPROVED September 22, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/2021	20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2021.09.22 16:18:05 -05'00'
21. TYPED NAME James G. Scott	22. TITLE Division Director, Division of Program Operations

23. REMARKS

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

13.d Rehabilitative Services

13.d.2 Program of Assertive Community Treatment *(continued)*

D. Limitation on Services

- (a) PACT services must be medically necessary and recommended by a BHP prior to receiving these services. An initial screening/assessment must be completed to receive the service(s). Covered services are available only to Medicaid eligible consumers with a written treatment plan containing the recommended necessary psychiatric, rehabilitation and support services. The treatment plan is completed by an authorized BHP.

- (b) Employment services, personal care services, childcare and respite services are not billable activities. Consumers living in an IMD, nursing facility or inmates of public correctional institutions are not eligible for PACT services.

Revised 10-01-21

TN# 21-0022-D

Approval Date 9-22-21

Effective Date 10-01-21

Supersedes TN# 15-06

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

13.d Rehabilitative Services *(continued)***13.d.2 Reimbursement for PACT Services**

Reimbursement for PACT service components listed in Att. 3.1A page 6a-1.5 through 6a-1.6a provided by multi-disciplinary team members will be made under a fee schedule.

- (a) Service Contacts** - The fee schedule rate for eligible service contacts by qualified team members is all-inclusive of the service components and will be reimbursed per 15-minute unit, using a Procedure code for PACT. The unit costs were derived from the 2006 average salaries and wages for physicians as reported in the Bureau of Labor Statistics website for occupations for Oklahoma, and actual provider reported costs for the other staffing composition required for a caseload of 100. The rate also accounts for employee benefits, indirect costs, clinical oversight and supervision. Total costs were divided by the annual available productive time. In order to account for the fact that Medicaid enrollment for adults enrolled in PACT may not be continuous, the average caseload of 100 for a team of 10 assumed in the methodology was adjusted by a standardized enrollment continuity ratio for Oklahoma (75.6%) to account for lapses in coverage. The source document for the continuity ratio is from Table 1, "Improving Medicaid's Continuity and Quality of Care", by L. Ku. Targeted Case Management (TCM) service contacts are separately billable.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of PACT services. The agency's fee schedule rate was set as of January 1, 2015 and is effective for services provided on or after that date. All rates are published on the Agency's website oklahoma.gov/ohca/providers/claim-tools/fee-schedule.

Revised 10-01-21TN# 21-0022-DApproval Date 9-22-21Effective Date 10-01-21Supersedes TN# 15-06