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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 21-0039

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

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Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

November 22, 2024

Traylor Rains
State Medicaid Director
Oklahoma Health Care Authority
4345 N Lincoln Blvd
Oklahoma City, OK 73105

Re: Approval of State Plan Amendment OK-21-0039

Dear Traylor Rains,

On September 14, 2021, the Centers for Medicare and Medicaid Services (CMS) received Oklahoma State Plan Amendment (SPA) OK-21-0039, which seeks to revise policies regarding its fair hearing process for certain cases. The changes describe the delegation process of certain cases to the Department of Human Services (DHS) and the roles and responsibilities between the Medicaid agency and DHS.

We approve Oklahoma State Plan Amendment (SPA) OK-21-0039 with an effective date(s) of November 01, 2021.

If you have any questions regarding this amendment, please contact Stacey Steiner at stacey.steiner@cms.hhs.gov.

Sincerely,
James G. Scott, Director
Division of Program Operations
Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OK2021MS00030 | OK-21-0039

CMS-10434 OMB 0938-1188

Package Header

Package ID	OK2021MS00030	SPA ID	OK-21-0039
Submission Type	Official	Initial Submission Date	9/14/2021
Approval Date	11/22/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Oklahoma

Medicaid Agency Name: Oklahoma Health Care Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OK2021MS00030 | OK-21-0039

Package Header

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SPA ID and Effective Date

SPA ID OK-21-0039

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Intergovernmental Cooperation Act Waivers	11/1/2021	OK-19-0015
Organization and Administration	11/1/2021	OK-19-0015
Single State Agency Assurances	11/1/2021	OK-19-0015

Submission - Summary

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Executive Summary

Summary Description Including Goals and Objectives Aligning Oklahoma's Medicaid State Plan with Oklahoma Senate Bill 207.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR Part 431

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Governor's office does not review State Plan amendments.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

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CMS-10434 OMB 0938-1188

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	System-Derived		

A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver Oklahoma Department of Human Services (DHS)

1. Name of state agency to which responsibility is delegated:

Oklahoma Department of Human Services (DHS)

2. Date waiver granted:

6/13/2016

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

Oklahoma Health Care Authority (OHCA) delegates the authority to conduct fair hearings and issue final hearing decisions related to eligibility of non-MAGI individuals to Oklahoma Department of Human Services (DHS). Hearings are conducted by Administrative Law Judges who are employees of DHS. Fair hearing decisions by the DHS Administrative Law Judges may be appealed to the DHS agency director for a final decision. The Medicaid beneficiary can then file suit in district court for a review of the record.

The parties to this waiver acknowledge that the OHCA delegates the authority to make final decisions regarding designated applicants and beneficiaries as defined in the Interagency Agreement between the OHCA and the DHS. The agreement also defines the respective relationships between the OHCA and the DHS including implementation of 42 C.F.R. section 431, subpart E, and any quality control and oversight that is planned.

The DHS acknowledges and agrees in writing that it will act as a neutral and impartial decision-maker on behalf of the Medicaid agency in adjudicating all Medicaid cases and that it will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
 - ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No

7. Additional methods for coordinating responsibilities among the agencies (optional):

8. Date waiver terminated:

Oct 31, 2021

[View Waiver Oklahoma Department of Human Services \(DHS\)](#)

1. Name of state agency to which responsibility is delegated:

Oklahoma Department of Human Services (DHS)

2. Date waiver granted:

6/13/2016

3. The type of responsibility delegated is (check all that apply):

a. Conducting fair hearings

b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The Oklahoma Health Care Authority (OHCA) delegates the authority to the Oklahoma Department of Human Services (DHS) to conduct fair hearings and issue final hearing decisions for:

- 1.) eligibility determinations for individuals whose eligibility is not related to MAGI, excluding: former foster care youth; individuals within the breast and cervical cancer program; the Program of All-inclusive Care for the Elderly; and the HCBS waiver programs;
- 2.) post-eligibility determinations for individuals within the HCBS programs: Community, Homeward Bound, In-Home Supports for children, and In-Home Supports for adults; and,
- 3.) program coverage (benefits/services) for long-term care services and state plan personal care for individuals whose eligibility is not related to MAGI with the exception of the Medically Fragile HCBS program.

OHCA also delegates the authority to DHS to conduct OHCA CEO Reviews, when deemed necessary by the CEO in order to ensure a timely and fair CEO review. For example, the OHCA CEO may delegate the CEO review to DHS when there is an administrative or other emergency which would impede OHCA's review, or the OHCA CEO has a conflict of interest in the hearing.

Hearings are conducted by Administrative Law Judges (ALJs) who are employees of DHS.

The parties to this waiver acknowledge that the OHCA delegates the authority to make final decisions regarding designated applicants and beneficiaries as defined in the Interagency Agreement between the OHCA and the DHS. The agreement also defines the respective relationships between the OHCA and the DHS including implementation of 42 C.F.R. section 431, subpart E, and any quality control and oversight that is planned.

DHS acknowledges and agrees in writing that it will act as a neutral and impartial decision-maker on behalf of the Medicaid agency in adjudicating all Medicaid cases and that it will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

5. Methods for coordinating responsibilities between the agencies include:

a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.

b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.

c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.

d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.

e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:

i. A written agreement between the agencies.

ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

Yes

No

7. Additional methods for coordinating responsibilities among the agencies (optional):

Intergovernmental Cooperation Act Waivers

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	System-Derived		

B. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OK2021MS00030 | OK-21-0039

CMS-10434 OMB 0938-1188

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

Eligibility rules are written and maintained by the agency's Policy & Program Management division under the direction of the State Medicaid Director of Executive Services. Changes to eligibility policy must be approved by OHCA's Board of Directors and the State Legislature. The OHCA is responsible for all eligibility determinations, except Aged, Blind, and Disabled (ABD) and long term care applicants. The DHS is responsible for ABD eligibility determinations.

The Provider and Member Experience Management division covers member services, online enrollment as well as the Eligibility and Recipient subsystems of the Medicaid Management Information System (MMIS). This group ensures that eligibility policy is the basis for systematic application processing and eligibility determinations, is in constant contact with members, providers, and other stakeholders such as the legislature, and the Oklahoma Department of Human Services (DHS), and is under the direction of the State Medicaid Director.

In summary, four different unrelated departments (Policy and Program Management, Eligibility and Coverage Services, Member Services, and Executive Services) within the agency are involved in the eligibility determination and fair hearing process.

b. Fair Hearings (including expedited fair hearings)

Within the OHCA, fair hearings are conducted by the ALJ, an OHCA employee located in Executive Services, apart from the Legal division. The ALJ independently renders a decision based on the preponderance of the evidence as governed by memoranda of understanding between the OHCA and DHS. The Administrative Law Judge conducts a fair hearing requested by an individual under section 431.221(a). The scope of the hearings conducted by the ALJ includes hearings related to:

- 1.) eligibility determinations with respect to individuals whose eligibility is based on applicable modified adjusted gross income (MAGI) program coverage, former foster care youth, individuals within the breast and cervical cancer program, individuals within the Program of All-inclusive Care for the Elderly, and individuals within the Home and Community Based Services (HCBS) programs: ADvantage, Medically Fragile, Community, Homeward Bound, In-Home Supports for children, and In-Home Supports for adults;
- 2.) post-eligibility determinations for individuals within the following HCBS programs: ADvantage and Medically Fragile;
- 3.) Preadmission Screening and Resident Review (PASRR) for all Medicaid members; and
- 4.) program coverage (benefits/services) for all services for all the eligible populations noted at 1 above; and, services, except for nursing facility services & state plan personal care/personal care services, for individuals whose eligibility is not related to MAGI including individuals receiving services through the PACE program and the Home and Community Based Services (HCBS) programs: ADvantage, Community, Homeward Bound, In-Home Supports for children, and In-Home Supports for adults.

Under the ICA waiver, the OHCA has delegated to DHS the authority to conduct the CEO reviews when deemed necessary by the CEO in order to ensure a timely and fair CEO review. For example, the OHCA CEO may delegate the CEO review to DHS when there is an administrative or other emergency which would impede OHCA's review, or the OHCA CEO has a conflict of interest in the hearing.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The State Medicaid Director establishes and maintains day-to-day operations and policy development of the Medicaid program. The position directs and supervises certain operational divisions of the agency which includes the following: Policy & Program Management, Office of Tribal Government Relations, Long Term Services and Supports, Pharmacy, Health Care Quality and Performance, Medical Guidelines and Support Services, SoonerCare Operations, Experience Management, and Managed Care Operations.

The Deputy State Medicaid Director of SoonerCare Operations is responsible for the direction, coordination, and management of all phases of the following units: Population Care Management, Chronic Care Management/Clinical Review Services/Care Coordination Partnerships, Non-emergency transportation and Social Services, Behavioral Health Services, and Medical Authorization & Review.

The Deputy State Medicaid Director of Experience Management oversees Provider Engagement and Eligibility & Coverage Services.

The Deputy State Medicaid Director of Managed Care Operations is responsible for operations and compliance of the dental, medical, and children's specialty managed care programs.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Under the direction of the State Medicaid Director, the Senior Director of the Policy & Program Management division is responsible for the direction and coordination of policy development and program management for the agency.

e. Administration, including budget, legal counsel

The Chief Administration Officer is responsible for multiple departments including: Internal Audits, Organizational Development, Human Resources & Administrative Services, Administrative Law Judges, and the General Counsel.

The Chief Financial Officer (CFO) directly oversees the operations, adequacy and soundness of the agency's fiscal structure which includes the following units: Program Integrity & Accountability, Purchasing, and Budget & Fiscal Planning.

f. Financial management, including processing of provider claims and other health care financing

The Chief Financial Officer (CFO) is responsible for directing, coordinating and managing all phases of the multi-functional Finance Services division of the agency. The Finance division also includes the following units: Financial Accountability & Compliance, General Accounting, Financial Management, Third Party Liability, Adjustment & Claims Resolutions, and Long-term Care Financial Management.

g. Systems administration, including MMIS, eligibility systems

Under the direction of the CFO, the Chief of Business Enterprises is responsible for the direction, coordination, and management of the OHCA's information systems. The division includes the following units: Electronic Customer Relations, Claims Processing, Performance & Electronic Process, Support Services, Security Governance, and Project Enablement.


The Deputy State Medicaid Director of Experience Management oversees Online Enrollment Automation & Data Integrity.

h. Other functions, e.g., TPL, utilization management (optional)

The Chief of Staff is responsible for internal and external communications including with stakeholders and legislators.

The Agency's Health Information Exchange (HIE) division within Executive Services is intended to allow Oklahomans and their providers, hospitals and health systems, state health agencies and local health departments, health information business associates, and an increasingly inclusive ecosystem of human service organizations to have secure, accurate data available.

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
FTE Count 11-05-2024	11/8/2024 10:01 PM EST	

Organization and Administration

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
Single state agency under Title IV-A (TANF)	The Oklahoma Department of Human Services (DHS) is responsible for ABD eligibility determinations and any fair hearings regarding these determinations

Organization and Administration

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- Yes
- No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Oklahoma State Department of Health	The Oklahoma State Department of Health leads the state in strategic planning to become a healthier state. This agency is also a public health provider. OHCA and OSDH collaborate and interact on matters related to family planning, child wellness, and performance improvement initiatives.
Oklahoma Department of Mental Health and Substance Abuse Services	The Oklahoma Department of Mental Health and Substance Abuse Services is responsible for providing public health services relating to mental illness and substance abuse. ODMHSAS supports a continuum of programs from community-based treatment and case management to acute inpatient care.
Oklahoma Department of Rehabilitative Services	The Oklahoma Department of Rehabilitative Services expands opportunities for employment, independent life and economic self-sufficiency by helping Oklahomans with disabilities bridge barriers to success in the workplace, school and at home. ODRS is comprised of five program divisions: Vocational Rehabilitation Division, Visual Services Division, Disability Determination Division, Oklahoma School for the Deaf, and Oklahoma School for the Blind.
Oklahoma Office of Juvenile Affairs	The Oklahoma Office of Juvenile Affairs is responsible for planning and coordinating statewide juvenile justice and delinquency prevention services. OJA is also responsible for operating juvenile correctional facilities in the State.

Organization and Administration

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F. Additional information (optional)

The Governor is the Chief Executive Officer of the State of Oklahoma. Within 45 days of taking office, the governor is allowed to create his/her own cabinet, with anywhere from no less than 10 but no more than 15 Secretaries representing all the branches of state government.

The OHCA, directed by its CEO who is the current Governor-appointed Cabinet Secretary for Health and Human Services, has extensive working relationships with the other state agencies that provide health, human services, and public assistance. In addition to the OHCA, this includes the Oklahoma State Department of Health, the Oklahoma Department of Human Services, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Department of Rehabilitative Services, and Oklahoma Office of Juvenile Affairs.

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

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