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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 21-0043

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 2, 2022

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

Re: Oklahoma State Plan Amendment (SPA) 21-0043

Dear Ms. Anthony:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0043. This amendment provides assurances regarding the state's compliance with federal medical transportation requirements found under the Consolidated Appropriations Act, 2021.

CMS approved SPA #21-0043 on March 2, 2022, with an effective date of December 27, 2021. 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 amendment, please contact Laura D'Angelo at (816) 426-6425 or via email at Laura.Dangelol@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by James G. Scott
Date: 2022.03.02 17:11:32 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Sandra Puebla, OHCA
Kasie McCarty, OHCA

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

1. TRANSMITTAL NUMBER
2 1 — 0 0 4 3

2. STATE
O K

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 27, 2021

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170; 1902(a)(87) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2021 \$ 0
b. FFY 2022 \$ 0


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-D, Page 1
Attachment 3.1-D, Page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 3.1-D, Page 1; TN # 05-23
Attachment 3.1-D, Page 2; TN # 05-23

9. SUBJECT OF AMENDMENT
State plan amendment to comply with federal regulation which requires the State Plan to provide the Agency's current mechanism that ensures any NEMT provider or individual driver meet certain requirements.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Melody Anthony
13. TITLE
State Medicaid Director
14. DATE SUBMITTED
12/27/2021

15. RETURN TO
Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105


FOR CMS USE ONLY

16. DATE RECEIVED
12/27/2021

17. DATE APPROVED
March 2, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 27, 2021

19. SIGNATURE OF APPROVING OFFICIAL
 Digitally signed by James G. Scott-5
e: 2022.03.02 17:12:48 -0600'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

METHODS OF PROVIDING TRANSPORTATION

The State Plan assures that necessary transportation is available to individuals eligible for Title XIX benefits who are in need of medical services.

1. Categorically Needy**Payment for Transportation**

The agency is responsible for assuring that necessary transportation is available to members eligible for Title XIX benefits who are in need of medical services in accordance with 42 CFR 431.53. The agency contracts with a broker to provide statewide curbside coverage for non-emergency transportation. The broker provides the most appropriate and least costly mode of transportation necessary to meet the individual needs of Title XIX members. Attendant services, to include transportation and transportation related expenses, are available upon request by the member to the broker at no charge to the member. Payment for covered services to the broker is reimbursed under a capitated methodology. The agency contracts with ambulance and air providers for all other transportation needs for eligible members not provided by the non-emergency transportation contract. Ambulance and air providers are reimbursed a rate published statewide based on the Medicare-established rates for covered services. Transportation must be for a medically necessary treatment in accordance with 42 CFR 440.170.

2. Authorization for Transportation by Bus or Private Automobile

Transportation by bus or private automobile is administered through the broker when it is necessary for an eligible individual to receive medical services. Eligible members traveling by bus will need to be issued bus passes distributed by the broker and eligible members traveling by private automobile will be reimbursed for mileage by the broker.

3. Authorization for Out-of-State Transportation

Reimbursement for out-of-state transportation that is medically necessary is authorized through the agency when transportation exceeds 50 miles from the Oklahoma border. The broker will contact the agency for authorization when a request is received from a member for transportation that will exceed 50 miles from the Oklahoma border. The agency will verify the member's examination or treatment appointment and that out-of-state approval has been issued by the agency. The agency will contact the broker with a decision of approval or denial of the request. Upon the approval of the request, the broker will proceed with arrangement for the transportation. Upon denial of the request the broker will advise the member to contact the agency for coordination of closer providers for comparable services.

4. Authorization for Transportation by Taxi

Taxi services may be authorized through the broker as a subcontracted provider of the broker.

Revised 12-27-21

TN# 21-0043Approval Date 3-2-2022Effective Date 12-27-2021Supersedes TN# 05-0023

METHODS OF PROVIDING TRANSPORTATION

5. Authorization for Transportation by Ambulance

Transportation by ambulance is compensable for members eligible for Title XIX benefits when medically necessary and when other available transportation does not meet the medical needs of the member. Payment is made for ambulance transportation to and/or from the nearest medical facility that can appropriately treat the member.

6. Authorization for Transportation by Air
(Air Ambulance or Helicopter, Commercial Airfare)

Transportation by air may be made available when the member's medical condition is such that transportation by an air service provider is required. Approval for commercial airfare must be prior authorized by the agency and flight arrangements will be made by the agency.

7. Provider and Driver Requirements (1902(a)(87) of the SSA)

The state Medicaid agency attests that all of the minimum requirements outlined in 1902(a)(87) of the Act are met.

Revised 12-27-21

TN# 21-0043Approval Date 3-2-2022Effective Date 12-27-2021Supersedes TN# 05-0023