Table of Contents

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
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.Dangelo1@cms.hhs.gov.

Sincerely,

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**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
<th>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT</th>
</tr>
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<tbody>
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<td>210043</td>
<td>OK</td>
<td></td>
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**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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**  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  
☑ OTHER, AS SPECIFIED:  

**11. SIGNATURE OF STATE AGENCY OFFICIAL**  
[Signature]

**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

**16. DATE RECEIVED**  
12/27/2021

**17. DATE APPROVED**  
March 2, 2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**  
December 27, 2021

**19. SIGNATURE OF APPROVING OFFICIAL**  
[Signature]  
Digitally signed by James G. Scott  
Date: 2022.03.02 17:12:48 -06'00'

**20. TYPED NAME OF APPROVING OFFICIAL**  
James G. Scott

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

**22. REMARKS**  

*Instructions on Back*
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 curb to curb 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.
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.