

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) # OK 22-0019**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

June 28, 2022

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

RE: Oklahoma State Plan Amendment (SPA) 22-0019

Dear Ms. Anthony:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 22-0019 effective for services on or after September 1, 2022. The purpose of this SPA is to amend Oklahoma's state plan to eliminate community based extended and community based transitional level of care.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act. We hereby inform you that Medicaid State plan amendment 22-0019 is approved effective September 1, 2022. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,



Rory Howe  
Acting Director

Enclosure

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 9

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

September 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.160 and 42 CFR Part 441, Subchapter B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 6,336

b. FFY 2023 \$ 73,750

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, Page 35

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-A, Page 35; TN # 21-09

9. SUBJECT OF AMENDMENT

Amending the State Plan to eliminate Community Based Extended and Community Based Transitional level of care.

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  
Traylor Rains

13. TITLE  
State Medicaid Director

14. DATE SUBMITTED  
April 4, 2022

15. RETURN TO

Oklahoma Health Care Authority  
Attn: Melody Anthony  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

**FOR CMS USE ONLY**

16. DATE RECEIVED  
April 4, 2022

17. DATE APPROVED  
June 28, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
September 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
Director, FMG

22. REMARKS

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

**16. Inpatient Psychiatric Services for individuals under age 21 (42 CFR 440.160) (continued)**

**16.b. Residential Level of Care in a Psychiatric Residential Treatment Facility (PRTF)**

**(A) Payment to State-owned Government Providers**

State-owned PRTFs will be paid an interim rate based on the previous year's cost report (HCFA 2552) data and settled to total allowable costs determined by usual and customary charges. The agency may pay the customary charges of the provider but must not pay more than the prevailing charges in the locality for comparable services under comparable circumstances in accordance with 42 CFR 447.325.

**(B) Payment to Private, In-State PRTFs with 17 Beds or More**

**i. Base Rate**

A prospective per diem payment is made based on the facility peer group for a comprehensive package of services and room and board which requires 24-hour nursing care supervised by an RN.

**ii. The following services will not be reimbursed outside of the base rate:**

- Dental (excluding orthodontia);
- Vision;
- Prescription drugs;
- Practitioner services; and
- Other medically necessary services not otherwise specified.

Facility Peer Group	Base Rate
Special Populations	\$550.00
Standard	\$336.57

**(C) Payment to Private, In-State PRTFs with 16 Beds or Less**

**i. Base Rate**

The rate listed below is effective as of 05-01-2016 and is equivalent to a 15 percent rate reduction from the rate in effect on 04-30-2016 for private, in-state PRTFs with 16 beds or less.

A prospective per diem payment of \$187.42 is made for a comprehensive package of services provided under the direction of a physician, as well as and room and board.

**ii. Physician and Other Ancillary Services**

All other medically necessary services, i.e., EPSDT services, are arranged by the PRTF with 16 beds or less and billed separately. The reimbursement for the EPSDT service does not duplicate billing for inpatient psychiatric services under section 1905(a)(16)(A) of the Act by the PRTF with 16 beds or less or a provider furnishing inpatient psychiatric services under arrangement with the PRTF with 16 beds or less. Payment for the EPSDT service is made in accordance with the applicable State Plan payment methodologies and fees. Claiming of such expenditures for federal financial participation (FFP) are in accordance with the CMS-64 form claiming guidance for EPSDT services.

Revised 09-01-2022