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State/Territory Name: Oklahoma

State Plan Amendment (SPA) OK: 23-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

July 18, 2023

Traylor Rains
State Medicaid Director
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

RE: SPA OK 23-0019

Dear Director Rains:

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) OK- 23-0019 to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 28th, 2023. This state plan amendment increases rates for private duty nursing staff.

Based upon the information provided by the State, we have approved the amendment with an effective date of May 12, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Robert Bromwell at 410-786-5914 or Robert.bromwell@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER
2 3 — 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
5/12/2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.80

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 1,605,138.00
b. FFY 2024 \$ 2,949,496.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 28.8

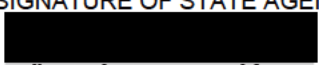
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Page 28.8; TN# 16-25

9. SUBJECT OF AMENDMENT
State Plan amendment to continue the OK disaster-relief SPA 23-0013 reimbursement rates for private duty nursing services.

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:
The governor's office does not review state plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Traylor Rains

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
4/28/2023

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

cc: Sandra Puebla; Kasie McCarty; Heather Cox


FOR CMS USE ONLY

16. DATE RECEIVED
4/28/2023

17. DATE APPROVED
July 18, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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

4.b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found *(continued)*

h. Private Duty Nursing

PDN base hourly rate is \$40/hour. The over-time hourly rate is \$48.92/hour but is authorized only for overtime nursing staff hours for persons with tracheostomies or who are ventilator dependent.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. PDN rates are published on the agency website: <http://www.okhca.org/feeschedules>.

Revised 05-12-23