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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-0038

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

Regional Operations Group

November 4, 2019

Our Reference: SPA OK 19-0038

Melody Anthony
State Medicaid Director
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0038, with an effective date of November 1, 2019. This amendment was submitted to increase the behavioral health standard targeted case management units.

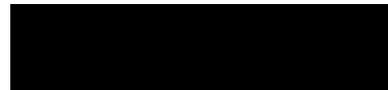
This letter affirms that OK 19-0038 is approved effective November 1, 2019 as requested by the State.

We are including the CMS-179 and the following amended plan page:

- Supplement 1 to Attachment 3.1-A, Page 1g

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 38

2. STATE

Oklahoma

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.169

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 5,184,688

b. FFY 2021 \$ 5,733,984

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

SUPPLEMENT 1 TO ATT. 3.1-A, Page 1g

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

SUPPLEMENT 1 TO ATT. 3.1-A, Page 1g; TN # 17-013

10. SUBJECT OF AMENDMENT

Increase of behavioral health standard targeted case management units

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

10/09/2019

16. RETURN TO

Oklahoma Health Care Authority

Attn: Maria Maule

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

10/09/2019

18. DATE APPROVED

11/04/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

11/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Bill Brooks

22. TITLE

Director, Centers for Medicaid & CHIP Services
Regional Operations Group

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CASE MANAGEMENT SERVICES *(continued)*

Target Group: Chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

- Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Limitations:

- Case management does not include the following:
 - Activities not consistent with the definition of case management services under Section 6052 of the Deficit Reduction Act (DRA); the direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred. (2001 SMD)
 - Activities integral to the administration of foster care programs. (2001 SMD); and
 - Activities for which third parties are liable to pay. (2001 SMD)
- The State assures that individuals meeting provider qualifications under the plan to provide case management as well as other direct medical, educational, social or other services for which an eligible individual has been referred will not provide both case management and direct services to the same individual.
- Effective for services provided on or after 11-01-19, standard case management will be limited to 12 units per member per month. Additional units may be authorized for members that meet established medical necessity criteria.

State: Oklahoma
 Date Received: 09 October, 2019
 Date Approved: 04 November, 2019
 Effective Date: 1 November, 2019
 Transmittal Number: 19-0038

Revised 11-01-19

TN # 19-0038

Approval Date 11/04/2019

Effective Date 11/01/2019

Supersedes TN # 17-0013