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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 24-0008

This file contains the following documents in the order listed:

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

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

April 17, 2024

Traylor Rains
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Re: Oklahoma State Plan Amendment (SPA) – 24-0008

Dear Director Rains:

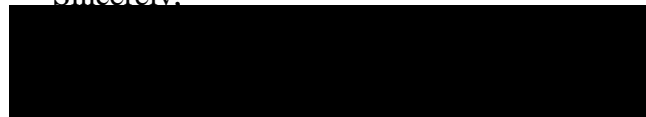
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0008. This amendment proposes to provide as attestation that the State is in compliance with the Electronic Visit Verification requirements for Home Health Services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.10 and 482.43. This letter informs you that Oklahoma Medicaid SPA TN 24-0008 was approved on April 16, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oklahoma State Plan.

If you have any questions, please contact Stacey Steiner at (469) 904-1068 or via email at Stacey.Steiner@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kasie McCarty
Heather Cox

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

1. TRANSMITTAL NUMBER
2 4 — 0 0 0 8

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
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.10 & 42 CFR 482.43

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 0.00
b. FFY 25 \$ 0.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 3a-3

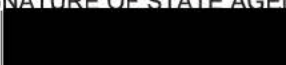
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Page 3a-3; TN# 20-0017

9. SUBJECT OF AMENDMENT
State plan amendment to provide an attestation that the state is in compliance with the Electronic Visit Verification requirements for Home Health 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
March 20, 2024

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

cc: Kasie McCarty; Heather Cox

FOR CMS USE ONLY

16. DATE RECEIVED
March 20, 2024

17. DATE APPROVED
April 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024



20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDED**

7. Home Health Services *(continued)*

Medical supplies, equipment, and appliances are covered if they:

1. Are relevant to the beneficiary's plan of care;
2. Are medically necessary;
3. Primarily serve a medical purpose;
4. Are appropriate for use in the non-institutional setting where the beneficiary's normal life activities take place, other than a hospital, nursing facility, ICF/IID, or any setting in which payment is or could be made under Medicaid for inpatient service that include room and board; and,
5. Meet the definition of supplies at 42 CFR 440.70(3)(i) and equipment and appliances at 42 CFR 440.70(3)(ii).

The beneficiary's need for medical supplies, equipment, and appliances must be reviewed by the beneficiary's physician or other licensed practitioner of the healing arts acting within the scope of practice authorized under State Law, at a frequency determined on a case-by-case basis based on the nature of the item prescribed, but at least annually.

Medical equipment and appliances must be provided through qualified DME providers. Medical supplies may be provided through a qualified home health agency or DME provider.

Electronic Visit Verification (EVV) for Home Health Services

The State has implemented Electronic Visit Verification System (EVV) as of 1/1/24 and complies with the EVV requirements for home health services, in accordance with the requirements of Section 12006 of the 21st Century Cures Act (the Cures Act).