

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

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Dr. Garth Splinter  
State Medicaid Director  
Oklahoma Health Care Authority  
4545 North Lincoln Blvd., Suite 124  
Oklahoma City, Oklahoma 73105  
Attention: Cindy Roberts

DEC - 2 2011

RE: TN 11-10

Dear Dr. Splinter:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-10. This amendment changes the reimbursement methodology for the Pay for Performance rate component of the nursing facility payment rate. In addition, it establishes the pool amount for determining the Other Cost and Direct Care Cost rate components of the nursing facility payment rate.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-D. Based upon the assurances provided, Medicaid State plan amendment 11-10 is approved effective November 1, 2011. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Sandra Dasheiff, CPA at (214) 767-6490.

Sincerely,

A handwritten signature in black ink that reads "Cindy Mann". The signature is written in a cursive, flowing style.

Cindy Mann  
Director  
Center for Medicaid and CHIP Services

Enclosures