



MAY 29 2013

Dr. Garth Splinter
State Medicaid Director
2401 NW 23rd Street, Suite 1A
Oklahoma City, Oklahoma 73107

RE: TN 13-05

Dear Dr. Splinter:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 13-05, which is a technical correction to the Nursing Home Focus on Excellence Program. The state corrected the weighted score from 50 to 65, under the program section labeled employee satisfaction.

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, and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the state provided satisfactory responses to questions regarding the funding of the state share of expenditures under Attachment 4.19-D.

Based upon the assurances provided, Medicaid state plan amendment 13-05 is approved effective January 1, 2013. We are enclosing the CMS-179 and the amended plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A large black rectangular redaction box covers the signature of Cindy Mann.

Cindy Mann
Director

Enclosures

cc:
Tywanda Cox

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 3 - 0 5	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 January 1, 2013
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A 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 440.155	7. FEDERAL BUDGET IMPACT a. FFY 2013 \$0 b. FFY 2014 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 4.19-D, Page 7.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page revised 11-01-11 TN#11-10
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10. SUBJECT OF AMENDMENT

Nursing Home Focus on Excellence Point Benchmark Technical Correction

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL


13. TYPED NAME
Nico Gomez


14. TITLE
Chief Executive Officer

15. DATE SUBMITTED
March 28, 2013

16. RETURN TO

**Oklahoma Health Care Authority
Attn: Cindy Roberts
2401 NW 23rd St., Suite 1A
Oklahoma City, OK 73107**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 28, 2013	18. DATE APPROVED: MAY 29 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME:	22. TITLE: 1

23. REMARKS:

*Nico Gomez
Cindy Roberts
Teyuanda Cox*

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
FOR NURSING FACILITIES**

STANDARD NURSING FACILITIES SERVING ADULTS (CONTD)

(3.) Resident/Family Satisfaction: Point Value of 80

Facility must maintain a weighted score of 72.0 in order to receive the points for this metric.

Employee Satisfaction: Point Value of 50

Facility must maintain a weighted score of 65 or better in order to receive the points for this metric.

(4.) Licensed Nurse Retention: Point Value of 50

Facility must maintain a 1 year tenure rate for 60% or better of its Licensed Nursing Staff in order to receive the points for this metric.

(5.) CNA Retention: Point Value of 50

Facility must maintain a 1 year tenure rate for 50% or better of its CNA Staff to receive the points for this metric.

(6.) Distance Learning Program Participation: Point Value of 35

Facility must sign up and use approved distance learning programs for its direct care staff in order to receive the points for this metric. A percentage of participation will be established later when adequate data to establish thresholds has been collected.

(7.) Peer Mentoring Program Participation: Point Value of 30

Facility must sign up and use approved peer mentoring programs in order to receive the points for this metric. A percentage of participation will be established later when adequate data to establish thresholds has been collected

(8.) Leadership Commitment: Point Value of 35

Facility must meet 6 out of 10 of the established measurement artifacts in order to receive the points for this metric.

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STATE	OKlahoma
DATE RECD	3-28-2013
DATE APP'D	MAY 29 2013
DATE EFF	1-1-2013
HCFA 179 #	13-05

Payment for meeting the metrics will be made as follows:

- A facility will be able to earn from 1 to 500 points for meeting the established metrics and payment will be established at \$.01 per point.
- A facility must earn a minimum of 100 points to receive any payment.
- A facility will forfeit all eligibility for payment in the FOE program for any measurement quarter that the facility receives a citation from the Health Department with a Severity Level of I or higher and the loss of eligibility will continue for any measurement quarters that CMS bans new admissions for the facility.

Revised 01-01-13

TN# 13-05 Approval Date MAY 29 2013 Effective Date 1-1-2013

Supersedes TN # 1110