

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 13-07**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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March 27, 2014

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

Our Reference: SPA OK 13-07

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 13-07, dated March 29, 2013. This state plan amendment (SPA) proposes to add recognition of the Oklahoma Department of Mental Health and Substance Abuse Services certification in lieu of other standard accreditation for public and private community mental health centers (CMHC).

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of January 1, 2013. A copy of the CMS-179 and approved plan page are enclosed with this letter.


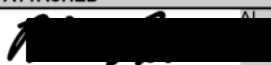
If you have questions, please contact Tamara Sampson at (214) 767-6431.

Sincerely,

A solid black rectangular box used to redact the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Cc: Tywanda Cox

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>1 3 - 0 7</b>	2. STATE <b>Oklahoma</b>
		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 <b>January 1, 2013</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> )  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 440.130(d)</b>		7. FEDERAL BUDGET IMPACT a. FFY 2013 <u>\$Budget Neutral</u> b. FFY 2014 <u>\$Budget Neutral</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1 A, Page 6a-1.1</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  <b>Same Page, Revised 07-01-12, TN # 12-04</b>	
10. SUBJECT OF AMENDMENT  <b>Outpatient Behavioral Health Optional Certification</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review State Plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  <b>Oklahoma Health Care Authority Attn: Cindy Roberts 2401 NW 23rd St., Suite 1A Oklahoma City, OK 73107</b>	
13. TYPED NAME <b>Nico Gomez</b>			
14. TITLE <b>Chief Executive Officer</b>			
15. DATE SUBMITTED <b>March 29, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>29 March, 2013</b>		18. DATE APPROVED <b>27 March, 2014</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1 January, 2013</b>		20. SIGNATURE 	
21. TYPED NAME <b>BILL BROOKS</b>		22. TITLE <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS c: Nico Gomez Cindy Roberts Tywanda Cox			
FORM CMS-179 (07/92)			

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

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**13.d. Rehabilitative Services 42 CFR 440.130(d)**

**13.d.1. Outpatient Behavioral Health Services** – Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized service plan developed to treat the identified mental health and/or substance abuse disorder(s).

**A. Eligible Providers**

1. Community based outpatient behavioral health organizations that have a current accreditation status as a provider of behavioral health services from the Commission on the Accreditation of Rehabilitative Facilities (CARF) or the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or the Council on Accreditation (COA) or certification from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in accordance with State Statute. Providers accredited by CARF, JCAHO, or COA or certified by ODMHSAS must be able to demonstrate that the scope of the current accreditation or certification includes all programs, services and sites where Medicaid compensated services are rendered.

2. Psychiatric hospitals must be appropriately licensed and certified by the State Survey Agency as meeting Medicare psychiatric hospital standards including JCAHO accreditation. Psychiatric hospitals must be able to demonstrate the scope of the current accreditation includes all programs and sites where Medicaid outpatient behavioral health services will be performed.

3. Acute care hospitals must be appropriately licensed and certified by the State Survey Agency as meeting Medicare standards, including JCAHO or American Osteopathic Association (AOA) certification. Acute Care Hospitals must be able to demonstrate the scope of the current accreditation includes all programs and sites where Medicaid outpatient behavioral health services will be performed.

**B. Provider Specialties**

**1. Public Programs** – Public programs are those organizations who contract directly with the OHCA and are regionally based community mental health centers (CMHCs) and the organizations contracted with ODMHSAS. A provider may be eligible to provide Mental Health and/or Substance Abuse treatment services according to their accreditation and/or certification.

**2. Private Programs** – Private programs are those organizations who contract directly with the OHCA and who have no contractual relationship with the ODMHSAS for the provision of Outpatient Behavioral Health services. A provider may be eligible to provide Mental Health and/or Substance Abuse treatment services according to their accreditation and/or certification.

State: Oklahoma  
Date Received: 3/29/13  
Date Approved: 3/27/14  
Date Effective: 1/1/13  
Transmittal Number: 13-07

Revised 01-01-13

TN# 13-07Approval Date 3/27/14Effective Date 1/1/13

Supersedes

TN# 12-04