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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 13-22

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



MAR 26 2014

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

RE: Oklahoma 13-22

Dear Dr. Splinter:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-22. This amendment proposes to include a payment method for inpatient psychiatric facility services (PRTF) for individuals under age 21 who are non-verbal and served in a residential level of care.

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 was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A.

Based upon your assurances, Medicaid State plan amendment 13-22 is approved effective December 1, 2013. We are enclosing the HCFA-179 and the new plan page.

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

Sincerely,

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

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 3 - 2 2	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 December 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One)		
<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 (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 441.151	7. FEDERAL BUDGET IMPACT a. FFY 2014 343,886 b. FFY 2015 412,663	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT See Attachment	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 34	

10. SUBJECT OF AMENDMENT

Add-on Per Diem for Non-verbal Children

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 Plan material.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Garth Splinger 2401 N.W. 23rd. Suite 1A Oklahoma City, OK 73107
13. TYPED NAME Joel Nico Gomez	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED December 30, 2013	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 30-Dec-13	18. DATE APPROVED: MAR 26 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 01 2013	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, Policy + Financial Mgt. CMCS
23. REMARKS: C: Nico Gomez Cindy Roberts Tynwanda Cox Garth Splinger	

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INPATIENT HOSPITAL SERVICES**

16. Inpatient psychiatric facility services for individuals under age 21 (continued)

16.b Residential Level of Care (continued)

D. Residential level of Care Rates by Peer Group/Program Type for IMDs Effective 4/1/10

Peer Group/Program Type	Unit	Hospital	Non-Hospital
Non-Secure	Per Diem		\$ 319.54
Restrictive/Secure	Per Diem	\$ 345.05	\$ 336.57
Restrictive/Secure: Sexual Offender	Per Diem	\$ 345.05	\$ 336.57
Specialty	Per Diem	\$432.26	\$ 400.05

E. Intensive Treatment Services (ITS) Add-on Per diem

An ITS per diem of \$110.99 will be allowed for children requiring intensive staffing supports in Specialized programs. These services must be medically necessary, documented in the facilities' records, and prior authorized.

F. Prospective Complexity Add-on Per diem for non-verbal children

A per diem of \$77.51 will be allowed to recognize the increase cost of serving children who have a mental health diagnosis complicated with non-verbal communication. These services must be medically necessary, documented in the facilities' records, and prior authorized.

G. Public providers

Public providers are paid in accordance with the methodology described in Attachment 4.19-B, page 13e.

H. Out of state services

Reimbursement for out-of-state placements shall be made in the same manner as in-state providers. In the event that comparable services cannot be purchased from an out-of-state provider, a rate may be negotiated that is acceptable to both parties. The rate will generally be the lesser of usual and customary charges or the Medicaid rate in the state in which services are provided. Reimbursement shall not be made for private PRTF services provided out of state unless the services are medically necessary, and are not available within the State and prior authorization has been granted.

Revised 12/01/13

TN# 1322 Approval Date 3-26-13 Effective Date 12-1-2013
 Supersedes
 TN# 1076

STATE	<u>Oklahoma</u>
DATE REC'D	<u>12-30-2013</u>
DATE APPV'D	<u>MAR 26 2014</u>
DATE EFF	<u>12-1-2013</u>
INDEX	<u>179 1322</u>