

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14-25

This file contains the following documents in the order listed:

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

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

December 16, 2014

Dr. Garth Splinter
State Medicaid Director
Oklahoma Health Care Authority
4345 North Lincoln Blvd.
Oklahoma City, OK, 73105

Our Reference: SPA OK 14-0025

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-0025, dated September 30, 2014. This state plan amendment eliminates hospital leave days for both nursing facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs).

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of July 1, 2014. 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 redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Cc: Tywanda Cox

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 4 - 2 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 July 1, 2014
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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 447.40	7. FEDERAL BUDGET IMPACT a. FFY 2014 (251,593) b. FFY 2015 (1,006,374)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-C, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same Page, Revised 03-01-02, TN # 02-01
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10. SUBJECT OF AMENDMENT


Eliminating hospital leave days for nursing facilities and ICF/IIDs

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: Cindy Roberts 4345 N. Lincoln Oklahoma City, OK 73105
13. TYPED NAME Nico Gomez	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED September 29, 2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED September 30, 2014	18. DATE APPROVED December 16, 2014

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2014	20. SIGNATURE 

21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid and Children's Health
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23. REMARKS

c: Nico Gomez
Cindy Roberts
Tywanda Cox

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: OKLAHOMA

Payment for Reserved Beds in Long-Term Care Facilities

Payments are made to reserve a bed during a recipient's temporary absence from a nursing facility or an ICF/IID facility pursuant to the provisions of 42CFR 447.40.

Effective for services on or after July 1, 2014, payment is not made to a nursing facility for hospital leave days. Therapeutic leave days are limited to seven (7) days per calendar year.

Payment will be made at fifty (50) percent of the established rate for nursing facility services for therapeutic leave days.

Payment is made to reserve a bed in an intermediate care facility for individuals with intellectual disabilities (other than periods of inpatient hospitalization). Payments are made for therapeutic leave days not to exceed a maximum of 14 consecutive days per absence, with a maximum of 60 days in a calendar year for ICF/IID recipients.

Payment for therapeutic leave days will be made at seventy-five (75) percent of the established rate, for therapeutic leave days for ICF/IID facilities.

State: Oklahoma
Date Received: 9/30/14
Date approved: 12/16/14
Date Effective: 7/01/14
Transmittal Number: OK 14-0025

Revised 07-01-14

TN# 14-0025
Supersedes
TN# 02-01

Approval Date 12-16-14

Effective Date 07-01-14