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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 17-0007

This file contains the following documents in the order listed:

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

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

September 15, 2017

Our Reference: SPA OK 17-07

Becky Pasternik-Ikard Chief Executive Officer 4345 N. Lincoln Blvd. Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 17-07, with an effective date of July 1, 2017. This amendment was submitted to revise coverage language in order to increase access and utilization of Long Acting Reversible Contraceptives (LARC). This will result in a budgetary net savings of \$1,123,875 for Federal Fiscal Year (FFY) 2017 and \$4,392,750 for FFY 2018.

This letter affirms that OK 17-07 is approved effective July 1, 2017 as requested by the State. We are enclosing the HCFA-179 and the following amended plan pages.

o Attachment 3.1-A, Page 2a-1

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at <u>stacey.shuman@cms.hhs.gov</u>.

Sincerely,

for

Bill Brooks Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas Stacey Shuman, DMCH Dallas Rachel Dressel, CMS Baltimore

	FORM APPROVED		
CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE		
TRANSMITTAL AND NOTICE OF APPROVAL O	DF 1 7 - 0 7 Oklahoma		
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICI	ES SECURITY ACT (MEDICAID		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2017		
5. TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN AMENDMENT TO BE CON	SIDERED AS A NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AN	IENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$ (\$1,123,875)		
42 CFR 440.250 (c) & 42 CFR 441.20	b. FFY 2018 \$ (\$4,392,750)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
	OR ATTACHMENT (If Applicable)		
Attachment 3.1-A Page 2a-1	Attachment 3.1-A Page 2a-1, TN # 15-01		
10. SUBJECT OF AMENDMENT	·		
Long esting reversible contracentives (LADC)			
Long acting reversible contraceptives (LARC)			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT	X 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	16. RETURN TO		
O LOUCOLLO D			
13. TYPED NAME	Oklahoma Health Care Authority		
Becky Pasternik-Ikard	Attn: Tywanda Cox 4345 N. Lincoln Blvd		
Chief Executive Officer	Oklahoma City, OK 73105		
15. DATE SUBMITTED			
July 31, 2017			
FOR REGIONAL 17. DATE RECEIVED	OFFICE USE ONLY 18. DATE APPROVED		
31 July, 2017	5 September, 2017		
PLAN APPROVED -	ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL	FFICIAL		
1 July, 2017	for		
21. TYPED NAME	TITLE Associate Regional Administrator (ARA)		
Bill Brooks	ivision of Medicaid and Children's Health (DNCH)		
23. REMARKS			
c: Becky Pasternik-Ikard Tywanda Cox			
FORM CMS-179 (07/92)			

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

Family Planning Services

4.c. Family Planning Service Limitations

- (1) Sterilizations including non-emergency and elective sterilizations are covered only when all the requirements of 42 CFR 441.2, Subpart F are met.
- (2) Hysterectomies require an acknowledgement of the sterilization results of the hysterectomy signed by the recipient or her representative prior to the operation.
- (3) Family planning services and supplies are covered for individuals of childbearing age as medically appropriate and medically necessary.

State: Oklahoma Date Received: 31 July, 2017 Date Approved: 15 September, 2017 Effective Date: 1 July, 2017 Transmittal Number: 17-07

Revised 07-01-2017

TN#	Approved Date	9/15/17	Effective Date_	7/1/17
Supersedes TN#15-01				