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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 17-0013

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**

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November 28, 2017

Our Reference: SPA OK 17-013

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. 17-013, with an effective date of September 1, 2017. This amendment was submitted to decrease the amount of allowable units of Standard Behavioral Health Targeted Case Management.

This letter affirms that OK 17-013 is approved effective September 1, 2017 as requested by the State.

We are enclosing the CMS-179 and the following amended plan pages.

- o Supplement 1 to Attachment 3.1-A, Page 1g

If you have any questions, you may contact Stacey Shuman at 214-767-6479, or by email at [stacey.shuman@cms.hhs.gov](mailto:stacey.shuman@cms.hhs.gov).

Sincerely,



Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas  
Stacey Shuman, DMCH Dallas  
Erick Carrera, CMS Baltimore  
Chris Thompson, CMS Baltimore

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**1 7 - 1 3**

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  
**September 1, 2017**

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 440.169**

7. FEDERAL BUDGET IMPACT  
a. FFY 2017 **(\$633,991)**  
b. FFY 2018 **(\$7,450,825)**


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Supplement 1 to Attachment 3.1-A, Page 1g**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Supplement 1 to Attachment 3.1-A, Page 1g, TN 13-1**

10. SUBJECT OF AMENDMENT  
  
**Limitation of Standard Behavioral Health Targeted Case Management (TCM) Units**

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  
**Becky Pasternik-Ikard**

14. TITLE  
**Chief Executive Officer**

15. DATE SUBMITTED  
**September 29, 2017**

16. RETURN TO  
  
**Oklahoma Health Care Authority  
Attn: Tywanda Cox  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105**


**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
**29 September, 2017**

18. DATE APPROVED  
**28 November, 2017**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**1 September, 2017**

20. SIGN  


21. TYPED NAME  
**Bill Brooks**

22. TITLE  
**Associate Regional Administrator, Division of Medicaid and Children's Health (DMCH)**

23. REMARKS  
c: **Becky Pasternik-Ikard  
Tywanda Cox**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**CASE MANAGEMENT SERVICES** *(continued)*

**Target Group: Chronically and/or severely mentally ill age 18 years and older or children who are at imminent risk of out-of home placement due to psychiatric or substance abuse reasons.**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

- Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Limitations:

- Case management does not include the following:
  - Activities not consistent with the definition of case management services under Section 6052 of the Deficit Reduction Act (DRA); the direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred. (2001 SMD)
  - Activities integral to the administration of foster care programs. (2001 SMD); and
  - Activities for which third parties are liable to pay. (2001 SMD)
- The State assures that individuals meeting provider qualifications under the plan to provide case management as well as other direct medical, educational, social or other services for which an eligible individual has been referred will not provide both case management and direct services to the same individual.
- Effective for services provided on or after 09-01-17, standard case management will be limited to 16 units per member per year. Additional units may be authorized for members that meet established medical necessity criteria.

State: OKLAHOMA  
 Date Received: 29, September, 2017  
 Date Approved: 28 November, 2017  
 Effective Date: 1 September, 2017  
 Transmittal Number: 17-013

Revised 09-01-17

TN # 17-013

Approval Date 11/28/17

Effective Date 9/1/17

Supersedes TN # 13-13