Table of Contents

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

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:

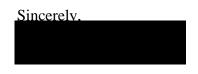
Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 17-013, with an effective date of September 1, 2017. This amendment was submitted to decrease the amount of allowable units of Standard Behavioral Health Targeted Case Management.

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.

• 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.



Associate Regional Administrator

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

	1. TR	ANSMITTAL NUMBER		2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL O	OF 1	7 - 1	3	Oklahoma	
STATE PLAN MATERIAL		ROGRAM IDENTIFICA	-		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE		CURITY ACT (MEDIC			
TO: REGIONAL ADMINISTRATOR	4 DI	ROPOSED EFFECTIVE			
CENTERS FOR MEDICARE & MEDICAID SERVICES	4. FI	KOPUSED EFFECTIVE	DATE		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Se	eptember 1, 2017			
5. TYPE OF PLAN MATERIAL (Check One)					
NEW STATE PLAN AMENDMENT TO BE CONS	ISIDERED AS	A NEW PLAN	X	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI	MENDMENT (Separate transmittal for	each amendr	nent)	
6. FEDERAL STATUTE/REGULATION CITATION		EDERAL BUDGET IMP	-		
42 CFR 440.169		FFY <u>2017</u>	<u>(\$633,9</u>		
		FFY <u>2018</u>	<u>(\$7,450</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	-	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)			
	Or		plicable)		
Supplement 1 to Attachment 3.1-A, Page 1g	S	upplement 1 to Atta	chment 3.1	I-A, Page 1g, TN 13-1	
	_			,	
10. SUBJECT OF AMENDMENT					
Limitation of Standard Behavioral Health Targeted Case	e Managem	ent (TCM) Units			
6	U	()			
11. GOVERNOR'S REVIEW (Check One)					
GOVERNOR'S OFFICE REPORTED NO COMMENT		X OTHER, AS SPEC	IFIED		
	l	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			
12. GIONATORE OF GTATE AGENOT OFFICIAE	10.1				
		Oklaha		Cara Authority	
13. TYPED NAME				Care Authority	
Becky Pasternik-Ikard		Attn: Tywanda Cox 4345 N. Lincoln Blvd.			
14. TITLE				OK 73105	
Chief Executive Officer		Onic	inoma ony,		
15. DATE SUBMITTED					
September 29, 2017 FOR REGIONAL C	OFFICE USE	ONLY			
	18. DATE AF				
29 September, 2017	28 Nove	mber, 2017			
PLAN APPROVED - C	ONE COPY A				
19. EFFECTIVE DATE OF APPROVED MATERIAL 2	20. SIGN				
1 September, 2017					
	22. TITLE				
		e Regional Admini	strator, Divi	sion of Medicaid and	
Bill Brooks	Children	's Health (DMCH)			
23. REMARKS					
c: Becky Pasternik-Ikard					
Tywanda Cox					
EOPM CMS-170 (07/02)					
FORM CMS-179 (07/92)					

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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:

2017

Effective Date: 1 September, Transmittal Number: 17-013

Date Received: 29, September, 2017 Date Approved: 28 November, 2017

tate: **OKLAHOMA**

- 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.

Revised 09-01-17

TN # 17-013 Approval Date 11/28/17 Effective Date9/1/17	
---	--

Supersedes TN #____13-13