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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 18-0007

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**

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August 16, 2018

Our Reference: SPA OK 18-0007

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. 18-0007, with an effective date of September 1, 2018. This amendment was submitted to add Accreditation Commission for Health Care (ACHC) as an additional accreditation option for outpatient behavioral health organizations.

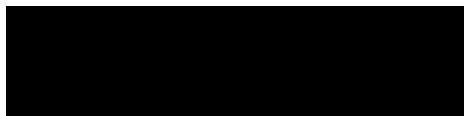
This letter affirms that OK 18-0007 is approved effective September 1, 2018 as requested by the State.

We are enclosing the CMS-179 and the following amended plan page:

- o Attachment 3.1-A, Page 6a-1.1

If you have any questions regarding this matter 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,



Bill Brooks  
Associate Regional Administrator

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 8 - 0 7</b>	2. STATE <b>Oklahoma</b>
	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 <b>September 1, 2018</b>
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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 <b>42 CFR 440.130(d)</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>2018</u> \$ <u>0</u> b. FFY <u>2019</u> \$ <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Page 6a-1.1</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Attachment 3.1-A, Page 6a-1.1, TN 13-07</b>
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10. SUBJECT OF AMENDMENT

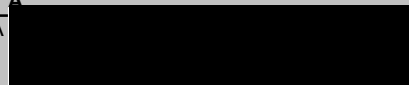
**Adding Accreditation Commission for Health Care (ACHC) as an additional accreditation option for outpatient behavior health organizations**

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  <b>Oklahoma Health Care Authority Attn: Tywanda Cox 4345 N. Lincoln Blvd. Oklahoma City, OK 73105</b>
13. TYPED NAME <b>Becky Pasternik-Ikard</b>	
14. TITLE <b>Chief Executive Officer</b>	
15. DATE SUBMITTED <b>May 23, 2018</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>May 23, 2018</b>	18. DATE APPROVED <b>August 16, 2018</b>

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>September 1, 2018</b>	20. SIGNATURE 
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21. TYPED NAME <b>Bill Brooks</b>	22. TITLE <b>Associate Regional Administrator (ARA), Division of Medical and Children's Health</b>
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23. REMARKS

c: **Becky Pasternik-Ikard  
Tywanda Cox**

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

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**13.d. Rehabilitative Services 42 CFR 440.130(d)**

**13.d.1. Outpatient Behavioral Health Services** – Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized service plan developed to treat the identified mental health and/or substance abuse disorder(s).

**A. Eligible Providers**

Community-based outpatient behavioral health organizations that have a current accreditation status as a provider of behavioral health services from the Commission on the Accreditation of Rehabilitative Facilities (CARF), the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), Accreditation Commission for Health Care (ACHC), or certification from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in accordance with State Statute. Providers accredited by CARF, JCAHO, COA, ACHC, or certified by ODMHSAS must be able to demonstrate that the scope of the current accreditation or certification includes all programs, services, and sites where Medicaid compensated services are rendered.

**B. Provider Specialties**

**1. Public Programs** – Public programs are those organizations that contract directly with the OHCA and are regionally based community mental health centers (CMHCs) and the organizations contracted with ODMHSAS. A provider may be eligible to provide Mental Health and/or Substance Abuse treatment services according to their accreditation and/or certification.

**2. Private Programs** – Private programs are those organizations that contract directly with the OHCA and who have no contractual relationship with the ODMHSAS for the provision of Outpatient Behavioral Health services. A provider may be eligible to provide Mental Health and/or Substance Abuse treatment services according to their accreditation and/or certification.

<p>State: Oklahoma  Date Received: 23 May, 2018  Date Approved: 16 August, 2018  Effective Date: 1 September, 2018  Transmittal Number: 18-07</p>
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Revised 09-01-18

TN# 18-07Approval Date 08/16/2018Effective Date 09/01/2018Supersedes TN# 13-07