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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-0015 MACPRO

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved
Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street
Dallas, Texas 75202



Regional Operations Group

June 21, 2019

Our Reference: SPA OK 19-0015

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

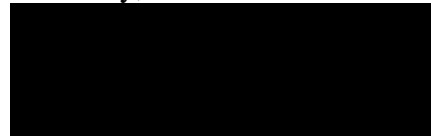
Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0015, with an effective date of January 1, 2019. This amendment was submitted to update the organizational structure and functions within the agency, reflecting current practice.

This letter affirms that OK 19-0015 is approved effective January 1, 2019 as requested by the State.

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.

Sincerely,




Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

Cc: Billy Bob Farrell, Branch Manager
Sarah Spector, CMS Baltimore
Mario Ramsey, CMS Baltimore

CMS-10434 OMB 0938-1188

Package Information

Package ID	OK2019MS00050	Submission Type	Official
Program Name	N/A	State	OK
SPA ID	OK-19-0015	Region	Dallas, TX
Version Number	4	Package Status	Approved
Submitted By	Sandra Puebla	Submission Date	3/29/2019
Package Disposition		Approval Date	6/21/2019 2:47 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 Dallas Regional Office
 1301 Young Street, Suite 833
 Dallas, TX 75202



Division of Medicaid and Children's Health Operations

June 21, 2019

Becky Pasternik-Ikard
 Chief Executive Officer / State Medicaid Director
 Oklahoma Health Care Authority
 4345 N Lincoln Blvd
 Oklahoma City, OK 73105

Re: Approval of State Plan Amendment OK-19-0015

Dear Becky Pasternik-Ikard:

On March 29, 2019, the Centers for Medicare and Medicaid Services (CMS) received Oklahoma State Plan Amendment (SPA) OK-19-0015 to the purpose of this amendment is to update the organizational structure and functions within the Agency, and to reflect current practice..

We approve Oklahoma State Plan Amendment (SPA) OK-19-0015 on June 21, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Stacey Shuman at 2147676479 or stacey.shuman@cms.hhs.gov.

Sincerely,
 Bill Brooks
 Director
 Centers for Medicaid & CHIP
 Services
 Regional Operations Group
 Division of Medicaid and
 Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

Package Header

Package ID	OK2019MS00050	SPA ID	OK-19-0015
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	6/21/2019	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Oklahoma
Medicaid Agency Name: Oklahoma Health Care Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID OK-19-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	1/1/2019	OK-13-0019
Intergovernmental Cooperation Act Waivers	1/1/2019	OK-13-0019
Eligibility Determinations and Fair Hearings	1/1/2019	OK-13-0019
Organization and Administration	1/1/2019	OK-13-0019
Single State Agency Assurances	1/1/2019	OK-13-0019

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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Superseded SPA ID N/A	

Executive Summary

Summary Description Including Goals and Objectives An amendment to the State Plan is needed to update the organizational structure and functions within the Agency. The State Plan amendment is necessary to reflect current practice.

OK SPA 19-0015 supersedes OK SPA 13-0019.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 431.10; 42 CFR 431.11; Section 1902(a)(4) and (5) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor does not review State Plan materials/submissions.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism


Date of Email or other electronic notification: Dec 20, 2018

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: Agency's public website blog posting with web alerts


- Website Notice
- Public Hearing or Meeting
- Other method

Name of method:	Date:	Description:
Posting of proposed SPA language on Medicaid Agency's website	3/5/2019	A blog posting was created on the Medicaid Agency's proposed policy changes website at http://okhca.org/PolicyBlog.aspx . The general public was informed of the change, could review proposed SPA language, and provide public comment through the website.

Upload copies of public notices and other documents used

Name	Date Created	
Blog posting Screenshot	5/8/2019 6:29 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
OK SPA 19-0015 Administration Organization Update Public Comments	3/28/2019 3:46 PM EDT	

Indicate the key issues raised during the public comment period (optional)

- Access

- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: This SPA is making changes to the administration structure of the OHCA as it relates divisions and their individual duties within the organization.

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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Package ID	OK2019MS00050	SPA ID	OK-19-0015
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Superseded SPA ID	OK-13-0019		
	User-Entered		

A. Single State Agency

1. State Name: Oklahoma

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Oklahoma Health Care Authority (OHCA)

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
OK SPA 19-0015 Administration Organization Update Attorney General Cert	3/29/2019 3:30 PM EDT	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.

2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

a. The single state agency supervises the administration through counties or local government entities.

b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.

c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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D. Additional information (optional)

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver - Oklahoma Department of Human Services (DHS)

1. Name of state agency to which responsibility is delegated:

Oklahoma Department of Human Services (DHS)

2. Date waiver granted:

6/13/2016

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

Oklahoma Health Care Authority (OHCA) delegates the authority to conduct fair hearings and issue final hearing decisions related to eligibility of non-MAGI individuals to Oklahoma Department of Human Services (DHS). Hearings are conducted by Administrative Law Judges who are employees of DHS. Fair hearing decisions by the DHS Administrative Law Judges may be appealed to the DHS agency director for a final decision. The Medicaid beneficiary can then file suit in district court for a review of the record.

The parties to this waiver acknowledge that the OHCA delegates the authority to make final decisions regarding designated applicants and beneficiaries as defined in the Interagency Agreement between the OHCA and the DHS. The agreement also defines the respective relationships between the OHCA and the DHS including implementation of 42 C.F.R. section 431, subpart E, and any quality control and oversight that is planned.

The DHS acknowledges and agrees in writing that it will act as a neutral and impartial decision-maker on behalf of the Medicaid agency in adjudicating all Medicaid cases and that it will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
 - ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

Yes

No

7. Additional methods for coordinating responsibilities among the agencies (optional):

Intergovernmental Cooperation Act Waivers

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B. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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	User-Entered		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
 - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
 - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - iii. The Social Security Administration determines Medicaid eligibility for:
 - (1) SSI beneficiaries
 - (2) Optional state supplement recipients
 - iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

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B. Fair Hearings (including any delegations)

The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

a. Medicaid agency

b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.

c. Local governmental entities

d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
- No

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The OHCA operates the state's Medicaid program. The OHCA is organized in seven different divisions with specified responsibilities. Each division reports to a specific chief, deputy, or director. Eligibility rules are written and maintained by the agency's Federal and State Authorities department, a subset of the Legal & Federal and State Authorities division. Changes to eligibility policy must be approved by OHCA's Board of Directors and the State Legislature. The OHCA is responsible for all eligibility determinations, except Aged, Blind, and Disabled (ABD) and long term care applicants. Oklahoma since 2010, has offered an online eligibility system, which presently serves MAGI populations. The OHCA Enrollment Automation and Data Integrity group have responsibility for online enrollment as well as the Eligibility and Recipient subsystems of the Medicaid Management Information System (MMIS). This group ensures that eligibility policy is the basis for systematic application processing and eligibility determinations, and is housed in the Business Operations department, which reports to the Chief Executive Officer. Additionally, the Member Services department, located in the SoonerCare Operations division under the direction of the Deputy State Medicaid Director, is in constant contact with members, providers, and other stakeholders such as the legislature, and the Oklahoma Department of Human Services (DHS). The DHS is responsible for ABD eligibility determinations and any fair hearings regarding these determinations. The OHCA eligibility fair hearings functions reside with the Administrative Law Judge (ALJ) of the Business and Resource Services division. In summary, four different unrelated departments (Federal and State Authorities, Enrollment Automation and Data Integrity, Member Services, and Business and Resource Services) within the agency are involved in the eligibility determination and fair hearing process.

b. Fair Hearings (including expedited fair hearings)

Within the OHCA, fair hearings are conducted by the ALJ, an OHCA employee located in Business and Resource Services, apart from the Legal & Federal and State Authorities division. The ALJ independently renders a decision based on the preponderance of the evidence as governed by the written agreements. The OHCA fair hearing system does not provide for an agency hearing prior to review by an Administrative Law Judge. The scope of the hearings conducted by the ALJ includes hearings related to benefits and services, fair hearing of MAGI-based eligibility determinations in addition to fair hearing of eligibility and services for the ADvantage home and community-based waiver population. An additional appeal with the OHCA Executive Officer is available.

Per the ICA waiver, the DHS is responsible for any fair hearings regarding aged, blind, disabled (ABD) eligibility determinations.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Deputy State Medicaid Director establishes and maintains day-to-day operations of the Medicaid program. The position directs and supervises certain operational divisions of the agency. These include the following units: Population Care Management, Health Care Systems Innovations, Provider/Medical Home Services, Member Services, Provider Services, Insure Oklahoma, Pharmacy Services, and Behavioral Health Services.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The General Counsel/Chief of Legal & Federal and State Authorities is responsible for the direction, coordination and management of all phases of Legal Services and policy development of the agency. The division includes the following units: Provider Enrollment, Legal Services, and Federal and State Authorities (policy development and federal authorities).

e. Administration, including budget, legal counsel

The Deputy CEO is responsible for multiple departments in a division called Business and Resource Services. The division includes the following departments: Communications, Planning and Project Management Office, Program Integrity and Accountability, and Quality Assurance (Q/A) and Community Living Services, and the Administrative Law Judge.

The Chief Financial Officer (CFO) is responsible for directing, coordinating and managing all phases of the multi-functional Finance division of the agency. The CFO directly oversees the operations, adequacy and soundness of the agency's fiscal structure. The Finance division includes the following units: Purchasing and Contracts Development, Financial Management, General Accounting/Budget and Fiscal Planning, Financial Resources, Financial Accountability and Compliance, Provider Rates and Analysis.

The Director of Human Resources and Administrative Services for the Human Resources division including employee training as well as the direction, coordination, and management of Administrative Services including the front desk, mail room, maintenance, and records.

f. Financial management, including processing of provider claims and other health care financing

The Chief Financial Officer (CFO) is responsible for directing, coordinating and managing all phases of the multi-functional Finance division of the agency. The CFO directly oversees the operations, adequacy and soundness of the agency's fiscal structure. The Finance division includes the following units: Purchasing and Contracts Development, Financial Management, General Accounting/Budget and Fiscal Planning, Financial Resources, Financial Accountability and Compliance, Provider Rates and Analysis.


The Chief Medical Officer is responsible the direction, coordination, and management of all phases of the following units: Quality Assurance and Quality Improvement (QA/QI) SoonerCare Compliance, Medical Support Services, Medical Authorization and Review, Coding Integrity and Reporting, Medical, and Dental.

g. Systems administration, including MMIS, eligibility systems

The Chief of Business Operations is responsible for the direction, coordination, and management of the OHCA's information systems. The division includes the following units: Technical Support, Enrollment Automation and Data Integrity, Electronic Customer Relations, Performance and Electronic Processes, Electronic Health Operations, Security Governance, and the Privacy Officer.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
OK SPA 19-0015 Administration Organization Update - Org Chart 5.29.19	5/29/2019 6:45 PM EDT	

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OK2019MS00050 | OK-19-0015

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

Single state agency under Title IV-A (TANF)

Description of the functions the delegated entity performs in carrying out its responsibilities:

The Oklahoma Department of Human Services (DHS) is responsible for ABD eligibility determinations and any fair hearings regarding these determinations

Organization and Administration

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- Yes
- No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Oklahoma Department of Mental Health and Substance Abuse Services	The Oklahoma Department of Mental Health and Substance Abuse Services is responsible for providing public health services relating to mental illness and substance abuse. ODMHSAS supports a continuum of programs from community-based treatment and case management to acute inpatient care.
Oklahoma Department of Rehabilitative Services	The Oklahoma Department of Rehabilitative Services expands opportunities for employment, independent life and economic self-sufficiency by helping Oklahomans with disabilities bridge barriers to success in the workplace, school and at home. ODRS is comprised of five program divisions: Vocational Rehabilitation Division, Visual Services Division, Disability Determination Division, Oklahoma School for the Deaf, and Oklahoma School for the Blind.
Oklahoma Office of Juvenile Affairs	The Oklahoma Office of Juvenile Affairs is responsible for planning and coordinating statewide juvenile justice and delinquency prevention services. OJA is also responsible for operating juvenile correctional facilities in the State.

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Oklahoma State Department of Health	The Oklahoma State Department of Health leads the state in strategic planning to become a healthier state. This agency is also a public health provider. OHCA and OSDH collaborate and interact on matters related to family planning, child wellness, and performance improvement initiatives.

Organization and Administration

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F. Additional information (optional)

The Governor is the Chief Executive Officer of the State of Oklahoma. Within 45 days of taking office, the governor is allowed to create his/her own cabinet, with anywhere from no less than 10 but no more than 15 Secretaries representing all the branches of state government.

The OHCA is under the Governor's Cabinet Secretary for Health and Human Services and has extensive working relationships with the other state agencies that provide health, human services, and public assistance. In addition to the OHCA, this includes the Oklahoma State Department of Health, the Oklahoma Department of Human Services, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Department of Rehabilitative Services, and Oklahoma Office of Juvenile Affairs.

Medicaid State Plan Administration

Organization

Single State Agency Assurances

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 6/27/2019 1:45 PM EDT