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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-031-A

This file contains the following documents in the order listed:

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



Regional Operations Group

December 2, 2019

Our Reference: SPA OK 19-0031A

Melody Anthony
State Medicaid Director
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0031A, with an effective date of October 1, 2019. This amendment was submitted to increase the personal needs allowance for residents of Nursing Facilities (NF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) to \$75.00 per month per resident.

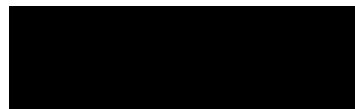
This letter affirms that OK 19-0031A is approved effective October 1, 2019 as requested by the State.

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

- Attachment 2.6-A, Page 4

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
Katherine Berland, CMS Baltimore

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

1. TRANSMITTAL NUMBER <u>1</u> <u>9</u> — <u>00</u> <u>31</u> <u>A</u>	2. STATE Oklahoma
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2019	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS 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 § 440.155	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 2,777,733 b. FFY 2021 \$ 2,854,975
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.6-A, Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 2.6-A, Page 4; TN # 00-17

10. SUBJECT OF AMENDMENT

Increase the personal needs allowance (PNA) for residents of nursing homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) to seventy-five dollars (\$75.00) per month per resident

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Maria Maule 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Melody Anthony	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED October 2, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 10/02/2019	18. DATE APPROVED 12/02/2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Director, Centers for Medicaid and CHIP Services Regional Operations Group (ROG)

23. REMARKS

Citation(s)	Condition or Requirement
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42 CFR § 435.725 435.733 435.832	<p>B. Post Eligibility Treatment of Institutionalized Individuals</p> <p>The following amounts are deducted from gross income when computing the application of an individual's or couples</p> <p>1. Personal Needs Allowance.</p> <p style="margin-left: 20px;">a. Aged, blind, disabled - -</p> <p style="margin-left: 40px;">Individuals <u>\$75.00</u> *</p> <p style="margin-left: 40px;">Couples <u>\$75.00 each person</u></p> <p style="margin-left: 40px;">For the following individuals with greater need - -</p> <p style="margin-left: 20px;">b. AFDC related - -</p> <p style="margin-left: 40px;">Children <u>\$75.00</u></p> <p style="margin-left: 40px;">Adults <u>\$75.00</u></p> <p style="margin-left: 20px;">c. Individuals under age 21 covered in the plan as specified in Item 8.7. of <u>ATTACHMENT 2.2-A.</u> <u>\$75.00.</u></p> <p>2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of - -</p> <table border="0" style="margin-left: 40px; width: 60%;"> <tr> <td>SSI level</td> <td>\$ _____</td> </tr> <tr> <td>SSP level</td> <td>\$ _____</td> </tr> <tr> <td>Medical needy level</td> <td>\$ _____</td> </tr> <tr> <td>Other as follows</td> <td><u>\$See Attachment 2.6-A,</u> <u>Page 9a</u></td> </tr> </table>	SSI level	\$ _____	SSP level	\$ _____	Medical needy level	\$ _____	Other as follows	<u>\$See Attachment 2.6-A,</u> <u>Page 9a</u>
SSI level	\$ _____								
SSP level	\$ _____								
Medical needy level	\$ _____								
Other as follows	<u>\$See Attachment 2.6-A,</u> <u>Page 9a</u>								

*For individuals receiving a VA pension limited to \$90.00 per month under section 8003 of P.L. 101-508, the personal needs allowance is the greater of the amount permitted to be paid under section 8003 (up to \$90) and the amount specified in this section.

State: Oklahoma
 Date Received: 2 October, 2019
 Date Approved: 2 December, 2019
 Effective Date: 1 October, 2019
 Transmittal Number: OK 19-0031A

Revised 10-01-19

TN #: <u>OK 19-0031A</u>	Approval Date: <u>12/02/2019</u>	Effective Date: <u>10/01/2019</u>
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Supersedes TN #: OK-0017