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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-0036

This file contains the following documents in the order listed:

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



Regional Operations Group

November 25, 2019

Our Reference: SPA OK 19-0036

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. 19-0036, with an effective date of October 1, 2019. This amendment was submitted to increase the rate for State Plan personal care services by four percent.

This letter affirms that OK 19-0036 is approved effective October 1, 2019 as requested by the State.

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

- Attachment 4.19-B, Page 11

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,

//s//

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

Cc: Billy Bob Farrell, Branch Manager
Tia Lyles, 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>0</u> <u>0</u> <u>36</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 440.167	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ \$83,854 b. FFY 2021 \$ \$80,843
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B, Page 11 TN # 18-0038

10. SUBJECT OF AMENDMENT

State Plan Personal Care Services 4% Rate Increase

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 <i>//s//</i>	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 10/4/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 10/04/2019	18. DATE APPROVED 11/25/2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2019	20. SIGNATURE OF REGIONAL OFFICIAL <i>//s//</i>
21. TYPED NAME Bill Brooks	22. TITLE Director, Centers for Medicaid & CHIP Services Regional Operations Group

23. REMARKS

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

Payment for personal care services

The rate for personal care services is based on a 15 minute unit. Payment is made at the most current fee schedule amount.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the services. The agency's personal care fee schedule rates were set as of October 1, 2019 and are effective for services provided on or after that date. All rates are published on the Agency's website: www.okhca.org/feeschedules.

State: Oklahoma
Date Received: 4 October, 2019
Date Approved: 25 November, 2019
Effective Date: 1 October, 2019
Transmittal Number: 19-0036

Revised 10-01-19

TN# 19-0036 Approval Date 11/25/2019 Effective Date 10/01/2019

Supersedes TN# 18-0038