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State/Territory Name: OK

State Plan Amendment (SPA) #: 20-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

February 14, 2020

Melody Anthony, State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard
Oklahoma City, OK 73105

Re: SPA OK 20-0003

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 20-0003, with an effective date of January 1, 2020. This amendment was submitted to establish coverage and reimbursement for Diabetes Self-management Training (DSMT) services.

This letter affirms that OK 20-0003 was approved February 4, 2020, with an effective date of January 1, 2020, as requested by the State.

We are also including the CMS 179 and the following new or amended pages to be incorporated into the Oklahoma State Plan:

- Attachment 3.1-A, Page 3a-1b
- Attachment 4.19-B, Introduction, Page 2
- Attachment 4.19-B, Page 43

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,

2/14/2020

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible to the right of the redaction box.

James G. Scott, Director
Division of Program Operations

Signed by: James G. Scott -S

Enclosures

cc:

Megan Buck, Branch Manager
Sandra Puebla, Oklahoma Health Care Authority

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

1. TRANSMITTAL NUMBER <u>2</u> <u>0</u> — <u>0</u> <u>0</u> <u>03</u>	2. STATE Oklahoma
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2020	

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*)

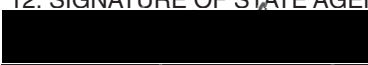
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 108,048 b. FFY 2021 \$ 148,363
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 3a-1b Attachment 4.19-B, Introduction, Page 2 Attachment 4.19-B, Page 43	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Att. 3.1-A, Page 3a-1b; TN # 17-04 Att. 4.19-B, Intro., Page 2; TN # 19-0034 Att.4.19-B, Page 43; NEW

10. SUBJECT OF AMENDMENT

Establishment of coverage and reimbursement for Diabetes Self-management Training (DSMT) services

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 November 8, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED November 8, 2019	18. DATE APPROVED February 4, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2020	
21. TYPED NAME James G. Scott	Director, Division of Program Operations

23. REMARKS

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

6d. Other Practitioners' Services *(continued)*

- H. **Genetic Counseling Services** – In accordance with 42 CFR 440.60, payment is made for genetic counseling services when provided by licensed genetic counselors to members for whom it is medically necessary.

- I. **Diabetes Self-management Training (DSMT) Services** – Payment is made for services provided by a Registered Dietician (RD), Registered Nurse (RN), or Pharmacist who is licensed, in good standing in the state in which s/he practices, and is a Certified Diabetes Educator (CDE).

Revised 01-01-20

TN# 20-0003

Approval Date 02/04/2020

Effective Date 01/01/2020

Supersedes TN# 17-0004

DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES**Effective Dates for Reimbursement Rates for Specified Services:** *(continued)*

Service	State Plan Page	Effective Date
4.b. EPSDT (continued) • Other Practitioner – Applied Behavior Analysis (ABA) Services	Attachment 4.19-B, Page 28.13	July 1, 2019
Christian Science Nurses	Attachment 4.19-B, Page 28.5	October 1, 2019
Dentures	Attachment 4.19-B, Page 28.6	October 1, 2019
Respiratory Care	Attachment 4.19-B, Page 28.7	October 1, 2019
Private Duty Nursing Services	Attachment 4.19-B, Page 28.8	October 1, 2019
Physical Therapist	Attachment 4.19-B, Page 28.9	October 1, 2019
Occupational Therapist	Attachment 4.19-B, Page 28.10	October 1, 2019
Christian Science Sanatoria	Attachment 4.19-B, Page 28.11	October 1, 2018
Other Practitioner – Licensed Clinical Social Worker	Attachment 4.19-B, Page 28.12	October 1, 2019
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services	Attachment 4.19-B, Page 32	October 1, 2019
Diabetes Self-management Training (DSMT) Services	Attachment 4.19-B, Page 43	January 1, 2020

Revised 01-01-20

TN# 20-0003Approval Date 02/04/2020Effective Date 01/01/2020Supersedes TN# 19-0034

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

Diabetes Self-management Training (DSMT) Services

Payment is made for DSMT services in accordance with the methodology described in Attachment 4.19-B, Page 3.

New 01-01-20

TN# 20-0003

Approval Date 02/04/2020

Effective Date 01/01/2020

Supersedes TN# None -- NEW PAGE