

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 20-0012**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Medicaid & CHIP Operations Group**

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August 17, 2020

Melody Anthony  
State Medicaid Director  
Oklahoma Health Care Authority  
Oklahoma City, OK 73105

Dear Ms. Anthony:

On June 5, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 20-0012. This SPA was submitted to increase the number of covered inpatient rehabilitation hospital days for adult SoonerCare members from 24 days per state fiscal year to 90 days per state fiscal year.

We are pleased to inform you that SPA 20-0012 was approved on August 14, 2020, with an effective date of September 1, 2020, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Oklahoma State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at [Deborah.read@cms.hhs.gov](mailto:Deborah.read@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Kasie McCarty, Oklahoma Health Care Authority  
Megan Buck, Program Branch Manager

**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>12</u>	2. STATE Oklahoma
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE September 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

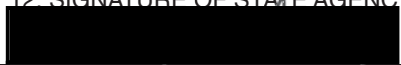
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 412.604	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 64,918 b. FFY 2021 \$ 779,021
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 1a-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) Attachment 3.1-A, Page 1a-1; TN# 03-10

10. SUBJECT OF AMENDMENT  
OK SPA 20-0012 revises Attachment 3.1-A, Page 1a-1 to increase the number of covered inpatient rehabilitation hospital days for adult SoonerCare members from 24 days per state fiscal year to 90 days per state fiscal year

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

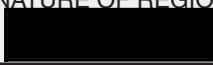
- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Traylor Rains 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Melody Anthony	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED 6/5/2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED June 5, 2020	18. DATE APPROVED August 14, 2020
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Medicaid and CHIP Operations Group

23. REMARKS

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

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1. Inpatient hospital services other than those provided in an institution for mental diseases

Payment is made for compensable inpatient medical and surgical services to those hospitals which have a contract with this Agency. Freestanding inpatient rehabilitation hospital services are limited to 90 days per individual per state fiscal year. The 90-day limitation per state fiscal year can be extended based on medical necessity.

The limitation is not applicable to services received by children (see 4.b., Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)).

Medical necessity for hospital services is subject to review and determination that a period of hospitalization is not medically necessary will result in a non-compensable service.

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Revised 09/01/20

TN# OK-20-0012

Approval Date 8/14/20

Effective Date 9/1/20

Supersedes TN# 03-10