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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 24-0016

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- 2) CMS Form 179
- 3) Approved SPA Pages

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services 601 E. 12th St., Room 355 Kansas City, MO 64106



#### **Center for Medicaid & CHIP Services**

September 16, 2024

Traylor Rains State Medicaid Director Oklahoma Health Care Authority 4345 N Lincoln Blvd Oklahoma City, OK 73105

Re: Approval of State Plan Amendment OK-24-0016

Dear Traylor Rains,

On June 24, 2024, the Centers for Medicare and Medicaid Services (CMS) received Oklahoma State Plan Amendment (SPA) OK-24-0016, to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Oklahoma State Plan Amendment (SPA) OK-24-0016 with an effective date(s) of October 01, 2024.

If you have any questions, please contact Stacey Steiner at (469) 904-1068 or via email at Stacey. Steiner@cms.hhs.gov.

Sincerely,

James G. Scott

**Director of Program Operations** 

Center for Medicaid & CHIP Services

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# **Submission - Summary**

MEDICAID | Medicaid State Plan | Administration | OK2024MS0003O | OK-24-0016

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID OK2024MS0003O

Submission Type Official
Approval Date 09/16/2024

Superseded SPA ID N/A

#### **State Information**

State/Territory Name: Oklahoma

**Submission Component** 

State Plan Amendment

**SPA ID** OK-24-0016

Initial Submission Date 6/24/2024

Effective Date N/A

Medicaid Agency Name: Oklahoma Health Care Authority

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OK2024MS0003O | OK-24-0016

# **Package Header**

Package ID OK2024MS0003O

Submission Type Official

**Approval Date** 09/16/2024

Superseded SPA ID N/A

**SPA ID** OK-24-0016

**Initial Submission Date** 6/24/2024

Effective Date N/A

## **SPA ID and Effective Date**

**SPA ID** OK-24-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	10/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

#### **Submission - Summary**

MEDICAID | Medicaid State Plan | Administration | OK2024MS0003O | OK-24-0016

## **Package Header**

Package ID OK2024MS0003O

Submission Type Official

Initial Submission Date 6/24/2024

**SPA ID** OK-24-0016

**Approval Date** 09/16/2024

Effective Date N/A

Superseded SPA ID N/A

# **Executive Summary**

Summary Description Including Oklahoma is submitting a SPA attesting to meeting the mandatory annual State reporting of the Child Core Set and behavioral Goals and Objectives health measures on the Adult Core Set, as required by CMS Final Rule (88 FR 60278).

## **Federal Budget Impact and Statute/Regulation Citation**

#### **Federal Budget Impact**

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

#### Federal Statute / Regulation Citation

42 CFR 433; 42 CFR 437; 42 CFR 457; CMS Final Rule (88 FR 60278)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created			
No items available				

## **Submission - Summary**

MEDICAID | Medicaid State Plan | Administration | OK2024MS00030 | OK-24-0016

#### **Package Header**

Package ID OK2024MS0003O

Submission Type Official

Approval Date 09/16/2024

Superseded SPA ID N/A

**SPA ID** OK-24-0016

Initial Submission Date 6/24/2024

Effective Date N/A

#### **Governor's Office Review**

No comment

Comments received

No response within 45 days

Other

**Describe** Governor does not review SPAs in Oklahoma

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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# OK - Submission Package - OK2024MS0003O - (OK-24-0016) -Administration

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## Medicaid State Plan Administration

#### **General Administration**

#### Reporting

MEDICAID | Medicaid State Plan | Administration | OK2024MS0003O | OK-24-0016

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID OK2024MS0003O

Submission Type Official

Approval Date 09/16/2024

Superseded SPA ID NEW

User-Entered

**SPA ID** OK-24-0016

Initial Submission Date 6/24/2024

Effective Date 10/1/2024

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

☑ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

### B. Annual Reporting on the Child and Adult Core Sets

- ☑ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- 2. The agency reports annually, by December 31, on:
  - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
  - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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