

Revision: HCFA-PH-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Oklahoma

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation
42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

STATE	<u>OK</u>	A
DATE REC'D	<u>JUN 29 1987</u>	
DATE APPV'D	<u>JAN 11 1988</u>	
DATE EFF	<u>APR 1 1987</u>	
HCFA 179	<u>87-9</u>	

Revised 04-01-87

TN No. 87-9
Supersedes
TN No. 74-93

Approval Date JAN 11 1988

Effective Date APR 1 1987

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 431.202
AT-79-29
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN # 74-93
Supersedes
TN #

Approval Date 8/28/75 Effective Date 11/1/74

Revision: HCFA-AT-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: Oklahoma

Citation
42 CFR 431.301
AT-79-29

19026X7

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

STATE	<u>OK</u>	A
DATE REC'D	<u>OCT 19 1987</u>	
DATE APP'VD	<u>JUN 23 1988</u>	
DATE EFF	<u>OCT 1 1987</u>	
HCFA 179	<u>87-18</u>	

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TN No. 87-18
Supersedes
TN No. 7493

Approval Date JUN 23 1988

Effective Date OCT 1 1987

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Oklahoma

Citation
42 CFR 431.800(c)
50 FR 21839
1903(u)(1)(D) of
the Act,
P.L. 99-509
(Section 9407)

4.4 Medicaid Quality Control

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h) and (k).

Yes.

Not applicable. The State has an approved Medicaid Management Information System (MMIS).

STATE	<u>OK</u>
DATE RECD	<u>JUN 29 1987</u>
DATE ATVD	<u>JAN 11 1988</u>
DATE EFF	<u>APR 1 1987</u>
DATA IN	<u>87-9</u>

Revised 04-01-87

TN No. 87-9
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TN No. 85-6

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HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: OKLAHOMA

Citation
42 CFR 455.12
AT-78-90
48 FR 3742
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

STATE	<u>OK</u>	A
DATE RECD	<u>DEC 15 1988</u>	
DATE APPVD	<u>JAN 05 1989</u>	
DATE EFF	<u>OCT 01 1988</u>	
HCFA 179	<u>88-08</u>	

Revised 10-01-88

TN No. 88-08
Supersedes
TN No. 83-18

Approval Date JAN 05 1989

Effective Date OCT 01 1988

HCFA ID: 1010P/0012P

New: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: OKLAHOMA

Citation
Sectio 1902(a)(64) of
the Social Security Act
P.L. 105-33

4.5a Medicaid Agency Fraud Detection and Investigation
Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

New 04-01-01

TN # 01-09 Approval Date 07-24-01 Effective Date 04-01-01

Supersedes

TN # _____

SUPERSEDES: NONE - NEW PAGE

STATE	<u>Oklahoma</u>
DATE REC'D	<u>06-26-01</u>
DATE APPV'D	<u>07-24-01</u>
DATE EFF	<u>04-01-01</u>
179	<u>OK-01-09</u>

A

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 431.16
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

IN # 77-17
Supersedes
IN #

Approval Date 12/7/77 Effective Date 10/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 431.17
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # 77-17

Supersedes

TN # _____

Approval Date 12/7/77 Effective Date 10/1/77

Revision: HCFR-AT-30-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 431.13(b)
AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.13 are met.

TN # 74-93

Supersedes

TN #

Approval Date 8/28/75

Effective Date 11/1/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 433.37
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN # 74-93

Supersedes

TN #

Approval Date 8/28/75

Effective Date 11/1/74

Revision: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: OKLAHOMA

Citation

42 CFR 431.51
AT-78-90
46 FR48524
48 FR23212
1902 (a)(23)
of the Act
P.L. 100-203
(Section 4113)

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a pre-payment basis.

(b) Paragraph (a) does not apply to services furnished to an individual - -

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitation in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902 (p) of the ACT, or

Section 1902(a)(23)
of the Social Security Act
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determined that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services.

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1915(b)(1), a health maintenance organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

Revised 04-01-01

TN # 01-09 Approval Date 07-24-01 Effective Date 04-01-01

Supersedes

TN # 93-07

STATE <u>Oklahoma</u>	A
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DATE EFF <u>04-01-01</u>	
HCFA 179 <u>OK-01-09</u>	

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

OMB No.: 0938-0193

State/Territory: OKLAHOMA

Citation
42 CFR 431.610
AT-78-90
AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is the Oklahoma State Department of Health.
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): Oklahoma State Department of Health, Oklahoma State Department of Mental Health and Substance Abuse Services, Oklahoma Department of Human Services.
- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>03-31-95</u>	
DATE APP'VD	<u>04-27-95</u>	
DATE EFF	<u>01-01-95</u>	
HCFA 179	<u>95-06</u>	

Revised 01-01-95

TN No. 95-06
Supersedes 84-05 Approval Date 4/27/95 Effective Date 1/1/95
TN No. 84-05

Revision: ~~HCPA~~-AT-30-33 (BPP)
May 22, 1980

State OKLAHOMA

<p>Citation 42 CFR 431.610 AT-78-90 AT-89-34</p>	<p>4.11(d) The <u>Oklahoma State Department</u> <u>of Health</u> (agency) which is the State agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f) and (g) are met.</p>
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approved under this plan _____

EN # 74-93

Supersedes _____

EN # _____

Approval Date 8/28/75

Effective Date 11/1/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation

42 CFR 431.105 (b)
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

Yes, as listed below:

Not applicable. Similar services are not provided to other types of medical facilities.

TN # 74-93

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Approval Date 8/28/75

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483 1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483, Subpart ~~of~~ (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart ~~of~~ are also met.
- 1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

Revised 10-01-91

TN No. 92-01
 Supersedes 89-06 (91-04) Approval Date FEB 28 1992 Effective Date OCT 01 1991
 TN No. 89-06 (91-04)

HCFA ID: 7982E

Page 72, Item 4.24(A)

STATE	<u>OKlahoma</u>
DATE RECD	<u>JAN 29 1992</u>
DATE AN	<u>FEB 28 1992</u>
DATE LI	<u>OCT 01 1991</u>
HCFA ID	<u>92-01</u>

A

State: OKLAHOMA

Citation

1902 (a)(58)
1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

(1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:

SUPERSEDES: TN- 91-16

- (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
- (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
- (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
- (e) Ensure compliance with requirements of State Law (whether

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STATE	<u>OKLAHOMA</u>
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HCFA 179	<u>03-12</u>

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TN # 03-12
Supersedes
TN # 91-16

Approval Date 12-9-03

Effective Date 8-13-03

State/Territory: OKLAHOMA

statutory or recognized by the courts) concerning advance directives; and

(f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

(2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:

- (a) Hospitals at the time an individual is admitted as an inpatient.
- (b) Nursing facilities when the individual is admitted as a resident.
- (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
- (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
- (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.

(3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

Not applicable. No State law Or court decision exist regarding advance directives.

Revised 08-13-03

SUPERSEDES: TN- 91-16

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STATE	<u>Oklahoma</u>
DATE REC'D	<u>9-83-03</u>
DATE APP'D	<u>12-9-03</u>
DATE EFF.	<u>8-13-03</u>
HCFA 179	<u>08-12</u>

TN # 03-12

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Supersedes

TN # 91-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Oklahoma

4.13 Provider Screening and Enrollment

Citation

1902(a)(77)
1902(a)(39)
adds 1902(kk);
P.L. 111-148 and
P.L. 111-152

The State Medicaid agency gives the following assurances:

42 CFR 455
Subpart E

PROVIDER SCREENING

Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

TN No. 11-03

Supersedes

TN No. _____

Approval Date: 9-16-11

Effective Date: 4-1-11

SUPERSEDES. NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Oklahoma

4.13 Provider Screening and Enrollment (cont.)

- 42 CFR 455.420 REACTIVATION OF PROVIDER ENROLLMENT
X Assures that any reactivation of a provider, will include re-screening and payment of application fees as required by 42 CFR 455.460.
- 42 CFR 455.422 APPEAL RIGHTS
X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
- 42 CFR 455.432 SITE VISITS
X Assures that pre-enrollment and post enrollment site visits of providers who are in “moderate” or “high risk” categories will occur.
- 42 CFR 455.434 CRIMINAL BACKGROUND CHECKS
X Assures that providers as a condition of enrollment will be required to consent to criminal background checks including fingerprints if required to do so under State law or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 FEDERAL DATABASE CHECKS
X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER
X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS
X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

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Supersedes

TN No. _____

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45(e)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Oklahoma

4.13 Provider Screening and Enrollment (cont.)

42 CFR 455.460

APPLICATION FEE

Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

42 CFR 455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN No. 11-03

Supersedes

TN No. _____

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Effective Date: 4-1-11

SUPERSEDES: NONE - NEW PAGE

State/Territory: OKLAHOMA

Citation
 42 CFR 431.60
 42 CFR 456.2
 50 FR 15312
 1902(a)(30)(C) and
 1902(d) of the
 Act, P.L. 99-509
 (Section 9431)

4.14 Utilization/Quality Control

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

X By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —

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DATE RECD	9-23-03
DATE APP'D	12-9-03
DATE EFF	8-13-03
HOFA 179	03-12

- (1) Meets the requirements of §434.6(a):
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

1932(c)(2)
 and 1902(d) of the
 ACT, P.L. 99-509
 (section 9431)

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation.

SUPERSEDES: TN- 95-01

Revised 08-13-03

TN # 03-12 Approval Date 12-9-03 Effective Date 8-13-03
 Supersedes
 TN # 95-01

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: OKLAHOMA

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

All hospitals (other than mental hospitals).

Those specified in the waiver.

No waivers have been granted.

APPROVED BY DHHS/HCFA/DPO

DATE: AUG. 15 1986

TRANSMITTAL NO: 85-6

Revised 4-1-85

TN No. 85-6
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TN No. 75-79

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HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-7 (BERC)
 JULY 1985

OMB NO.: 0938-0193

State/Territory: OKLAHOMA

Citation
 42 CFR 456.2
 50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

All mental hospitals.

Those specified in the waiver.

No waivers have been granted.

Not applicable. Inpatient services in mental hospitals are not provided under this plan.

APPROVED BY DHHS/HCFA/DPO

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TRANSMITTAL NO: 85-6

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MAY 1985

State: OKLAHOMA

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

All skilled nursing facilities.

Those specified in the waiver.

No waivers have been granted.

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TN No. 86-6
Supersedes
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HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: OKLAHOMA

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- Facility-based review.
- Direct review by personnel of the medical assistance unit of the State agency.
- Personnel under contract to the medical assistance unit of the State agency.
- Utilization and Quality Control Peer Review Organizations.
- Another method as described in ATTACHMENT 4.14-A.
- Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
- Not applicable. Intermediate care facility services are not provided under this plan.

APPROVED BY DHHS/HCFA/DPO

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Supersedes
TN No. 83-20

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HCFA ID: 0048P/0002P

State/Territory: OKLAHOMACitation 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354

42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

____ Not applicable.

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SUPERSEDES: TN- 93-07

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TN # 03-12Approval Date 12-9-03Effective Date 8-13-03

Supersedes

TN # 93-07

Revision: RFA-AT-80-38 (BPP)
 May 22, 1980

State OKLAHOMA

Citation
 42 CFR 456.2
 AT-73-90

4.15 Inspections of Care in Skilled Nursing
 and Intermediate Care Facilities and
 Institutions For Mental Diseases

All applicable requirements of 42 CFR Part
 456, Subpart I, are met with respect to
 periodic inspections of care and services.

- Not applicable with respect to
 intermediate care facility services; such
 services are not provided under this plan.
- Not applicable with respect to services
 for individuals age 65 or over in
 institutions for mental diseases; such
 services are not provided under this plan.
- Not applicable with respect to inpatient
 psychiatric services for individuals
 under age 22; such services are not
 provided under this plan.

TN # 76-13

Supersedes

TN #

Approval Date 3/16/76

Effective Date 2/9/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 431.615(c)
AT-78-90

4.16 Relations with State Health and Vocational
Rehabilitation Agencies and Title V
Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 74-93

Supersedes

TN #

Approval Date 8/28/75

Effective Date 11/1/74

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

Citation (s)

42 CFR 433.36 (c)
1902(a) (18) and
1917(a) and (b) of
The Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

_____ The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

_____ The State complies with the requirements of section 1917 (a) of the Act and regulations at 42 CFR 433.36 (c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

_____ The State imposes liens on real property on account of benefits incorrectly paid.

X The State imposes TEFRA liens 1917 (a) (1) (B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

_____ The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State Plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

_____ The State imposes liens on both real and personal property of an individual after the individual's death.

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DATE REC'D	<u>3-31-10</u>
DATE APP'VD	<u>11-12-10</u>
DATE EFF	<u>1-1-10</u>
HCFA 179	<u>10-09</u>

SUPERSEDES: TN- 94-21

Revised 01-01-10

TN No.: 10-09
Supersedes
TN No.: 94-21

Approval Date: 11-12-10

Effective Date: 1-1-10

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36 (h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

(1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

(2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917 (a) (1) (B) (even if it does not impose those liens).

(3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State Plan as listed below: None

SUPERSEDES: TN- 94-21

STATE	<u>OKlahoma</u>
DATE REC'D	<u>3-31-10</u>
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DATE EFF	<u>1-1-10</u>
HCFA 179	<u>10-09</u>

Revised 01-01-10

TN No.: 10-09
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May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

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DATE EFF	<u>1-1-10</u>
HCFA 179	<u>10-09</u>

New 01-01-10

TN No.: 10-09

Supersedes

Approval Date: 11-12-10

Effective Date: 1-1-10

TN No. **SUPERSEDES: NONE - NEW PAGE**

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

Citation (s)

_____ The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6-A, Supplement 8b.

_____ The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy-based asset and resource disregard must select this entry. These five States may either check this entry or one of the following entries.)

_____ The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.

_____ The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

X If an individual covered under a long-care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

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DATE EFF	<u>1-1-10</u>
HCFA 179	<u>10-09</u>

SUPERSEDES: TN- 07-16

Revised 01-01-10

TN No.: 10-09
Supersedes
TN No.: 07-16

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Effective Date: 1-1-10

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

Citation (s)

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b) (2) of the Act and regulations at 42 CFR §433.36(h)-(i).

- (1) Adjustments or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustments or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
 - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
 - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

STATE	<u>Oklahoma</u>
DATE REC'D	<u>8-31-10</u>
DATE APPV'D	<u>11-12-10</u>
DATE EFF	<u>1-1-10</u>
HCFA 179	<u>10-09</u>

New 01-01-10

TN No.: 10-09

Supersedes

SUPERSEDES: NONE - NEW PAGE

Approval Date: 11-12-10

Effective Date: 1-1-10

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

Citation (s)

(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36 (d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).
- (3) Defines the following terms:
 - estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangements).
 - individual's home,
 - equity interest in the home.
 - Residing in the home for at least 1 or 2 years,
 - on a continuous basis,
 - discharge from the medical institution and return home, and
 - lawfully residing.

STATE	<u>OKlahoma</u>
DATE REC'D	<u>3-31-10</u>
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DATE EFF	<u>1-1-10</u>
HCFA 179	<u>10-09</u>

New 01-01-10

TN No.: 10-09
Supersedes
TN No.: _____

Approval Date: 11-12-10

Effective Date: 1-1-10

SUPERSEDES: NONE - NEW PAGE

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

STATE	<u>Oklahoma</u>
DATE REC'D	<u>3-31-10</u>
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DATE EFF	<u>1-1-10</u>
HCFA 179	<u>10-09</u>

A

New 01-01-10

TN No.: 10-09

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May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

Citation (s)

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- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).
- (3) Defines the following terms:
 - estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangements).
 - individual's home,
 - equity interest in the home.
 - Residing in the home for at least 1 or 2 years,
 - on a continuous basis,
 - discharge from the medical institution and return home, and
 - lawfully residing.

STATE	<u>OKlahoma</u>
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DATE EFF	<u>1-1-10</u>
HCFA 179	<u>10-09</u>

New 01-01-10

TN No.: 10-09
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TN No.: _____

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SUPERSEDES: NONE - NEW PAGE

State/Territory: OKLAHOMA

4.18 Recipient Cost Sharing and Similar Charges

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State: Oklahoma
Date Received: 30 September, 2014
Date Approved: 4 October, 2019
Effective Date: 1 July, 2014
Transmittal Number: 14-0014

Revised 07-01-14

TN # OK 14-0014

Approval Date 10/04/2019

Effective Date 07/01/2014

Supersedes TN # 03-0012

State/Territory: OKLAHOMA

4.18(b)(2) (continued)

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State: Oklahoma
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Approval Date 10/04/2019

Effective Date 07/01/2014

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

4.18(b) (continued)

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Date Received: 30 September, 2014
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State/Territory: OKLAHOMA

4.18(b)(3) (continued)

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State/Territory: OKLAHOMA

4.18(b)(4)
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State: Oklahoma
Date Received: 30 September, 2014
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Effective Date: 1 July, 2014
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Supersedes TN# 92-0001

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: OKLAHOMA

4.18(c)

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State: Oklahoma
Date Received: 30 September, 2014
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Effective Date: 1 July, 2014
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TN# 03-0007

Revision: HCFA-PM-91-4 (BPD)
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State: OKLAHOMA

4.18(c)(2) (continued)

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State: Oklahoma
Date Received: 30 September, 2014
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State/Territory: OKLAHOMA

4.18(c)(3)

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State: Oklahoma
Date Received: 30 September, 2014
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Supersedes TN# 93-0006

Revision: HCFA Region VI
SEPTEMBER 1992

OMB No.: 0938-

State/Territory: OKLAHOMA

4.18(c)(3) (continued)

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State: Oklahoma
Date Received: 30 September, 2014
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Approval Date 10/04/2019

Effective Date 07/01/2014

Supersedes TN# 93-0006

56(g)

Revision: HCFA Region VI
July 1990

STATE OKLAHOMA

Citation(s) 4.18 (d)

1916 of the
Act. Section
6408(d)(3) of
P.L. 101-239

For qualified disabled working individuals (QDWI's) whose income exceeds 150 percent of the Federal income poverty level, the State imposes a premium expressed as a percentage of the Medicare cost sharing described in Section 1905 (p)(3)(A)(i), according to a sliding scale, in reasonable increments, as the individual's income increases between 150 and 200 percent of the Federal income poverty level.

STATE <i>Oklahoma</i>	A
DATE REC'D <i>10-2-90</i>	
DATE APPV'D <i>10-17-90</i>	
DATE EFF <i>7-1-90</i>	
HCFA 179 <i>90-18</i>	

New 07-01-90

TN No. *90-18*
 Supersede *New Page*
 TN No. *New Page*

Approval Date *10/17/90* Effective Date *7/1/90*

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

Citation 4.19 Payment for Services

42 CFR 447.252
1902(a)(13)
and 1923 of
the Act
1902(c)(7)

(a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

Inappropriate level of care days are not covered.

m 93-5

Revised 10-01-91

TN No. 92-0
Supersedes _____ Approval Date FEB 28 1992 Effective Date OCT 01 1991
TN No. _____

HCFA ID: 7982E

STATE	<u>OKlahoma</u>	A
DATE RECD	<u>JAN 29 1992</u>	
DATE FORW	<u>FEB 28 1992</u>	
DATE UPD	<u>OCT 01 1991</u>	
HCFA 179	<u>92-01</u>	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

- Citation 4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:
- 42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and (n), 1920, and 1926 of the Act
- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing and intermediate care facility services that are described in other attachments.

Revised 10-01-91

TN No. 92-01 Approval Date FEB 28 1992 Effective Date OCT 01 1991
Supersedes 90-09
TN No. 90-09

HCFA ID: 7982E

STATE	<u>OK/Chenra</u>	A
DATE RECD	<u>JAN 29 1992</u>	
DATE APPROV	<u>FEB 28 1992</u>	
DATE EN	<u>OCT 01 1991</u>	
HCFA ID	<u>92-01</u>	

Revision: HCFA-MT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 447.40
MT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

IN # 77-23
Supersedes
IN # _____

Approval Date 2/9/78 Effective Date 1/1/78

Revision: HCFA - Region VI
November 1990

60



State/Territory: OKLAHOMA

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141
Section 1902(a)
(13)(A) of Act
(Section 4211 (h)
(2)(A) of P.L.
100-203).

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded.

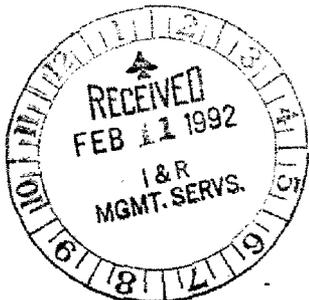
ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded.

- (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to NFS for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.



STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>JAN - 7 1991</i>	
DATE APP'VD	<i>JAN 17 1992</i>	
DATE EFF.	<i>OCT - 1 1990</i>	
HCFA 179	<i>70-24</i>	

Revised 10-01-90

TN No. 90-24
Supersedes
TN No. 87-18

Approval Date JAN 17 1992 Effective Date OCT - 1 1990

Revision: HCFA-Region VI
March 1991

State OKLAHOMA

Citation
42 CFR 447.45
AT-79-50
Sec. 1915(b)(4),
(Sec. 4742 of
P.L. 101-508)

4.19(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

Revised 01-01-91

TN# 91-06 Approval Date 4/24/91 Effective Date 1/1/91
Supersedes
TN# 79-13

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>1-1-91</u>	
DATE APP'VD	<u>4-24-91</u>	
DATE EFF	<u>1-1-91</u>	
HCFA 179	<u>91-06</u>	

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0191

State/Territory: Oklahoma

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

STATE	<u>OK</u>	A
DATE REC'D	<u>JUN 29 1987</u>	
DATE APPV'D	<u>JAN 11 1988</u>	
DATE EFF	<u>APR 1 1987</u>	
HCFA 179	<u>87-9</u>	

Revised 04-01-87

TR No. 87-9
Supersedes
TR No. 83-7

Approval Date JAN 11 1988

Effective Date APR 1 1987

HCFA ID: 1010P/0012P

Revision: HCPA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

<u>Citation</u>	4.19(g)	The Medicaid agency assures appropriate
42 CFR 447.201		audit of records when payment is based on
42 CFR 447.202		costs of services or on a fee plus
AT-78-90		cost of materials.

TN # 79-11

Supersedes

TN #

Approval Date 8/28/79

Effective Date 8/10/79

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State OKLAHOMA

Citation 4.19(h) The Medicaid agency meets the requirements
42 CFR 447.201 of 42 CFR 447.203 for documentation and
42 CFR 447.203 availability of payment rates.
AT-78-90

Revised 10-1-80

TN # 80-13
Supersedes
TN # 79-11

Approval Date FEB 2 1981 Effective Date 10-1-80

Revision: HCFA-AT-30-38 (BPP)
May 22, 1980

State OKLAHOMA

<p>Citation 42 CFR 447.201 42 CFR 447.204 AT-78-90</p>	<p>4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.</p>
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TV # 79-11
Supersedes
TV #

Approval Date 8/28/79 Effective Date 8/10/79

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: OKLAHOMA

Citation

42 CFR
447.201
and 447.205

4.19(j)

The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the Act

(k)

The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

Revised 10-01-91

TN No. 92-01 Approval Date FEB 28 1992 Effective Date OCT 01 1991
Supersedes
TN No. 91-04

HCFA ID: 7982E

STATE	<u>OKlahoma</u>	A
DATE SENT	<u>JAN 29 1992</u>	
DATE APPROV	<u>FEB 28 1992</u>	
DATE BY	<u>OCT 01 1991</u>	
HCFA ID#	<u>92-01</u>	

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

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

- 1928 (c) (2) (C) (ii) of the Act
- (i) A provider may impose a charge for the administration of a qualified vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.
 - (ii) The State:
 - sets a payment rate at the level of the regional maximum established by the DHHS Secretary for public providers. The rate for public providers is \$19.58.
 - is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
 - sets a payment rate below the level of the regional maximum established by the DHHS Secretary for non-public providers. The rate for private providers is \$19.58 minus the rate reductions that are in effect.
 - is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The agency's fee schedule rate was set as of October 1, 2019 and is effective for services provided on or after that date. All rates are published on the agency's website at www.okhca.org/feeschedules. As indicated above, public providers are reimbursed at the level of the regional maximum.

Private providers are defined as providers that do not have an affiliation with a government agency.

- (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:
 - "Other"-The State will attempt to set administration fee at Regional Maximum at earliest opportunity for non-public providers.

State: Oklahoma
 Date Received: 4 October, 2019
 Date Approved: 28 October, 2019
 Effective Date: 1 October, 2019
 Transmittal Number: 19-0034

Revised 10-01-19

TN # 19-0034 Approval Date 10/28/2019 Effective Date 10/01/2019

Supersedes TN # 18-0026

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 447.25 (b)
AT-78-90

4.20 Direct Payments to Certain Recipients for
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

- Yes, for physicians' services
- dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

- Not applicable. No direct payments are made to recipients.

EN # 77-23

Supersedes

Approval Date 2/9/78

Effective Date 1/1/78

EN #

Revision: HCFA-AT-81-34 (BPP)

10-81

State OKLAHOMA

Citation 4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)
AT-78-90
46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

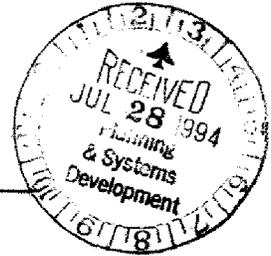
TN # 81-11
Supersedes
TN # -

Approval Date JAN 18 1982

Effective Date DEC 8 1981

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: OKLAHOMA



Citation

4.22 Third Party Liability

42 CFR 433.137

(a) The Medicaid agency meets all requirements of:

1902(a)(25)(H) and (I)
of the Act

- (1) 42 CFR 433.138 and 433.139.
- (2) 42 CFR 433.145 through 433.148.
- (3) 42 CFR 433.151 through 433.154.
- (4) Sections 1902(a)(25)(H) and (I) of the Act.

42 CFR 433.138(f)

(b) ATTACHMENT 4.22-A --

42 CFR 433.138(g)(1)(ii)
and (2)(ii)

(1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

42 CFR 433.138(g)(3)(i)
and (iii)

(2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);

42 CFR 433.138(g)(4)(i)
through (iii)

(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(i) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and

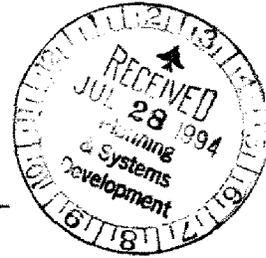
(4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>6-24-94</i>	
DATE APP'VD	<i>7-22-94</i>	
DATE EFF	<i>10-01-93</i>	
HCFA 179	<i>94-06</i>	

TN No. 94-06 Revised 10-01-93
 Supersedes 90-07 Approval Date 7/22/94 Effective Date 10/1/93
 TN No. 90-07

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: OKLAHOMA



Citation

- 42 CFR 433.139(b)(3) (ii)(A) (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (d) ATTACHMENT 4.22-B specifies the following:
 - 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
 - 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
 - 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
 - 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>6-24-94</i>	
DATE APP'VD	<i>7-22-94</i>	
DATE EFF	<i>10-01-93</i>	
HCFA 179	<i>94-06</i>	

Revised 10-01-93

TN No. 94-06
 Superseded by TN No. 90-07 Approval Date 7/22/94 Effective Date 10/1/93

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: OKLAHOMA

Citation

4.22 (continued)

42 CFR 433.151(a)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s)--

Other appropriate agency(s) of another State--

Courts and law enforcement officials.

1902(a)(60) of the Act

(g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

The Secretary's method as provided in the State Medicaid Manual, Section 3910.

The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.



STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>7-5-94</u>	
DATE APP'VD	<u>8-25-94</u>	
DATE EFF	<u>4-1-94</u>	
HCFA 179	<u>94-08</u>	

Revised 04-01-94

TN No. 94-08
Supersedes 86-04 Approval Date 8/25/94 Effective Date 4/1/94
TN No. _____

State/Territory: OKLAHOMA

Citation

4.23 Use of Contracts

42 CFR Part 434
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

Not applicable.

STATE <u>Oklahoma</u>	A
DATE RECD <u>9-29-04</u>	
DATE APP'VD <u>11-1-04</u>	
DATE EFF <u>7-1-04</u>	
HCFA 179 <u>04-07</u>	

SUPERSEDES: TN- 03-12

Revised 07/01/04

TN # 04-07
Supersedes
TN # 03-12

Approval Date 11-1-04

Effective Date 7-1-04

Revision: HCFA-PM-94-2 (BPD)
APRIL 1994

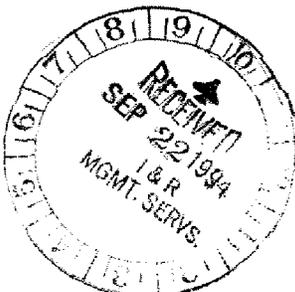
State/Territory: OKLAHOMA

Citation 4.24
42 CFR 442.10
and 442.100
AT-78-90
AT-79-18
AT-80-25
AT-80-34
52 FR 32544
P.L 100-203
(Sec. 4211)
54 FR 5316
56 FR 48826

Standards for Payments for Nursing Facility
and Intermediate Care Facility for the Mentally
Retarded Services

With respect to nursing facilities and
intermediate care facilities for the mentally
retarded, all applicable requirements of
42 CFR Part 442, Subparts B and C are met.

— Not applicable to intermediate care
facilities for the mentally retarded;
such services are not provided under this
plan.



STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>9-9-94</i>	
DATE APP'VD	<i>9-16-94</i>	
DATE EFF	<i>7-1-94</i>	
HCFA 179	<i>94-12</i>	

TN No. 94-12 Revised 07-01-94
 Supersedes None-New Page Approval Date 9/16/94 Effective Date 7/1/94
 TN No. None-New Page

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 431.702
AT-78-90

4.25 Program for Licensing Administrators of Nursing Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

TN # 74-93

Supersedes

TN #

Approval Date 8/28/75

Effective Date 11/1/74

State/Territory: OKLAHOMACitation1927(g)
42 CFR 456.700

4.26. Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of the Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:
- Appropriate
 - Medically necessary
 - Are not likely to result in adverse medical results

1927(g)(1)(a)
42 CFR 456.705(b)
and 456.709(b)

- B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs or groups of drugs, as well as:
- Potential and actual adverse drug reactions
 - Therapeutic appropriateness
 - Overutilization and underutilization
 - Appropriate use of generic products
 - Therapeutic duplication
 - Drug-disease contraindications
 - Drug-drug interactions
 - Incorrect drug dosage or duration of drug treatment
 - Drug-allergy interactions
 - Clinical abuse-misuse

1927(g)(1)(B)
42 CFR 456.703
(d) and (f)

- C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:
- American Hospital Formulary Service Drug Information (AHFS-DI)
 - United States Pharmacopeia-Drug Information
 - Micromedex DrugDEX (DrugDEX)
 - American Medical Association Drug Evaluations

Revised 10-01-19

TN #: 19-0040Approval Date: 02/14/2020Effective Date: 10/01/2019Supersedes TN #: 93-0009

Revision: HCFA-PM-

(MB)

State/Territory: OKLAHOMACitation1927(g)(1)(D)
42 CFR 456.703(b)

- D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chose to include nursing home drugs in:
- Prospective DUR
 - Retrospective DUR

1927(g)(2)(A)
42 CFR 456.705(b)

- E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)
42 CFR 456.705(b),
(1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:
- Therapeutic duplication
 - Drug-disease contraindications
 - Drug-drug interaction
 - Drug interactions with no-prescription or over-the-counter drugs
 - Incorrect drug dosage or duration of drug treatment
 - Drug-allergy interactions
 - Clinical abuse/misuse

At the option of the State, the screenings also include review for:

- High drug dosages
- Drug age precaution
- Drug-pregnancy
- Ingredient duplication

1927(g)(2)(A)(ii)
42 CFR 456.705(c)
and d

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)
42 CFR 456.709(a)

- F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:
- Patterns of fraud and abuse
 - Gross overuse
 - Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid members, or associated with specific drugs or groups of drugs.

Revised 10-01-19

TN #: 19-0040Approval Date: 02/14/2020Effective Date: 10/01/2019Supersedes TN #: 93-0009

State/Territory: OKLAHOMA

Citation

927(g)(2)(C)
42 CFR 456.709(b)

F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)
42 CFR 456.716(a)

G.1. The DUR program has established a State DUR Board either:

- Directly, or
- Under contract with a private organization

1927(g)(3)(B)
42 CFR 456.716
(A) AND (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

927(g)(3)(C)
42 CFR 456.716(d)

3. The activities of the DUR Board include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>APR 14 1993</i>	
DATE APP'VD	<i>JUN 08 1993</i>	
DATE EFF	<i>APR 01 1993</i>	
HCFA 179	<i>93-09</i>	

TN No.
Supersedes
TN No.

93-09
Time New Page

Approval Date

JUN 08 1993

New 01-01-93

Effective Date

APR 01 1993

Revision: HCFA-PM- (MB)

OMB No.

State/Territory: OKLAHOMA

Citation

1927(g)(3)(C)
42 CFR 456.711
(a)-(d)

G.4 The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)
42 CFR 456.712
(A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h)(1)
42 CFR 456.722

X I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

1927(g)(2)(A)(i)
42 CFR 456.705(b)

X 2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

1927(j)(2)
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

STATE	<i>Oklahoma</i>	A
DATE REC'D	APR 14 1993	
DATE APP'V'D	JUN 08 1993	
DATE EFF	APR 01 1993	
HCFA 179	92-09	

* U.S. G.P.O. : 1993-362-239:80043

New 01-01-93

TN No. 92-89 Approval Date JUN 08 1993 Effective Date APR 01 1993
 Superseded by None - New Page
 TN No. 92-89

Revision: HCFA-PM-

(MB)

State/Territory: OKLAHOMACitation

1902(a)(85) and
Section 1004 of the
Substance Use-
Disorder Prevention
that Promotes Opioid
Recovery and
Treatment for
Patients and
Communities Act
(SUPPORT Act)

K. Provisions of Section 1004 of the SUPPORT ACT

a. **Claim Review Limitations**

- Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).
- Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on a periodic basis.

b. **Programs to monitor antipsychotic medications to children:**

Antipsychotic agents are reviewed for appropriateness for all members aged 18 and younger, including foster children, based on approved indications and clinical guidelines.

c. **Fraud and abuse identification:**

The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.

New 10-01-19

TN #: 19-0040Approval Date: 02/14/2020Effective Date: 10/01/2019Supersedes TN #: NONE -- New Page

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State OKLAHOMA

Citation
42 CFR 431.115 (c)
AT-78-90
AT-79-74

4.27 Disclosure of Survey Information and Provider
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

TN # 79-18
Supersedes
TN #

Approval Date 1/16/80

Effective Date 10/15/79

Revision: HCFA-PM-93-1
January 1993

(BPD)

State/Territory: OKLAHOMA

Citation

42 CFR 431.152;
AT-79-18
52 FR 22444;
Secs.
1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act; P.L.
100-203 (Sec. 4211(c)).

4.28 Appeals Process

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>10-12-94</i>	
DATE APP'VD	<i>01-23-96</i>	
DATE EFF	<i>07-01-94</i>	
HCFA 179	<i>94-19</i>	

TN No. 94-19 Revised 07-01-94
 Supersedes 88-08 Approval Date 01/23/96 Effective Date 07/01/94
 TN No. 88-08

State: OKLAHOMACitation

1902(a)(4)(C) of the
Social Security Act
P.L. 105-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the Prohibition against acts, with respect to any activity Under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the
Social Security Act
P.L. 105-33
1932(d)(3)
42 CFR 438.58

The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>9-23-03</u>	
DATE APP'VD	<u>12-9-03</u>	
DATE EFF	<u>8-13-03</u>	
HCFA 179	<u>03-12</u>	

SUPERSEDES: TN- 01-09

Revised 08-13-03

TN # <u>03-12</u>	Approval Date <u>12-9-03</u>	Effective Date <u>8-13-03</u>
Supersedes		
TN # <u>01-09</u>		

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Oklahoma

Citation
42 CFR 1002.203
AT-79-54
48 FR 3742
51 FR 34772

4.30 Exclusion of Providers and Suspension of Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met.

The agency, under the authority of State law, imposes broader sanctions.

STATE	<u>OK</u>
DATE REC'D	<u>FEB 6 1988</u>
DATE APPV'D	<u>MAR 1 1988</u>
DATE EFF	<u>SEP 30 1986</u>
HCFA 179	<u>88-1</u>

A

Revised 01-30-88

TN No. 88-1
Supersedes
TN No. 87-9

Approval Date MAR 1 1988

Effective Date SEP 30 1986

HCFA ID: 1010P/0012P

State/Territory: OKLAHOMA

Citation

1902(p) of the Act

(b) The Medicaid agency meets the requirements of –

(1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

A	
STATE	OKlahoma
DATE REC'D	9-23-03
DATE APPR'D	12-9-03
DATE EFF	8-13-03
HCFA 179	03-12

(B) An MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

- (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
- (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)
42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c)

SUPERSEDES: TN- 88-01

Revised 08-13-03

TN # 03-12

Approval Date 12-9-03

Effective Date 8-13-03

Supersedes

TN # 88-01

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Oklahoma

Citation

1902(a)(39) of the Act
P.L. 100-93
(sec. 8(f))

(2) Section 1902(a)(39) of the Act by--

- (A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and
- (B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)
of the Act
P.L. 96-272,
(sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

1902(a)(49) of the Act
P.L. 100-93
(sec. 5(a)(4))

(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

STATE	<u>OK</u>	A
DATE REC'D	<u>FEB 8 1988</u>	
DATE APPV'D	<u>MAR 1 1988</u>	
DATE EFF	<u>OCT 1 1987</u>	
HCFA 129	<u>88-1</u>	

New 01-30-88

TN No. 88-1
Supersedes
TN No. new

Approval Date MAR 1 1988

Effective Date OCT 1 1987

HCFA ID: 1010P/0012P

State: OKLAHOMACitation

**42 CFR 455.103
1902(a)(38)
of the Act**

4.31 **Disclosure of Information by Providers and Fiscal Agents**

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.105 and sections 1128(b)(9) and 1902(a)(38) of the Act.

**42 CFR 435.940
through 435.960
Section 1137 of
the Act**

4.32 **Income and Eligibility Verification System**

- (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960. **(Section 1137 of the Act)**
- (b) ATTACHMENT 4.32-A describes in accordance with 42 CFR 435.948 the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.
- (c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify Title XIX applicants and individuals eligible for covered Title XIX services consistent with applicable PARIS agreements.

State: Oklahoma
Date Received: 30 March, 2017
Date Approved: 13 June, 2017
Effective Date: 1 January, 2017
Transmittal Number: 17-01

Revised: 01/01/2017

TN #: 17-01Approval Date: 6/13/17Effective Date: 1/1/17Supersedes TN #: 89-20

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Oklahoma

Citation

1902(a)(48)
of the Act,
P.L. 99-570
(Section 11005)
P.L. 100-93
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

STATE	<u>OK</u>	A
DATE REC'D	<u>FEB 8 1988</u>	
DATE APPV'D	<u>MAR 1 1988</u>	
DATE EFF	<u>OCT 1 1987</u>	
HCFA 179	<u>88-1</u>	

Revised 01-30-88

TN No. 88-1
Supersedes
TN No. 87-9

Approval Date MAR 1 1988

Effective Date OCT 1 1987

HCFA ID: 1010P/0012P

Revision: Region VI
September 1989

State/Territory: OKLAHOMA

Citation
1137 of
the Act

P.L. 99-603
(sec. 121)

P.L. 100-360
(Sec. 411(k)(15))

4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988, except for aliens seeking medical assistance for treatment of emergency medical conditions under Section 1903(v)(2) of Social Security Act.

The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

Total waiver

Alternative system

Partial implementation

STATE	<u>OKLAHOMA</u>	A
DATE RECD	<u>12-12-89</u>	
DATE APPV'D	<u>01-11-90</u>	
DATE EFF	<u>01-01-87</u>	
HCFA 179	<u>8920</u>	

Revised 01-01-87

TN No. 89-20
Supersedes
TN No. 88-08

Approval Date 01/11/90

Effective Date 01-01-87

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: OKLAHOMA

Citation 4.35 Enforcement of Compliance for Nursing Facilities

42 CFR
\$488.402(f)

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR
\$488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR
\$488.402(f)(2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR
\$488.456(c)(d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR
\$488.488.404(b)(1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

The State considers additional factors. Attachment 4.35-A describes the State's other factors.

STATE	<i>Oklahoma</i>	A
DATE REC'D	SEP 26 1995	
DATE APP'VD	JUN 20 1996	
DATE EFF	JUL 01 1995	
HCFA 179	95-17	

TN No. *95-17* New 07-01-95
 Supervisor *Steve-Neu Page* Approval Date: *6/20/96* Effective Date: *7/1/95*
 TN No.

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: OKLAHOMA

Citation

c) Application of Remedies

42 CFR
§488.410

(i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.

42 CFR
§488.417(b)
§1919(h)(2)(C)
of the Act.

(ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.

42 CFR
§488.414
§1919(h)(2)(D)
of the Act.

(iii) The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.

42 CFR
§488.408
§1919(h)(2)(A)
of the Act.

(iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.

42 CFR
§488.412(a)

(v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

(d) Available Remedies

42 CFR
§488.406(b)
§1919(h)(2)(A)

(i) The State has established the remedies defined in 42 CFR 488.406(b).

- (1) Termination
- * (2) Temporary Management
- (3) Denial of Payment for New Admissions
- (4) Civil Money Penalties
- (5) Transfer of Residents; Transfer of Residents with Closure of Facility
- (6) State Monitoring

DATE <i>Oklahoma</i>		A
DATE REC'D	SEP 26 1995	
DATE APPEAL	JUN 20 1996	
DATE EFF.	JUL 01 1995	
HCFA 179	95-17	

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

* In cases of widespread actual harm where there is not immediate jeopardy, Oklahoma will use temporary managers under Title XIX, when appropriate.

Under Title 63 of the Oklahoma State Statutes, we have authority to impose the federal enforcement remedies or rules mandated by OBRA '87.

New 07-01-95

TN No. *95-17*
 Supersedes *Pre-New Age* Approval Date: *6/20/96* Effective Date: *7/1/95*
 TN No.

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: OKLAHOMA

Citation

42 CFR
\$488.406(b)
\$1919(h)(2)(B)(ii)
of the Act.

(ii) X The State uses alternative remedies.
The State has established alternative
remedies that the State will impose in
place of a remedy specified in 42 CFR
488.406(b).

- X (1) Temporary Management
- X (2) Denial of Payment for New Admissions
- (3) Civil Money Penalties
- (4) Transfer of Residents; Transfer of
Residents with Closure of Facility
- (5) State Monitoring.

Attachments 4.35-B through 4.35-G describe the
alternative remedies and the criteria for applying them.

42 CFR
\$488.303(b)
1910(h)(2)(F)
of the Act.

(e) State Incentive Programs

- (1) Public Recognition
- (2) Incentive Payments

42 CFR
\$488.303(e)
1919(h)(2)(A)
of the Act

(f) X Optional Remedies

The State uses optional remedies.
X (1) Directed Plan of Correction
X (2) Directed In-Service Training

The State uses the Federal notice requirements specified in 42 CFR 488.402(f).
Also, factors utilized in determining the selection of alternative remedies are
the same as those specified in 42 CFR 488.404.

STATE	<i>Oklahoma</i>	A
DATE REC'D	SEP 26 1995	
DATE APP'D	JUN 20 1996	
DATE EFF	JUL 01 1995	
HCFA 179	95-17	

New 07-01-95

TN No. 95-17
 Supersedes None-New Page
 TN No. None-New Page Approval Date: 6/20/96 Effective Date: 7/1/95

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

Citation 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)
and 1902(a)(53)
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

New 10-01-91

TN No. 92-01 Approval Date FEB 28 1992 Effective Date OCT 01 1991
Supersedes _____
TN No. _____

HCFA ID: 7982E

STATE	<u>Oklahoma</u>
DATE REVIS	<u>JAN 29 1992</u>
DATE APPLD	<u>FEB 28 1992</u>
DATE EFF	<u>OCT 01 1991</u>
HCFA 177	<u>92-01</u>

A

79n

Corrected

Revision: HCFA-FM-91-10
DECEMBER 1991

(BFD)

State/Territory: OKLAHOMA

Citation
42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

4.38 Nurse Aide Training and Competency
Evaluation for Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- X (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- X (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

93-07
 TN No. 93-07 Approval Date MAY 03 1993 Effective Date JAN 01 1989
 Superseded
 TN No. 89-06

STATE <u>Oklahoma</u>	A
DATE REC'D <u>APR 06 1993</u>	
DATE APP'VD <u>MAY 03 1993</u>	
DATE EFF <u>JAN 01 1989</u>	
HCFA 179 <u>93-07</u>	

Revision: HCFA-PM-91-10
DECEMBER 1991

790
(BPD)

State/Territory: OKLAHOMA

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

STATE <i>Oklahoma</i>	
DATE REC'D <i>APR 06 1993</i>	
DATE APPV'D <i>MAY 03 1993</i>	A
DATE EFF <i>JAN 01 1989</i>	
HCFA 179 <i>93-07</i>	

TN No. *93-07* New 01-01-89
Supersedes *89-06* Approval Date *MAY 03 1993* Effective Date *JAN 01 1989*
TN No. *89-06*

Revision: HCFA-PM-91-10
DECEMBER 1991

79p
(BPD)

State/Territory:

OKLAHOMA

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- (n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
- (o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- X (q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
- (r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>APR 06 1993</i>	
DATE APPVD	<i>MAY 03 1993</i>	
DATE EFF	<i>JAN 01 1989</i>	
HCFA 179	<i>93-07</i>	

TN No. *93-07*
Supersedes *89-06*
TN No.

Approval Date MAY 03 1993

Effective Date

New 01-01-89

JAN 01 1989

Revision: HCFA-PM-91-10
DECEMBER 1991

79g
(BPD)

State/Territory: OKLAHOMA

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
- (t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
- (u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- (v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
- (w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- (x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
- (y) The State has a standard for successful completion of competency evaluation programs.

STATE <u>Alabama</u>	<u>X</u>
DATE REC'D <u>APR 06 1993</u>	A
DATE APP'VD <u>MAY 03 1993</u>	
DATE EFF <u>JAN 01 1989</u>	
HCFA 179 <u>9307</u>	

TN No. 9307 New 01-01-89
Supersedes 89-26
Approval Date MAY 03 1993 Effective Date JAN 01 1989

Revision: HCFA-PM-91-10
DECEMBER 1991

79r
(BPD)

State/Territory:

OKLAHOMA

Citation
42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
- X (aa) The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).
- (bb) The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.
- X (cc) The State includes home health aides on the registry.
- (dd) The State contracts the operation of the registry to a non State entity.
- X (ee) ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv).
- X (ff) ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156(c).

STATE <i>Oklahoma</i>	
DATE REC'D <i>APR 06 1993</i>	
DATE APP'VD <i>MAY 03 1993</i>	A
DATE EFF <i>JAN 01 1989</i>	
HCFA 179 <i>9307</i>	

TN No. *93-07*
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Approval Date *MAY 03 1993* Effective Date *JAN 01 1989*
New 01-01-89

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: OKLAHOMA

Citation

Secs.
1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act;
P.L. 100-203
(Sec. 4211(c));
P.L. 101-508
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual
Resident Review In Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

STATE	<i>Oklahoma</i>	A
DATE REC'D	<i>10-12-94</i>	
DATE APP'D	<i>01-23-96</i>	
DATE EFF	<i>07-01-94</i>	
HCFA 179	<i>94-19</i>	

TN No. 94-19 New 07-01-94
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 TN No. **SUPERSEDES: NONE - NEW PAGE**

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: OKLAHOMA

4.39 (Continued)

- X (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

<i>Oklahoma</i>		A
STATE	<i>10-12-94</i>	
DATE RECD	<i>01-23-96</i>	
DATE RECD	<i>07-01-94</i>	
DATE RECD	<i>94-19</i>	
HCFA 179		

New 07-01-94

TN No. 94-19
 Supersedes _____ Approval Date 01/23/96 Effective Date 07/01/94
 TN No. **SUPERSEDES: NONE - NEW PAGE**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

Citation
1902(a)(69) of
the Act
P.L. 109-171
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts.
The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

STATE <u>OKlahoma</u>	A
DATE REC'D <u>5-13-08</u>	
DATE APPROVD <u>6-2-08</u>	
DATE EFF <u>4-1-08</u>	
HCFA 179 <u>08-13</u>	

SUPERSEDES: NONE - NEW PAGE

New Page 04-01-08

TN # 08-13 Approval Date: 6-2-08 Effective Date: 4-1-08

Supersedes

TN # ~~08-13~~ SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation:

Section 5006 of P-L 114-255

4.47 21st CENTURY CURES ACT – Section 5006:

Requiring Publication of Fee-for-Service Provider Directory

- State is in compliance with the requirements of Section 5006 of the 21st Century Cures Act.
- State will be in compliance with Section 5006 of the 21st Century Cures Act by _____.
- State Plan's managed care coverage exempts this state from the requirements of Section 5006 of the 21st Century Cures Act.
- State would potentially need to enact legislation to comply with Section 5006 of the 21st Century Cures Act and will discuss compliance with CMS.

TN # 20-0001 Approval Date 01/31/2020 Effective Date 01/01/2020

Supersedes TN # None -- NEW PAGE