

Meeting Agenda

LTCQIC/LCAC

Meeting Summary			
Location:	JD McCarty Center 2002 E. Robinson Street, Norman, OK 73071		
Subject:	Long Term Care Quality Initiatives Living Choice Advisory Council		
Date:	Wednesday, September 24, 2025	Time:	10am – 2pm

Meeting Participants
Meeting Facilitator(s): Shelley Gladden, Chair; Karissa Maddox, Vice-Chair

These meetings are recorded.

Agenda
a. Welcome, Shelley Gladden, Chair
b. Tour of JD McCarty Center, Darcie Ware, Deputy Director Clinical Services
c. Lunch – Remarks and Open Discussion, David Ward
d. Pathways to Community Living Presentations, Caddo Nation & Comanche Nation
e. 1915(c) Amendments and Renewals – July 1, 2026; Waiver Program Administration
f. Final Closeout Report – 9817 American Rescue Plan (approval on 7.2.2025)
g. Operational Health – Medicaid LTSS Programs Report (discussion)
h. Medicaid LTSS Summit
i. Adjournment
Next Meeting: 2026

Medicaid Benefits and Health Programs Group

July 8, 2025

Christina Foss
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

Dear Director Foss:

The Centers for Medicare & Medicaid Services (CMS) received Oklahoma's revised final American Rescue Plan Act of 2021 (ARP) section 9817 spending plan and narrative on July 7, 2025. We appreciate and thank Oklahoma for its commitment to enhancing, expanding, and strengthening Medicaid home and community-based services (HCBS) and for compliance with the requirements of ARP section 9817 that are set forth in State Medicaid Director Letter (SMDL) # [21-003](#) and SMDL # [22-002](#). The state's final HCBS spending plan and narrative affirms that the state has fully expended the state funds equivalent to the amount of federal funds attributable to the increased federal medical assistance percentage (FMAP) on activities to enhance, expand, or strengthen HCBS under Medicaid. This letter serves as CMS's official acknowledgement and acceptance of the state's affirmation and receipt of the state's signed attestation received on June 27, 2025.

CMS confirms that the state has satisfied the quarterly spending plan and semi-annual spending narrative reporting requirements, and that the state no longer needs to comply with the requirement not to supplant existing state funds expended for Medicaid HCBS by:

- Not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Please note that lifting these requirements does not supersede other statutory or regulatory requirements that apply to section 1915(c) waivers, or other requirements under other provisions authorizing HCBS, including requirements set forth in Special Terms and Conditions under section 1115 demonstrations and managed care authorities under which states are delivering HCBS. Further, CMS reminds the state that it must continue to comply with all existing federal requirements for allowable claims and timely filing procedures, including documenting expenditures and draws to ensure a clear audit trail for the use of federal funds reported on the Form CMS-37, Medicaid Program Budget Report and the Form CMS-64, Quarterly Medicaid Statement of Expenditures.

We extend our congratulations on your state's implementation of ARP section 9817. We remain committed to supporting states with expanding, enhancing and strengthening their HCBS systems, accelerating long-term services and supports reform, and addressing other state-specific HCBS needs and priorities. If you have any questions regarding ARP section 9817, please contact HCBSincreasedFMAP@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Bowdoin', with a long horizontal flourish extending to the right.

Jennifer Bowdoin
Director, Division of Community Systems Transformation

cc: David Ward
Susan Crooke

American Rescue Plan Act of 2021 (ARP) Section 9817 Close-Out Worksheet

As discussed in the *Helpful Tips When Closing Out of Federal Requirements under American Rescue Plan Act of 2021 (ARP) Section 9817*, a state is ready for close-out of the federal requirements under ARP section 9817 when the amount of state spending on approved activities in the home and community-based services (HCBS) spending plan equals or exceeds the amount attributable to the increased federal medical assistance percentage (FMAP) that the state expects to claim for HCBS listed in Appendix B of the State Medicaid Director Letter (SMD) # [21-003](#) from April 1, 2021, through March 31, 2022, including any increased FMAP claimed on the initial reinvestment of the state equivalent funds.

This worksheet is intended as a tool for voluntary use by states to assist them with determining whether they have met the spending requirement under ARP section 9817 and are eligible to close-out of the federal requirements under ARP section 9817.

Amount Attributable to the FMAP Increase

In Table 1, provide the total amount attributable to the temporary 10 percentage point increase to the FMAP for certain HCBS that the state has claimed (or expects to claim if the state reasonably anticipates additional claiming and the two-year timely filing period for claiming the increased FMAP has not concluded). This amount should include the amount attributable to the increased FMAP for any activities in the state’s HCBS spending plan that are eligible for the increased FMAP. Please see Appendix E of [SMD # 21-003](#) for more information on claiming the FMAP increase for approved activities in the state’s HCBS spending plan.

Table 1: Total Amount Attributable to the 10 Percentage Point Increase to the FMAP

Final Reporting Quarter	
Federal Fiscal Year (FY)	Quarter
2025	3
Total amount attributable to the 10 percentage point FMAP increase to the FMAP	Insert total dollar amount: \$ 59,846,483

State ARP Section 9817 Spending Amounts and Federal Share Amounts

State equivalent funds are the funds attributable to the temporary 10 percentage point increase to the FMAP that the state spends on approved activities in the state’s HCBS spending plan. State equivalent funds may be used as the state share for Medicaid coverable services and activities for the proper and efficient administration of the state plan that are eligible for federal financial participation (FFP), although states may also use the funds for approved activities in the HCBS spending plan that are not eligible for FFP.

Spending amounts fall into four categories:

- (1) Amount of the state equivalent funds spent on Medicaid covered services eligible for FFP in the state’s HCBS spending plan, as well as the federal share for those activities.

- (2) Amount of the state equivalent funds spent on activities eligible for Medicaid administrative match, as well as the federal share for those activities.
- (3) Amount of the state equivalent funds spent on activities matched at the 90 percent FFP rate for the design, development, or installation, or enhancement to mechanized claims processing and information retrieval systems, or at the 75 percent FFP rate for operations of such systems, as well as the federal share for those activities.
- (4) Amount of the state equivalent funds spent on activities not eligible for FFP. These expenditures generally include payment for state grant-related activities, capital investment activities, and services not coverable under the Medicaid program, but that were approved in the state’s HCBS spending plan.

Table 2: Spending Amounts and Federal Share

Spending Category	Amount of State Share	Amount of Federal Share (FFP match)
Category 1: Amount spent on Medicaid covered services eligible for FFP	59,846,843	176,397,994
	\$	\$
Category 2: Amount spent on activities eligible for Medicaid administrative match	\$	\$
Category 3: Amount spent on mechanized claims processing and information retrieval systems activities eligible for the 90 percent FFP rate or the 75 percent FFP rate	\$	\$
Category 4: Amount spent on activities not eligible for FFP	\$	
Total Amount	\$ 59,846,483	\$ 176,397,994

Note: The total state share spending amounts in category 1-4 should equal or exceed the amount reported in Table 1.

Medicaid Budget and Expenditure System (MBES) Validation

CMS will reconcile claiming information on the *CMS 64 ARP 9817* report available in MBES to information reported in the HCBS spending plan and spending narrative until the state’s claiming related to the increased FMAP and for approved activities in the HCBS spending plan is complete. The amount claimed is reported in Column N of the form. When the state’s claiming is complete, this amount is expected to match the amount reported in Table 1.

State's MBES reconciliation remarks.

While reconciling actual expenditures to MBES, we found 3 reporting errors in need of adjustment. All adjustments will be done on QE 6/2025.

- 1) The adjustment for \$513 was not made on the CMS-64 QE 9/2024 or CMS-64 QE 12/2024 to reduce the ARPA funds attributable to the HCBS 10% increase from \$59,846,997 to \$59,846,483.**
- 2) An adjustment is needed on the 64.9 ARP Section 9817 Reinvest 10B Q4-2024 for 191,602 due to wrong rate being used to calculate state share when originally reported.**
- 3) An adjustment is needed on the 64.9 ARP Section 9817 Reinvest 10B Q2-2025 for 55,263 due to expenditure being put on twice.**

After the adjustments noted above, the (CMS 64 ARP9817 - Medical Assistance Expenditures) – (Oklahoma Column M TOTAL ARP9817REINVEST + ARP9817REINVEST10 STATE SHARE) 46,99,589. And Column N (TOTAL ARP9817 Federal Share 10 Percentage Point Increase Only + ARP9817REINVEST10 FEDERAL SHARE 10 Percentage Point Increase Only) = 59,846,483.

Table 3: MBES Amounts

Fiscal Year (FY)	Amount Claimed Attributable to the 10 Percentage Point Increase to the FMAP	Amount Spent on Medicaid Covered Services Eligible for FFP
	Column N: TOTAL ARP9817 Federal Share 10 Percentage Point Increase Only + ARP9817REINVEST10 FEDERAL SHARE 10 Percentage Point Increase Only (Column E + L)	Column M: TOTAL ARP9817REINVEST + ARP9817REINVEST10 STATE SHARE (Column G + J)
FY 2021	\$ 28,824,442	\$ 0
FY 2022*	\$ 31,022,041	\$ 12,846,895
FY 2023	\$ 0	\$ 28,059,079
FY 2024	\$ 0	\$ 17,172,000
FY 2025		\$ 1,768,509
Total Amount***	\$ 59,846,483	\$ 59,846,483

*The temporary 10 percentage point FMAP increase is available for certain Medicaid expenditures for HCBS beginning April 1, 2021, and ending March 31, 2022.

**Medicaid expenditures are subject to the two-year timely filing rule (45 CFR 95.7). As such, the last date to claim the ARP section 9817 ten percentage point FMAP increase is March 31, 2024, for claims that were expended from January 1, 2022, through March 31, 2022.

***The amounts reported in MBES for ARP section 9817 include only service expenditures. Medicaid Administrative claiming and non-Medicaid spending using state equivalent funds attributable to the increased FMAP are excluded from MBES reporting for ARP section 9817. As a result, the total amount calculated in this table may not equal the total amount of spending on activities in states' HCBS spending plans.