

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 20-0036**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

January 15, 2021

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

Re: Oklahoma State Plan Amendment (SPA) 20-0036

Dear Ms. Anthony:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OK 20-0036. This amendment proposes to address the newly added mandatory benefit for coverage and reimbursement of medication-assisted treatment (MAT) in opioid treatment programs (OTPs) and office-based opioid treatment settings in compliance with Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, HR 6, and, Section 1905(a) (29) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Oklahoma's Medicaid SPA Transmittal Number 20-0036 is approved effective October 1, 2020 until September 30, 2025, pursuant to Section 1006(b) of the SUPPORT Act.

If you have any questions, please contact Deborah Read at 816-426-6363 or via email at [Deborah.Read@cms.hhs.gov](mailto:Deborah.Read@cms.hhs.gov).

Sincerely,

 Digitally signed by James  
G. Scott -S  
Date: 2021.01.15 13:46:05  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Sandra Puebla, OKHCA  
Kasie McCarty, OKHCA

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 36

2. STATE

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION

SUPPORT Act, HR 6, Section 1006(b); Social Security Act 1905(a)  
(29)

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 2,592,101.00

b. FFY 2022 \$ 2,548,028.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 11;  
Attachment 3.1-A, Page 11a;  
Attachment 3.1-A, Page 11b;  
Attachment 3.1-A, Page 11c;  
Attachment 4.19-B, Introduction, Page 3;  
Attachment 4.19-B, Page 44

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, Page 11; TN# 07-06

Attachment 4.19-B, Introduction, Page 3; TN# 20-0035

10. SUBJECT OF AMENDMENT

Coverage for medication assisted treatment in opioid treatment programs (OTPs) and office-based opioid treatment (OBOT) settings in compliance with the SUPPORT Act, HR 6, Section 1006(b) and Section 1905(a)(29) of the Social Security Act.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Melody Anthony

14. TITLE  
State Medicaid Director

15. DATE SUBMITTED  
10/30/2020

16. RETURN TO

Oklahoma Health Care Authority  
Attn: Traylor Rains  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 10/30/2020

18. DATE APPROVED  
January 15, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
10/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL  
Digitally signed by James G. Scott -S  
Date: 2021.01.15 13:46:32 -06'00'

21. TYPED NAME  
James G. Scott

22. TITLE  
Director, Division of Program Operations

23. REMARKS



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

---

**29. Medication-Assisted Treatment (continued)**  
**Eligible Providers (continued)**

- (2) **Opioid Treatment Program (OTP)** - a program or provider registered under federal law, certified as an OTP by the Substance Abuse and Mental Health Services Administration (SAMHSA), certified as an OTP by the Oklahoma Department of Mental Health and Substance Abuse Services unless deemed an exempt entity as defined by federal law, registered by the Drug Enforcement Agency (DEA) and the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD), engaged in opioid treatment of individuals by use of an opioid agonist treatment medication, including methadone, and contracted with the State. An OTP must have the capacity to provide the full range of services included in the definition of MAT and must document both medication dosing and supporting behavioral health services. OTP programs may include:
- (a) **OTP MAT Provider** - a licensed physician in good standing, maintaining a current federal waiver to prescribe drugs and biological products for the treatment of opioid-use disorder, and maintaining a current State registration to dispense dangerous medications; or
  - (b) **OTP Exempt MAT Provider** - a licensed PA or APRN in good standing, supervised, when required, by a physician described in (2)(a) above, and exempt from federal regulatory requirements for OTPs.
  - (c) **OTP Behavioral Health Services Providers** - professionals that meet the qualifications at Attachment 3.1-A, Page 11c and who provide the services noted within the same referenced page.
  - (d) **Medication Unit Affiliated with an OTP Established under 42 CFR. 8.11(i)** - a dosing location or medication station that obtains its methadone drug supply from a primary OTP site, which retains all records for the medication unit, except dosing and drug screens, which dispenses MAT drugs for observed intake, and which has on staff an OTP MAT Provider as defined above.

**The following services are excluded from coverage:**

1. Components that are not provided to or exclusively for the treatment of the eligible individual;
2. Services or components of services of which the basic nature is to supplant housekeeping or basic services for the convenience of a person receiving covered services;
3. Room and board;
4. Telephone calls or other electronic contacts, not inclusive of telehealth; and
5. Field trips or social or physical exercise activity groups.

**Utilization Controls**

- The state has drug utilization controls in place.
- Generic first policy
  - Preferred drug lists
  - Clinical criteria
  - Quantity limits

The state does not have drug utilization controls in place.

**Limitations**

N/A

NEW 10-01-20

TN# 20-0036

Approval Date: 1/15/2021

Effective Date: 10/01/2020

Supersedes TN# NEW

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

**29. Medication-Assisted Treatment (continued)  
Eligible Providers (continued)**

**Individual Provider Qualifications  
Medication Assisted Treatment Services, Medical and Drug Components**

<b>Type of Service</b>	<b>Individual Provider Type</b>	<b>Qualifications</b>
Medication-Assisted Treatment (MAT), office-based opioid treatment (OBOT), drug dispensing and administration (excluding methadone)	<ol style="list-style-type: none"> <li>1. Physician</li> <li>2. Physician’s Assistant</li> <li>3. Advanced Practice Registered Nurse</li> </ol>	<ol style="list-style-type: none"> <li>1. Licensed physician in good standing with a current federal waiver to dispense narcotic drugs for narcotic treatment (as per 21 USC 823(g)(2)) and current registration or exemption to dispense dangerous drugs</li> <li>2. Licensed PA in good standing supervised, when required, by a physician described in (1) above.</li> <li>3. Licensed APRN in good standing supervised, when required, by a physician described in (1) above.</li> </ol>
Medication-Assisted Treatment (MAT), Opioid Treatment Program (OTP), drug dispensing and administration	<ol style="list-style-type: none"> <li>1. Physician</li> <li>2. Physician’s Assistant (PA)</li> <li>3. Advanced Practice Registered Nurse (APRN)</li> </ol>	<ol style="list-style-type: none"> <li>1. Licensed physician in good standing with a current federal waiver to dispense narcotic drugs for narcotic treatment (as per 21 USC. 823(g)(2)), current registration or exemption to dispense dangerous drugs as per state law, and who is employed by or contracted with certified OTP contracted with the State.</li> <li>2. Licensed PA in good standing, supervised, when required, by a physician described in (1) above, exempt from regulatory requirements for OTPs (42 CFR 8.11(h)), and employed by or contracted with a certified OTP contracted with the State.</li> <li>3. Licensed APRN in good standing, supervised, when required, by a physician described in (1) above, exempt from regulatory requirements for OTPs (42 CFR 8.11(h)), and employed by or contracted with a certified OTP contracted with the State.</li> </ol>

NEW 10-01-20

TN# 20-0036

Approval Date: 1/15/2021

Effective Date: 10/01/2020

Supersedes TN# NEW

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

**29. Medication-Assisted Treatment (continued)**  
**Eligible Providers (continued)**

**Individual Provider Qualifications**  
**Medication Assisted Treatment Services, Behavioral Health Components**

<b>Service</b>	<b>Service State Plan Page</b>	<b>Provider</b>	<b>Provider Qualifications</b>
Medication Training and Support	Attachment 3.1-A, Page 6a-1.3	Registered Nurse Physician Assistant Advanced Practice Registered Nurse	Attachment 3.1-A, Page 6a-1.3b
Alcohol & drug assessment	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3a-b
Alcohol and/or substance abuse services treatment plan development	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3a-b
Individual, group, and/or family therapy	Attachment 3.1-A, Page 6a-1.2	Licensed Behavioral Health Practitioner (LBHP);  Drug Counselor (CADC)	Attachment 3.1-A, Page 6a-1.3a  Attachment 3.1-A, Page 6a-1.3e
Alcohol and/or substance abuse services, skill development – individual and group	Attachment 3.1-A, Page 6a-1.3	Licensed Behavioral Health Practitioner (LBHP);  Behavioral Health Rehabilitation Specialist (BHRS)/Case Manager II;  Certified Alcohol & Drug Counselor (CADC)	Attachment 3.1-A, Page 6a-1.3a-b  Attachment 3.1-A, Page 6a-1.3b-c  Supplement 1 to Attachment 3.1-A, Page 1.3e  Attachment 3.1-A, Page 6a-1.3e
Community recovery support	Attachment 3.1-A, Page 6a-1.2a	Recovery Support Specialist (RSS)	Attachment 3.1-A, Page 6a-1.3e
Crisis intervention services	Attachment 3.1-A, Page 6a-1.3	Licensed Behavioral Health Practitioner (LBHP)	Attachment 3.1-A, Page 6a-1.3a and 1.3d

NEW 10-01-20

TN# 20-0036Approval Date: 1/15/2021Effective Date: 10/01/2020Supersedes TN# NEW

**DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES**

---

**Effective Dates for Reimbursement Rates for Specified Services:** *(continued)*

<b>Service</b>	<b>State Plan Page</b>	<b>Effective for Services Provided on or after:</b>
Residential Substance Use Disorder (SUD) Services	Attachment 4.19-B, Page 30b	October 1, 2020
Medication Assisted Treatment (MAT)	Attachment 4.19-B, Page 44	October 1, 2020

Revised 10-01-20

TN#: 20-0036

Approval Date: 1/15/2021

Effective Date: 10/01/2020

Supersedes TN# 20-0035

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
MEDICATION-ASSISTED TREATMENT**

---

**29. Medication-Assisted Treatment (MAT)**

Medication-assisted treatment services, including the drug component, the provider component, and the behavioral health component, are reimbursed on a fee-for-service basis.

- A. Office Based Opioid Treatment (OBOT) services are reimbursed on a fee-for-service basis.
  - 1. The State will cover all forms of drugs and biologicals that the Food and Drug Administration has approved or licensed for MAT to treat opioid use disorder (OUD).
  - 2. Payment for unbundled prescribed drugs administered by a provider in an OBOT setting are reimbursed per the methodology in Attachment 4.19-B, Page 7a.
  - 3. Payment for unbundled prescribed drugs prescribed for the treatment of opioid-use disorder, if dispensed by a pharmacy, are reimbursed per the methodology in Attachment 4.19-B, Pages 7 and 7a.
  - 4. Payment for unbundled OBOT Provider services will be reimbursed per the methodology in Attachment 4.19-B, Page 3 for physicians, per the methodology in Attachment 4.19-B, Page 21 for physician's assistants, and per the methodology in Attachment 4.19-B, Page 32 for advanced practice registered nurses.
  - 5. Payment for unbundled OBOT behavioral health services noted within Attachment 3.1-A, Page 11c are reimbursed per the methodology for rehabilitative services, refer to Attachment 4.19-B, Page 29 at 13d.1.(A).
  
- B. Opioid Treatment Program (OTP) services are reimbursed on a fee-for-service basis.
  - 1. The State will cover all forms of drugs and biologicals that the Food and Drug Administration (FDA) has approved or licensed for MAT to treat opioid use disorder (OUD).
  - 2. Unbundled prescribed drugs dispensed or administered by an OTP MAT Provider, an OTP Exempt MAT Provider, or a Medication Unit Affiliated with an OTP within an OTP setting are reimbursed per the methodology in Attachment 4.19-B, Page 7a.
  - 3. Unbundled prescribed drugs prescribed for the treatment of opioid-use disorder, if dispensed by a pharmacy, are reimbursed per the methodology in Attachment 4.19-B, Pages 7 and 7a.
  - 4. Payment for unbundled OTP Provider services are reimbursed per the methodology in Attachment 4.19-B, Page 3 for physicians, per the methodology in Attachment 4.19-B, Page 21 for physician's assistants, and per the methodology in Attachment 4.19-B, Page 32 for advanced practice registered nurses.
  - 5. Payment for unbundled OTP behavioral health services are reimbursed per the methodology in Attachment 4.19-B, Page 29 at 13d.1.(A).

NEW 10-01-20

TN# 20-0036Approval Date: 1/15/2021Effective Date: 10/01/2020Supersedes TN# NEW