

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 21-0010**

This file contains the following documents in the order listed:

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

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



**Medicaid & CHIP Operations Group**

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March 24, 2021

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

Dear Ms. Anthony:

On January 5, 2021, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 21-0010. This SPA was submitted to replace certified diabetes educator (CDE) requirements with more pertinent training/experience for existing providers of Diabetes Self-Management Education and Support (DSMES) services. Additionally, this SPA adds licensed health care professionals who hold a board certification in advanced diabetes management (BC-ADM), are certified diabetes care and education specialists (CDCES), or are under the supervision of a licensed practitioner within state scope of practice as a provider of (DSMES) services.

We are pleased to inform you that SPA 21-0010 was approved on March 24, 2021, with an effective date of May 1, 2021, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Oklahoma State Plan.

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

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

Digitally signed by James G.  
Scott -S  
Date: 2021.03.24 11:35:49  
05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Kasie McCarty, Oklahoma Health Care Authority  
Sophia Hinojosa, Acting Program Branch Manager

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 10

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

05/01/2021

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. 440.60

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 0

b. FFY 2022 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 3a-1b

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

Attachment 3.1-A, Page 3a-1b; TN# 20-0003

10. SUBJECT OF AMENDMENT

This SPA replaces the certified diabetes educator (CDE) requirement with pertinent training/experience for existing providers of Diabetes Self-Management Education and Support (DSMES) Services as well as adds licensed health care professionals who hold a certification as board-certified advance diabetes management (BC-ADM) or certified diabetes care and education specialist (CDCES) or are under the supervision of a licensed practitioner within state scope of practice as providers of DSMES services.

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

January 5, 2021

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 January 5, 2021

18. DATE APPROVED March 24, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

May 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott -S

Date: 2021.03.24 11:36:23 -05'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

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

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**6d. Other Practitioners' Services** *(continued)*

- H. **Genetic Counseling Services** – In accordance with 42 CFR 440.60, genetic counseling services are provided by licensed genetic counselors to members for whom it is medically necessary.
- I. **Diabetes Self-Management Education and Support (DSMES) Services** – In accordance with 42 CFR 440.60, diabetes self-management education and support services are provided by a Registered Dietician (RD), Registered Nurse (RN), or Pharmacist who is licensed, in good standing in the state in which s/he practices, and has training and experience pertinent to diabetes self-management, or provided by a health care professional holding the certification of a Certified Diabetes Care and Education Specialist (CDCES) or Board-Certified Advanced Diabetes Management (BC-ADM). The CDCES and BC-ADM are licensed practitioners operating within scope of practice under state law or are under the supervision of a licensed practitioner who assumes professional responsibility and such supervision is within the licensed practitioner's scope of practice, consistent with 42 CFR 440.60.

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Revised 05-01-21

TN# 21-0010

Approval Date 03/24/2021

Effective Date 05/01/2021

Supersedes TN# 20-0003