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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 22-0001

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 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

November 16, 2021

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


Dear Ms. Anthony:

On October 6, 2021, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 22-0001. This SPA was submitted to Establish coverage and reimbursement for alternative treatments for pain management under the rehabilitative services benefit. This new optional service for adults will help Medicaid beneficiaries with chronic pain reduce reliance on opioid medications to manage their pain.

We are pleased to inform you that SPA 212-0001 was approved on November 16, 2021 with an effective date of January 1, 2022, 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.

Sincerely,

 Digitally signed by James G. Scott -S
Date: 2021.11.16 15:45:53 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

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

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 01

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

January 1, 2022

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

42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT

a. FFY 22 \$ 14,463,151.00

b. FFY 23 \$ 19,002,738.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 6a-1.25 [NEW]
Attachment 3.1-A, Page 6a-1.26 [NEW]
Attachment 4.19-B, Introduction Page 3
Attachment 4.19-B, Page 31 [NEW]

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 4.19-B, Introduction Page 3; TN # 20-0036

10. SUBJECT OF AMENDMENT

Establish coverage and reimbursement for alternative treatments for pain management

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

[Redacted Signature]

16. RETURN TO

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

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

10/6/2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

10/06/2021

18. DATE APPROVED

November 16, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2022

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

Digitally signed by James G. Scott -S
Date: 2021.11.16 15:46:38 -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 AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

13.d. Rehabilitative Services *(continued)***13.d.6. Alternative Treatments for Pain Management (42 CFR 440.130(d))**

Alternative treatments for pain management are non-pharmacological treatments recommended by a physician or other licensed practitioner of the healing arts for adults age twenty-one (21) or older with acute, subacute, and chronic spinal/back pain or injury. Treatments are intended to reduce pain, increase mobility, optimize function, and decrease use and misuse of opioid medications and may include the services below.

A. Services

Evaluation/re-evaluation: physical examination or assessment to develop a treatment plan to address spinal pain and improve a person's ability to move, restore function, and prevent disability. This service is provided by a physical therapist, physical therapist assistant, and/or a chiropractor; refer to Attachment 3.1-A, Page 6a-1.26 for individual provider qualifications.

Therapeutic exercises: processes or activities designed to develop strength, endurance, range of motion and flexibility to alleviate spinal pain and restore a beneficiary to their best possible functional level. This service is provided by a physical therapist and/or physical therapist assistant; refer to Attachment 3.1-A, Page 6a-1.26 for individual provider qualifications.

Therapeutic activities: dynamic rehabilitative techniques involving movement to improve functional performance in a progressive manner with the intended outcome of a reduction in back pain. This service is provided by a physical therapist and/or physical therapist assistant; refer to Attachment 3.1-A, Page 6a-1.26 for individual provider qualifications.

Manual spinal manipulation: physical adjustments to the spine to correct subluxation and/or address acute or chronic spinal pain. Manual spinal manipulations are performed by a licensed chiropractor. This service is provided by a chiropractor; refer to Attachment 3.1-A, Page 6a-1.26 for individual provider qualifications.

B. Limitations

Annual service limits for therapeutic exercises and therapeutic activities are not to exceed 12 hours or 48 units (one unit of service is 15 minutes) and require prior authorization. A visit may consist of multiple units of service on the same date; the time for units of service is added together and rounded up only once per visit. An initial evaluation and one re-evaluation per calendar year do not require prior authorization

Annual service limits for manual spinal manipulation are not to exceed 12 visits with prior authorization. An initial evaluation and one re-evaluation per calendar year do not require prior authorization

Additional units/visits for alternative treatments for pain management may be exceeded based upon medical necessity.

For the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population, services are furnished based on medical necessity.

NEW 01-01-22

TN# 22-0001

Approval Date: 11-16-2021Effective Date: 01-01-2022Supersedes TN# NEW

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

13.d. Rehabilitative Services *(continued)*

13.d.6. Alternative Treatments for Pain Management *(continued)*

C. Eligible Providers

Providers of alternative treatments for pain management will provide services in non-hospital-based settings only.

**Alternative Treatments for Pain Management
Individual Provider Qualifications**

Type of Service	Individual Provider Type	Qualifications
Evaluation/Re-evaluation	Physical therapist Physical therapist assistant Chiropractor	<p>Physical therapist A licensed physical therapist is a state-licensed individual that is in good standing providing services within their scope of practice in accordance with state law at 42 CFR 440.110.</p> <p>Physical therapist assistant A licensed physical therapist assistant is a state-licensed individual that is in good standing providing services within their scope of practice in accordance with state law while working under the direction of a licensed physical therapist and meets the requirements at 42 CFR 440.110.</p> <p>Chiropractor A licensed chiropractor is a state-licensed individual that is in good standing providing services within their scope of practice in accordance with state law.</p>
Therapeutic exercises Therapeutic activities	Physical therapist Physical therapist assistant	<p>Physical therapist A licensed physical therapist is a state-licensed individual that is in good standing providing services within their scope of practice in accordance with state law at 42 CFR 440.110.</p> <p>Physical therapist assistant A licensed physical therapist assistant is a state-licensed individual that is in good standing providing services within their scope of practice in accordance with state law while working under the direction of a licensed physical therapist and meets the requirements at 42 CFR 440.110.</p>
Manual spinal manipulation	Chiropractor	<p>Chiropractor A licensed chiropractor is a state-licensed individual that is in good standing providing services within their scope of practice in accordance with state law.</p>

NEW 01-01-22

DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES

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

Service	State Plan Page	Effective for Services Provided on or after:
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
Alternative Treatments for Pain Management	Attachment 4.19-B, Page 31	January 1, 2022

Revised 01-01-22

TN# 22-0001Approval Date: 11-16-2021Effective Date: 01-01-2022Supersedes TN# 20-0036

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

13.d. Rehabilitative Services *(continued)*

13.d.6. Alternative Treatments for Pain Management

Payment is made to providers of alternative treatments for pain management in accordance with the methodologies described in Attachment 4.19-B, Page 3 and Page 28.2.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of alternative non-pharmacological treatments for pain management.

NEW 01-01-22

TN# 22-0001

Approval Date: 11-16-2021

Effective Date: 01-01-2022

Supersedes TN# New