Table of Contents

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
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,

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 22 00 01 00
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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
    ☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
    ☒ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL
    [Signature]

13. TYPED NAME Melody Anthony
14. TITLE State Medicaid Director
15. DATE SUBMITTED 10/6/2021

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

17. DATE RECEIVED 10/06/2021
18. DATE APPROVED November 16, 2021

FOR REGIONAL OFFICE USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2022

20. SIGNATURE OF REGIONAL OFFICIAL
    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

Instructions on Back
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.
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

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Individual Provider Type</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation/Re-evaluation</td>
<td>Physical therapist</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Physical therapist assistant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chiropractor</td>
<td></td>
</tr>
<tr>
<td>Therapeutic exercises</td>
<td>Physical therapist</td>
<td>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.</td>
</tr>
<tr>
<td>Therapeutic activities</td>
<td>Physical therapist assistant</td>
<td></td>
</tr>
<tr>
<td>Manual spinal manipulation</td>
<td>Chiropractor</td>
<td>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.</td>
</tr>
</tbody>
</table>

NEW 01-01-22

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

Supersedes TN#  ____NEW____
Effective Dates for Reimbursement Rates for Specified Services: *(continued)*

<table>
<thead>
<tr>
<th>Service</th>
<th>State Plan Page</th>
<th>Effective for Services Provided on or after:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Substance Use Disorder (SUD) Services</td>
<td>Attachment 4.19-B, Page 30b</td>
<td>October 1, 2020</td>
</tr>
<tr>
<td>Medication Assisted Treatment (MAT)</td>
<td>Attachment 4.19-B, Page 44</td>
<td>October 1, 2020</td>
</tr>
<tr>
<td>Alternative Treatments for Pain Management</td>
<td>Attachment 4.19-B, Page 31</td>
<td>January 1, 2022</td>
</tr>
</tbody>
</table>
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.