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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 23-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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

July 11, 2023

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

Re: Oklahoma State Plan Amendment (SPA) 23-0018

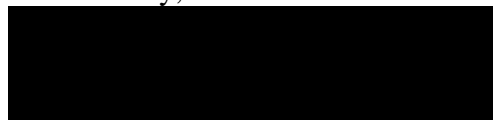
Dear Mr. Rains:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0018. This amendment authorizes the administration of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) by licensed pharmacies, pharmacists, pharmacy interns, and pharmacy technicians.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.60. This letter is to inform you that Oklahoma Medicaid SPA 23-0018 was approved on July 11, 2023, with an effective date of May 12, 2023.

If you have any questions, please contact Stacey Steiner at (469) 904-1068 or via email at Stacey.Steiner@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Sandra Puebla, OHCA
Kasie McCarty, OHCA
Heather Cox, OHCA

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 1 8

2. STATE
O K

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
5/12/2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 203,021
b. FFY 2024 \$ 306,875

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Page 3a-1b
Attachment 4.19-B Introduction Page 2
Attachment 4.19-B Page 47


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A Page 3a-1b; TN# 21-0010
Attachment 4.19-B Introduction Page 2; TN #22-0032
Attachment 4.19-B Page 47; NEW

9. SUBJECT OF AMENDMENT
Authorizing administration of immunizations recommended by ACIP by licensed pharmacies, pharmacists, pharmacy interns and pharmacy technicians.

10. 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:
The governor's office does not review state plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Traylor Rains

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
04/28/2023

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

cc: Sandra Puebla; Kasie McCarty; Heather Cox

FOR CMS USE ONLY

16. DATE RECEIVED
April 28, 2023

17. DATE APPROVED
July 11, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 12, 2023

19. SIGNATURE OF 

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

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

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.

- J. **Pharmacy Services** – Per 42 CFR 440.60, licensed Pharmacists may provide any and all services within their scope of practice pursuant to state law, including but not limited to administration of any vaccinations or immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Revised 05-12-2023

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 Date |
|--|---------------------------------|-----------------------------------|
| 4.b. EPSDT (continued) • Other Practitioner – Applied Behavior Analysis (ABA) Services | Attachment 4.19-B, Page 28.13 | July 1, 2019 |
| Christian Science Nurses | Attachment 4.19-B, Page 28.5 | October 1, 2019 |
| Dentures | Attachment 4.19-B, Page 28.6 | October 1, 2019 |
| Respiratory Care | Attachment 4.19-B, Page 28.7 | October 1, 2019 |
| Private Duty Nursing Services | Attachment 4.19-B, Page 28.8 | October 1, 2019 |
| Physical Therapist | Attachment 4.19-B, Page 28.9 | February 1, 2021 |
| Occupational Therapist | Attachment 4.19-B, Page 28.10 | February 1, 2021 |
| Speech Language Pathologist | Attachment 4.19-B, Page 28.10.1 | February 1, 2021 |
| Christian Science Sanatoria | Attachment 4.19-B, Page 28.11 | October 1, 2018 |
| Other Practitioner – Licensed Clinical Social Worker | Attachment 4.19-B, Page 28.12 | October 1, 2019 |
| Residential Substance Use Disorder (SUD) Services | Attachment 4.19-B, Page 30b | July 1, 2022 |
| Outpatient Behavioral Health and Substance Use Disorder Treatment Services A. Outpatient Behavioral Health Services in Agency Setting B. Partial Hospitalization Program (PHP) | Attachment 4.19-B, Page 29 | July 1, 2022 September 1, 2022 |
| Program of Assertive Community Treatment (PACT) Services | Attachment 4.19-B, Page 29a | July 1, 2022 |
| Alternative Treatments for Pain Management | Attachment 4.19-B, Page 31 | January 1, 2022 |
| Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services | Attachment 4.19-B, Page 32 | October 1, 2019 |
| Diabetes Self-management Training (DSMT) Services | Attachment 4.19-B, Page 43 | January 1, 2020 |
| Medication Assisted Treatment (MAT) | Attachment 4.19-B, Page 44 | October 1, 2020 |
| Qualifying Clinical Trials | Attachment 4.19-B, Page 45 | January 1, 2022 |
| ACIP-Recommended Vaccine Administration | Attachment 4.19-B, Page 47 | August 24, 2020 |

Revised 05-12-2023

TN# 23-0018
Supersedes TN # 22-0032Approval Date 07-11-2023Effective Date 05-12-2023

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

Vaccine Administration and Administration of Advisory Committee on Immunization Practices (ACIP)-Recommended Vaccine Services

The OHCA will follow the Agency's current reimbursement methodologies found at Attachment 4.19-B, Page 3 for vaccine administration. For vaccines administered under the Pediatric Immunization Program the Agency will follow the current reimbursement methodologies found at Page 66(b).

Vaccines are paid as per the current reimbursement methodology found at Attachment 4.19-B, Page 3

New 05-12-2023

TN# 23-0018
Supersedes TN# NEW

Approval Date 07-11-2023

Effective Date 05-12-2023