

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 24-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group**

September 5, 2024

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

RE: TN 24-0002

Dear Director Rains:

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) to Attachment 4.19-B OK-24-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 1<sup>st</sup>, 2024. This state plan establishes reimbursement methodology for services rendered by pharmacists.

Based upon the information provided by the State, we have approved the amendment with an effective date of November 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or [Robert.Bromwell@cms.hhs.gov](mailto:Robert.Bromwell@cms.hhs.gov).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 2

2. STATE

O K3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.60 &amp; 440.225

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 165,615.00b. FFY 2026 \$ 180,671.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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 4.19-B, Introduction, Page 2; TN #23-0018

Attachment 4.19-B, Page 47; TN #23-0018

9. SUBJECT OF AMENDMENT

State Plan amendment to establish the reimbursement methodology for services rendered by pharmacists.

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

August 1, 2024

15. RETURN TO

Oklahoma Health Care Authority

Attn: Traylor Rains

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

cc: Kasie McCarty; Heather Cox; Kelsey Dewbre

**FOR CMS USE ONLY**

16. DATE RECEIVED

August 1, 2024

17. DATE APPROVED

September 5, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

November 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

**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 Date</b>
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	Attachment 4.19-B, Page 29	
A. Outpatient Behavioral Health Services in Agency Setting		July 1, 2022-
B. Partial Hospitalization Program (PHP)		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 Pharmacists' Services	Attachment 4.19-B, Page 47	August 24, 2020 November 1, 2024

Revised 11-01-2024

TN# 24-0002

Approval Date: 09-05-2024

Effective Date 11-01-2024

Supersedes TN # 23-0018

**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

**Pharmacists' Services**

Payment for services rendered by Pharmacists is made in accordance with the methodology described in Attachment 4.19-B, Page 3. Payment for vaccines administered by pharmacists is made in accordance with the reimbursement methodology for Vaccine Administration and Administration of Advisory Committee on Immunization Practices (ACIP)-Recommended Vaccine Services in Attachment 4.19-B, Page 47.