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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 24-0003-A

This file contains the following documents in the order listed:

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

April 30, 2024

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

Re: Oklahoma State Plan Amendment (SPA) – 24-0003-A

Dear Director Rains:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OK 24-0003-A. This amendment proposes to provide funding for Opioid Overdose Reversal Agents.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act including Sections 1916 and 1916A, and 42 Code of Federal Regulations (CFR) Sections 447.50 through 57. This letter informs you that Oklahoma's Medicaid SPA TN 24-0003-A was approved on April 29, 2024, with an effective date of March 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oklahoma State Plan.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kasie McCarty
Heather Cox

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **Oklahoma**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

OK-24-0003-A

Proposed Effective Date

03/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

SSA 1916, SSA 1916A, 42 CFR 447.50 through 57

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00
Second Year	2025	\$ 0.00

Subject of Amendment

Opioid Overdose Reversal Agents

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

The Governor's office does not review State Plan Amendments.

Signature of State Agency Official

Submitted By: **Sandra Puebla**
Last Revision Date: **Mar 28, 2024**
Submit Date: **Mar 28, 2024**



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: OK -24 -0003-A

Cost Sharing Amounts - Categorically Needy Individuals **G2a**

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Inpatient Hospital Services	10.00	\$	Day	Up to \$75.00 maximum	Remove
Add	Outpatient Hospital Services	4.00	\$	Visit		Remove
Add	Organized Outpatient Clinic Services	4.00	\$	Visit		Remove
Add	Ambulatory Surgery Services	4.00	\$	Visit		Remove
Add	Physicians Services	4.00	\$	Visit	\$0 copay for the administration of Advisory Committee on Immunization Practices (ACIP) recommended Vaccines	Remove
Add	Physician Assistant/ Anesthesiologist Assistant	4.00	\$	Visit		Remove
Add	Advanced Practice Nurse Services	4.00	\$	Visit		Remove
Add	Optometrist Services	4.00	\$	Visit		Remove
Add	Dental Services	4.00	\$	Visit		Remove
Add	Durable Medical Equipment Services	4.00	\$	Item	Blood glucose testing supplies & insulin syringes have \$0 copay.	Remove
Add	Home Health Agency Services	4.00	\$	Visit		Remove
Add	Rural Health Clinic (RHC) Services	4.00	\$	Visit		Remove
Add	Federally Qualified Health Center (FQHC) Services	4.00	\$	Visit		Remove
Add	Medicare Part B Crossover Claims	1.00	\$	Visit		Remove
Add	Behavioral health and substance abuse services - inpatient	10.00	\$	Day	Up to \$75.00 maximum	Remove



Medicaid Premiums and Cost Sharing

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Behavioral health and substance abuse services - outpatient	3.00	\$	Visit		Remove
Add	Laboratory and X-ray Services	4.00	\$	Visit		Remove
Add	Prescription Drugs	4.00	\$	Prescription	Limited to the drug benefit under the state plan. Tobacco cessation products have \$0 copay. Prenatal vitamins have \$0 copay. Birth control has a \$0 copay. Opioid overdose reversal agents have \$0 copay. Medication assisted treatments for opioid use have \$0 copay.	Remove
Add	Preferred generic drugs for HCBS waiver members	0.00	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$0 - \$10.00 for HCBS waiver members	0.65	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$10.01 - \$25.00 for HCBS waiver members	1.20	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$25.01 - \$50.00 for HCBS waiver members	2.40	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued at \$50.01 or more for HCBS waiver members	3.50	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	State Plan Personal Care Services	4.00	\$	Visit		Remove
Add	Physical Therapy/Occupational Therapy/Speech and Audiologist Therapy (PT/OT/ST)	4.00	\$	Visit		Remove
Add	Alternative Treatment for Pain Mangement	4.00	\$	Visit		Remove
Add	Prosthetics and Orthotics	4.00	\$	Prescription		Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item: <input type="text"/>	Remove Service or Item
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Medicaid Premiums and Cost Sharing

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

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