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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 24-0024

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

February 27, 2025

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

Re: Oklahoma State Plan Amendment (SPA) – 24-0024

Dear Director Anthony:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0024. This amendment proposes to cover community health services to eligible members as provided by community health workers (CHW) within a public health clinic.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130(c). This letter informs you that Oklahoma's Medicaid SPA TN 24-0024 was approved on February 27, 2025, effective January 1, 2025.

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,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: 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 4 — 0 0 2 4

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

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 175,352.00b. FFY 26 \$ 584,508.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 4a-1.4.2

Attachment 4.19-B, Page 23a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A Page 4a-1.4.2; NEW

Attachment 4.19-B, Page 23a; TN # 11-09

9. SUBJECT OF AMENDMENT

State Plan Amendment to cover community health services to eligible members as provided by community health workers (CHW) within a public health clinic.

10. GOVERNOR'S REVIEW (Check One)

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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

12/16/2026

15. RETURN TO

Oklahoma Health Care Authority

Attn: Traylor Rains

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

cc: Kasie McCarty; Heather Cox; Sean Webster

FOR CMS USE ONLY

16. DATE RECEIVED

December 16, 2024

17. DATE APPROVED

February 27, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

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 TO THE CATEGORICALLY NEEDY**

Public Health Clinic Services *(continued)*

Eligible providers of community health services include community health workers (CHW) working in a Public Health Clinic. Services must be provided under the direction of a physician or other licensed provider practicing within their scope of practice in accordance with state law. Additionally, providers must obtain a certificate of completion of a C3 core competency-based Community Health Worker training offered by the Oklahoma State Department of Health, Tulsa City County Health Department, and/or Oklahoma City County Health Department; or have 2,000 documented hours of paid, volunteer, or lived experience.

Community Health Services can be provided in an individual or group setting and may include, but are not limited to:

- Screening and assessment to uncover the need for services.
- Health education and coaching, consistent with established or recognized healthcare standards, to promote beneficiaries' awareness of and engagement in health care and other related services as well as chronic disease self-management methods; including care planning, setting goals, and creating action plans to address barriers to engaging in care and/or self-management of chronic conditions.
- Health system navigation and health-related social resource coordination to assist beneficiaries with access to appropriate health care and other related community resources; care coordination services include engaging with beneficiaries and interdisciplinary care teams as a part of a team-based, person-centered approach to support and advocate for physical and mental health including during time-limited episodes of instability.

Eligibility

In order to receive community health services from a CHW, services must be ordered by a physician or other licensed practitioner and must have at least one of the following:

- Diagnosis of one or more chronic health conditions including behavioral health
- Self-reported and/or suspected documented unmet health-related social need
- Received a screening
- Pregnancy

Limitations

Daily limits for community health services are not to exceed 2 hours or 4 units per member per day. Monthly service limits for CHW services are not to exceed 12 hours or 24 units (one unit of service is 30 minutes). Hour limits are constant, regardless of whether services are administered in an individual or group setting.

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.

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

New 01-01-2025

TN# 24-0024Approval Date 02-27-2025Effective Date 01-01-2025Supersedes TN# NEW

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

Clinic Services *(continued)*

2.2 Limitations:

- Encounters are limited to one per day and cannot be billed on the same day as prevention exams (e.g., EPSDT or family planning);
- Labs and drugs are separately reimbursable.

2.3 This methodology applies to services provided on or after October 1, 2011. The fee schedule is available on the Agency's public website.

(3) Public Health Community Health Services

3.1 Payments are made for community health services in accordance with the established fee schedule rates described in Attachment 4.19-B, Page 3, Payment for physicians' services including remedial care and services.