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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 25-0001

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 9, 2026

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

Re: Oklahoma State Plan Amendment (SPA) – 25-0001

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment establishes new coverage requirements and reimbursement methodologies for freestanding birthing centers and adds coverage for licensed midwives under the freestanding birth center benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in 42 CFR 440.60. This letter informs you that Oklahoma's Medicaid SPA TN 25-0001 was approved on March 6, 2026, with an effective date of December 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 (214) 210-1071 or via email at Stacey.Steiner@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Heather Cox
Kelsey Dewbre

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

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 1</u>	2. STATE <u>O K</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 1, 2025
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5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(28) of the SSA, 42 CFR 440.60	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0.00</u> b. FFY <u>2027</u> \$ <u>0.00</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 9a-3 Attachment 4.19-B, Introduction Page 2 Attachment 4.19-B, Page 35 Attachment 4.19-B, Page 48	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 9a-3; TN #93-20 Attachment 4.19-B, Introduction Page 2; TN #24-0002 Attachment 4.19-B, Page 35; TN #93-20
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9. SUBJECT OF AMENDMENT
This SPA establishes new coverage requirements and reimbursement methodologies for licensed midwives and freestanding birthing centers.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The governor's office does not review state plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Oklahoma Health Care Authority Attn: Melissa Miller 4345 N. Lincoln Blvd. Oklahoma City, OK 73105 cc: Heather Cox; Kelsey Dewbre
12. TYPED NAME Melissa Miller	
13. TITLE State Medicaid Director	
14. DATE SUBMITTED December 10, 2025	

FOR CMS USE ONLY

16. DATE RECEIVED December 10, 2025	17. DATE APPROVED March 6, 2026
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras	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**

24.g. Birthing Center Services

Birthing center services as defined by sections 1905(a)(28) and 1905(l)(3) of the Social Security Act are covered when furnished by a licensed midwife, certified nurse midwife, advanced practice registered nurse, or licensed physician. Covered services include prenatal, labor and delivery, and postpartum care.

Eligible providers are birthing centers which are not licensed as a hospital and meet the following requirements:

- (1) Have a written agreement with a board-certified OB/GYN to provide coverage for consultation, collaboration or referral services as defined by the American College of Nurse Midwives.
- (2) Have a SoonerCare-contracted clinical director who is a physician, certified nurse midwife, advanced practice registered nurse, or licensed midwife and is responsible for establishing patient protocols and other functions as defined in requirements for state licensure. This individual may, or may not, be the physician providing individual patient coverage for consultation, collaborative or referral service.
- (3) Have a written agreement with a referral hospital which is a Class II hospital. Class II hospital is defined as a facility with 24-hour availability of OB/GYN and capability of performing c-section within thirty minutes.
- (4) Must be accredited by the Commission for the Accreditation of Birth Centers.

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 Services in Agency Setting	Attachment 4.19-B, Page 29	July 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
Birthing Centers	Attachment 4.19-B, Page 35	December 1, 2025
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
Doula Services	Attachment 4.19-B, Page 46	July 1, 2023
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 July 1, 2024
Licensed Midwives	Attachment 4.19-B, Page 48	December 1, 2025

Revised 12-01-2025

TN# 25-0001Approval Date 3-06-2026Effective Date 12-01-2025Supersedes TN # 24-0002

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

Payment for Birthing Centers

Payment to a birthing center on behalf of a Medicaid client is an all-inclusive facility payment and represents payment in full for the birthing center services. The facility charge is determined by the applicable Ambulatory Payment Classification (APC) fee schedule maintained by CMS, available at oklahoma.gov/ohca/feeschedules. Payment is made according to the Agency fee schedule.

Rates for birthing center services were set as of December 1, 2025 and are effective for services provided on or after that date. All rates are published on the agency's website located at oklahoma.gov/ohca/feeschedules. A uniform rate is paid to governmental and non-governmental providers.

Separate payment will be made for medically necessary lab services and the midwife or physician obstetrical care, delivery, and postpartum care.

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

Licensed Midwives

Payment for licensed midwives' services is made in accordance with the established fee schedule rates described in Attachment 4.19-B, Page 3; Payment for physicians' services.

Reimbursement for licensed midwives' services will be made at 80% of the physician fee schedule rate for the same service. Reimbursement for lab services ordered by licensed midwives will be made at 100% of the physician fee schedule rate.

The agency's fee schedule was set as of December 1, 2025, and is effective for services provided on or after that date. A uniform rate is paid to governmental and non-governmental providers.

All rates are published on the agency's website at oklahoma.gov/ohca/feeschedules.