

State/Territory Name: Oklahoma

State Plan Amendment (SPA) OK-25-0002

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

May 20, 2026

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

RE: TN OK-25-0002

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oklahoma state plan amendment (SPA) to Attachment 4.19-B OK-25-0002, which was submitted to CMS on September 26, 2025. The purpose of this plan amendment is to increase reimbursement rates for Children First targeted case management and nursing assessment services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. 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 via email at robert.bromwell@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

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 5 — 0 0 0 2

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
July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 48,096
b. FFY 2026 \$ 192,385

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 23a
Attachment 4.19-B Page 33

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

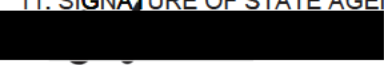
Attachment 4.19-B Page 23a; TN # 24-0024
Attachment 4.19-B Page 33; TN # 10-28

9. SUBJECT OF AMENDMENT
Establishing payment for specific governmental public health clinic services.
The purpose of this SPA is to increase reimbursement rates for Children First targeted case management and nursing assessment services and transition payment for these services to a State-developed fee schedule under the Targeted Case Management benefit authority

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
Christina Foss

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
September 26, 2025

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

cc: Heather Cox; Sean Webster


FOR CMS USE ONLY

16. DATE RECEIVED
September 26, 2025

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

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

Pen and ink change authorized via email on 5/51/2026 to block 9 to from "Establishing payment for specific governmental public health clinic services" to "The purpose of this SPA is to increase reimbursement rates for Children First targeted case management and nursing assessment services and transition payment for these services to a State-developed fee schedule under the Targeted Case Management benefit authority" and blocks 7 and 8 to remove Attachment 4.19-B Page 23a.

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

Case Management Services for High-Risk Pregnant Women, First Time Pregnant Women and Their Infants, and Developmentally Disabled Children 0-3 Years of Age

Targeted Case Management services provided by the Oklahoma State Department of Health under the Children First program are made using the Public Health Clinic fee schedule, effective July 1, 2025.

The agency's Public Health Clinic fee schedule rates were set as of July 1, 2025, and are effective for service provided on or after that date. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at <https://oklahoma.gov/ohca/feeschedules>.

Revised 07-01-25

TN # 25-0002
Supersedes TN # 10-28

Approval Date May 20, 2026

Effective Date 7-01-2025