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State/Territory Name Oklahoma

State Plan Amendment (SPA) #: 25-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS Form 179
- 4) 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

October 3, 2025

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

Re: Oklahoma State Plan Amendment (SPA) – 25-0010

Dear Director Foss:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0010. This amendment provides assurance of coverage for clinic services outside of the “four walls” of IHS/Tribal clinics in accordance with the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.90. This letter informs you that Oklahoma’s Medicaid SPA TN 25-0010 was approved on October 3, 2025, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oklahoma State Plan. Please also note a companion letter was issued with this approval.

If you have any questions, please contact Stacey Steiner at (214) 210-1071 or via email at Stacey.Steiner@cms.hhs.gov.

Sincerely,

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Heather Cox, Oklahoma Health Care Authority

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

October 3, 2025

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

Re: Oklahoma (OK) State Plan Amendment (SPA) 25-0010 Companion Letter

Dear Director Foss:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to OK 25-0010, approved on October 3, 2025. This state plan amendment (SPA) amends the Medicaid state plan to provide assurance of coverage for clinic services outside of the “four walls” of IHS/Tribal clinics in accordance with the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule. As noted in the approval letter, this SPA is effective January 1, 2025.

Section 1902(a)(4) of the Social Security Act (the Act) requires that the state use methods of administration found by the Secretary to be “necessary for the proper and efficient administration of the plan.” Implementing regulation at 42 CFR § 430.10 provides that, “the State plan is a comprehensive written statement submitted by the agency describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with the specific requirements of title XIX, the regulations in this Chapter IV, and other applicable official issuances of the Department. The State plan contains all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation (FFP) in the State program”. In addition, under section 1902(a)(10)(B) of the Act and implementing regulation at 42 CFR § 440.230(b), the state plan must provide that each service is sufficient in amount, duration, and scope to reasonably achieve its purpose.

During our review of OK 25-0010, we identified the following same page review concerns on Attachment 3.1-A, pages 4a-1a through 1.4.2 that need to be addressed. CMS concluded that the OK state plan is not a comprehensive written statement and may not meet the requirements of section 1902(a)(10)(B) of the Act. Accordingly, we are sending this companion letter to address the following questions and requested changes.

Clinic Services, Attachment 3.1-A, pages 4a-1a through 1.4.2

1. On Attachment 3.1-A, pages 4a-1d and 4a-1e, the state describes coverage of community health workers that are employed by public health clinics. Under SPA OK 24-0024, the community health worker coverage was added to the clinic services benefit section of the state plan but the CMS-179 listed the authority as the preventive services benefit, which is a separate state plan benefit under section 1905(a)(13) of the Act and 42 CFR § 440.130(c). In verbal correspondence the state indicated that the community health worker coverage should have been approved under the preventive services benefit. Please remove the community health worker coverage from the clinic services section of the state plan and move the coverage to a new page in the preventive services section, which is currently located at Attachment 3.1-A, page 6aa-1.
2. On Attachment 3.1-A, page 4a-1e, the state indicates that, “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).” It is not clear if these limits may be exceeded based upon state determined medical necessity criteria. If the limits can be exceeded based upon state determined medical necessity criteria, then please indicate so on the plan page. If the limits cannot be exceeded based upon state determined medical necessity criteria, then please respond to the following questions:
 - a. Background. What is the reason for this limitation? If the reason for the limitation is duplication of services, abuse or inappropriate utilization, please provide the evidence that supports this reasoning. What other approaches/initiatives/processes have you tried or considered to address this matter?
 - b. Purpose. What is the clinical purpose of this benefit and will that purpose be achieved even with this limit?
 - c. Data Support – Existing. With respect to existing limitations and using data within the last 12 months, what percentage of Medicaid beneficiaries utilized the maximum amount of the service? Please provide this information for the following eligibility groups:
 - i. Aged, Blind and Disabled
 - ii. Non-Dually Eligible Adults (for analyses of services for which Medicare would not be primary payer, otherwise the analysis would include dually-eligible individuals)
 - iii. Pregnant Women
 - iv. Parents/Caretakers/Other Non-Disabled Adults
 - v. Adult expansion group, if applicable

- d. Clinical Support. If the data requested above is not available, or is not relevant to demonstrating the sufficiency of the limited benefit, please include support for this proposed scope of services through clinical literature or evidence-based practice guidelines, or described your consultation with your provider community or other that resulted in an assurance that this proposed scope of services has meaningful clinical merit to achieve its intended purpose.
- e. Exceptions. Are there any exemptions to the proposed limitations? If so, how was this exemption determined to be appropriate? Does the state have a process for granting other exemptions if similar circumstances warrant? (e.g., if there is an exemption for individuals with one condition because their needs are greater, is there a process for other individuals with conditions that result in greater needs to request an exemption?) Can additional services beyond the proposed limit be provided based on a determination of medical necessity? That is, will there be an exception or prior authorization process for beneficiaries that require services beyond that limitation?
- f. Beneficiary Impact. Please describe what will or is likely to occur to beneficiaries who will be impacted by this limitation. If the limit cannot be exceeded on a determination of medical necessity:
 - i. How will those affected by this limitation obtain the medical services they need beyond the stated limits?
 - ii. Will beneficiaries be billed and expected to pay for any care that may not be covered? Or, instead will the provider or practitioner be expected to absorb the costs of the provided services?
 - iii. Will beneficiaries be reassessed to determine need for the service prior to the plan amendment's effective date?
 - iv. If the beneficiary's covered services are being reduced will the beneficiary be notified of their appeal rights per 42 CFR 431.206?
- g. Delivery System. Will the proposed limitation apply to services performed through managed care contracts, fee-for-service (FFS) or both? If applied in managed care, indicate whether or not the capitation rates will be adjusted to reflect the change.
- h. Implementation. How will the state be implementing the limit? For example, how will the state be publicizing this limit to beneficiaries and providers in a timely manner that allows decisions on the provision of care to be made in acknowledgement of the limit?
- i. Tracking. How will the limitation be tracked? Will both providers and beneficiaries be informed in advance so they know they have reached the limit? Please summarize the process.

The state has 90 days from the date of this letter to address the issues described above. During this time period, the state must either submit a state plan amendment with the additional information or a corrective action plan describing in detail how the state will resolve the issues in a timely

manner. Failure to respond may result in the initiation of a formal compliance process.

During the 90-day compliance period, CMS will be available to provide technical assistance if needed. If you have any questions, please contact Stacey Steiner at (214) 210-1071 or via email at Stacey.Steiner@cms.hhs.gov.

Sincerely,

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

cc: Heather Cox, Oklahoma Health Care Authority

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 0

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 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

See enclosure for full list of pages

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

See enclosure for full list of pages

9. SUBJECT OF AMENDMENT

Assurance of coverage for clinic services outside of the "four walls" of IHS/Tribal clinics in accordance with the Medicare Hospital
Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule.

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

Christina Foss

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

5/23/2025

15. RETURN TO

Oklahoma Health Care Authority

Attn: Christina Foss

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

cc: Kasie McCarty; Heather Cox

FOR CMS USE ONLY

16. DATE RECEIVED

May 23, 2025

17. DATE APPROVED

October 3, 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

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

Box 8 Supplement (page 2 of this 179): State authorized pend and ink change on 9/18/2025

OK SPA 25-0010
CMS Form 179 Supplement

<i>7. Page number of the Plan Section or Attachment</i>	<i>8. Page number of the Superseded Plan Section or Attachment (if applicable)</i>
Attachment 3.1-A, Page 4a-1a Attachment 3.1-A, Page 4a-1b Attachment 3.1-A, Page 4a-1c Attachment 3.1-A, Page 4a-1d Attachment 3.1-A, Page 4a-1.2 Attachment 3.1-A, Page 4a-1.3 Attachment 3.1-A, Page 4a-1.4 Attachment 3.1-A, Page 4a-1.4.1 Attachment 3.1-A, Page 4a-1.4.2 Attachment 3.1-A, Page 4a-1e	Attachment 3.1-A, Page 4a-1.2; TN# 85-6 Attachment 3.1-A, Page 4a-1.3; TN# 87-6 Attachment 3.1-A, Page 4a-1.4; TN# 15-002 Attachment 3.1-A, Page 4a-1.4.1; TN# 11-09 Attachment 3.1-A, Page 4a-1.4.2; TN# 24-0024

State Plan under Title XIX of the Social Security Act
State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☒ Limitations apply to all services within the benefit category.
All medical services performed must be medically necessary and may not be experimental in nature.

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☐ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

Click or tap here to enter text.

- ☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan under Title XIX of the Social Security Act
State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

☒ IHS and Tribal Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Click or tap here to enter text.

☒ Renal Dialysis Clinics **[Select below if applicable.]**:

☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Payment is made for dialysis services provided by Medicare certified renal dialysis facilities which have contracts with the Agency.

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

Clinic services may be provided in Public Health Clinics, qualified Urgent Care Clinics, qualified Urgent Recovery Clinics, and Free-Standing Ambulatory Surgery Centers.

☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Free-Standing Ambulatory Surgery Centers – Payment is made for certain surgical procedures performed in Medicare-certified free-standing ambulatory surgical centers which have contracts on file with the Department.

Public Health Clinic Services – Public Health Clinics are governmental providers of medical services. All medical services performed must be medically necessary and/or preventive and may not be experimental in nature.

Community Health Services – 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

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State Plan under Title XIX of the Social Security Act
State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

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.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan under Title XIX of the Social Security Act
State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**:

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

Click or tap here to enter text.

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan under Title XIX of the Social Security Act
State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

Four Walls Exceptions (continued)

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:
Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:
Click or tap here to enter text.

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:
Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

(Reserve Page)

Revised 01-01-2025

Transmittal Number: 25-0010
Supersedes Transmittal Number 85-6

Approval Date: October 3, 2025

Effective Date: January 1, 2025

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDED**

(Reserve Page)

Revised 01-01-2025

Transmittal Number: 25-0010
Supersedes Transmittal Number: 87-6

Approval Date: October 3, 2025

Effective Date: January 1, 2025

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDED**

(Reserve Page)

Revised 01-01-2025

Transmittal Number: 25-0010

Approval Date: October 3, 2025

Effective Date: January 1, 2025

Supersedes Transmittal Number: 15-002

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

(Reserve Page)

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

(Reserve Page)