**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) OK-25-0013**

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**

November 7, 2025

Christina Foss
Director Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OH 73105

RE: TN OK-25-0013

Dear Director Foss:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oklahoma state plan amendment (SPA) to Attachment 4.19-B OK-25-0013, which was submitted to CMS on August 15, 2025. The purpose of this plan amendment is to increase the per diem rate for partial hospitalization 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,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 25-0013

2. STATE: OK

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 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 194,863
b. FFY 2026 $ 777,699

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-A, Introduction Page 1
Attachment 4.19-A, Page 17
Attachment 4.19-A, Page 29

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-A, Introduction Page 1, TN #25-0006
Attachment 4.19-A, Page 17, TN #19-0003
Attachment 4.19-A, Page 29, TN #22-0016

9. SUBJECT OF AMENDMENT
This SPA increases the per diem rate for partial hospitalization program (PHP) services.

*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
[redacted]

12. TYPED NAME
Christina Foss

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
August 15, 2025

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

cc: Heather Cox; Kelsey Dewbre

***FOR CMS USE ONLY***

16. DATE RECEIVED
August 15, 2025

17. DATE APPROVED
November 7, 2025

***PLAN APPROVED - ONE COPY ATTACHED***

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, FMG Division of Reimbursement Review

22. REMARKS



***Instructions on Back***

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

**Effective Dates for Reimbursement Rates for Specified Services:**

Reimbursement rates for the services listed on this introduction page are effective for services provided on or after that date with two exceptions:

1. Medicaid reimbursement using Medicare rates are updated annually based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.
2. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, as referenced. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient services. The fee schedule is published on the agency's website at https://oklahoma.gov/ohca/feeschedules.

In the event an out-of-state provider will not accept the payment rate established in Attachment 4.19-B, Methods and Standards for Establishing Rates, the state will either: a) negotiate a reimbursement rate equal to the rate paid by Medicare, unless otherwise specified in the plan; or b) services that are not covered by Medicare, but are covered by the plan, will be reimbursed as determined by the State.

| Service | State Plan Page | Effective Date |
|---|---|---|
| Outpatient Hospital Services | Attachment 4.19-B, Page 1 | October 1, 2019 |
| A. Emergency Room Services | | October 1, 2019 |
| B. Outpatient Surgery | Attachment 4.19-B, Page 1a | October 1, 2019 |
| C. Dialysis Services | | October 1, 2019 |
| D. Ancillary Services, Imaging and Other Diagnostic Services | | February 1, 2021 |
| E. Therapeutic Services | Attachment 4.19-B, Page 1b | October 1, 2019 |
| F. Clinic Services and Observation/Treatment Room | | October 1, 2019 |
| Clinical Laboratory Services | Attachment 4.19-B, Page 2b | October 1, 2019 |
| Physician Services | Attachment 4.19-B, Page 3 | October 1, 2019 |
| Home Health Services | Attachment 4.19-B, Page 4 | October 1, 2019 |
| Free-Standing Ambulatory Surgery Center-Clinic Services | Attachment 4.19-B, Page 4b | October 1, 2019 |
| Dental Services | Attachment 4.19-B, Page 5 | October 1, 2019 |
| Transportation Services | Attachment 4.19-B, Page 6 | October 1, 2019 |
| Psychological Services | Attachment 4.19-B, Page 8 | July 1, 2022 |
| Eyeglasses | Attachment 4.19-B, Page 10.1 | October 1, 2019 |
| Personal Care Services | Attachment 4.19-B, Page 11 | January 1, 2024 |
| Nurse Midwife Services | Attachment 4.19-B, Page 12 | October 1, 2019 |
| Hospice Care | Attachment 4.19-B, Page 13 | January 1, 2025 |
| Family Planning Services | Attachment 4.19-B, Page 15 | October 1, 2019 |
| Renal Dialysis Facilities | Attachment 4.19-B, Page 19 | October 1, 2019 |
| Other Practitioners' Services | | |
| • Anesthesiologists | Attachment 4.19-B, Page 20 | October 1, 2019 |
| • Certified Registered Nurse Anesthetists (CRNAs) Anesthesiologist Assistants | Attachment 4.19-B, Page 20a | October 1, 2019 |
| • Physician Assistants | Attachment 4.19-B, Page 21 | October 1, 2019 |
| Nutritional Services | Attachment 4.19-B, Page 21-1 | October 1, 2019 |
| 4.b. EPSDT | | |
| • Emergency Hospital Services | Attachment 4.19-B, Page 28.1 | October 1, 2019 |
| • Speech and Audiologist | Attachment 4.19-B, Page 28.2 | February 1, 2021 |
| • Therapy Services, Physical Therapy Services, and Occupa Therapy Services | | October 1, 2019 |
| • Hospice Services | Attachment 4.19-B, Page 28.4 | |

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

**4b. Early and Periodic screening, diagnostic and treatment** *(continued)*

**Partial Hospitalization Program (PHP)**

A uniform rate is paid to governmental and non-governmental providers and to hospital and non-hospital providers.

For services provided on or after July 1, 2025, the per diem reimbursement rate for partial hospitalization services is $180.00.The reimbursement rate is  per encounter up to 23 hours and 59 minutes. The rate was developed using a blend of the 2010 Medicare two tiered per diem payment approach for partial hospitalization services, one for days with three services (APC172) and one for days with four or more services (APC173) and increased by 12.15%.

Physician services, physician assistant services, nurse practitioner and clinical nurse specialist services, qualified psychologist services and services furnished to SNF residents are separately covered and not paid as partial hospitalization services.

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

**13.d. Rehabilitative Services**

**13.d.1. Outpatient Behavioral Health and Substance Use Disorder Treatment Services**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient behavioral health and substance use disorder treatment services. All rates are published on the Agency's website https://oklahoma.gov/ohca/behavioral-health.

**A. Outpatient Behavioral Health Services in Agency Setting**

Services provided by public and private programs as described on Attachment 3.1-A Page 6a-1.1 through Attachment 3.1-A Page 6a-1.3 shall be reimbursed using a state specific fee schedule based on type and level of practitioner employed by the agency. The types of service and minimum qualified practitioners are described in Attachment 3.1.A Page 6a-1.3a through 6a-1.3e. The rate for each service is a set fee per unit of service. All rates are published on the Agency's website https://oklahoma.gov/ohca/behavioral-health.

**(1) Behavioral Health Practitioners (BHPs)**

Payment rates are established for services provided by qualified Level I and Level II (A) BHPs using a state developed fee schedule. Level II (B) BHPs are paid at 90% of the Level II (A) fee schedule.

**(2) Other Qualified Staff**

Other qualified agency staff include Behavioral Health Rehabilitation Specialists (BHRS), Certified Alcohol and Drug Counselors (CADCs), Certified Peer Recovery Support Specialists (CPRSS or RSS), and Registered Nurses (RNs). Services are paid based on a state-specific fee schedule.

**B. Partial Hospitalization Program (PHP)**

For services provided on or after July 1, 2025, the per diem reimbursement rate for partial hospitalization services is $180.00. The reimbursement rate is per encounter up to 23 hours and 59 minutes. The rate was developed using a blend of the 2010 Medicare two tiered per diem payment approach for partial hospitalization services, one for days with three services (APC172) and one for days with four or more services (APC173) and increased by 12.15%.

Physician services, physician assistant services, nurse practitioner and clinical nurse specialist services, qualified psychologist services, and services furnished to SNF residents are separately covered and not paid as partial hospitalization services.

PHP reimbursement is all-inclusive of the service components, with the exception of the following:
- Physician services;
- Medications; and/or
- Psychological testing by a licensed psychologist.

**C. EPSDT Rehabilitative Services**

Rehabilitative services described in Attachment 3.1 Pages 1a-6.5 through1a-6.5f are reimbursed in accordance with the state-specific behavioral health fee schedule. The reimbursement methods for

Multi Systemic Therapy (MST) and Partial Hospitalization (PHP) are found on Attachment 4.19-B Pages 16.2 and 17, respectively.