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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 25-0014

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

May 14, 2026

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

Re: Oklahoma State Plan Amendment (SPA) 25-0014

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0014. This amendment proposes to revise residential Substance Use Disorder (SUD) State Plan pages to reflect the American Society of Addiction Medicine's (ASAM) updates that include service descriptions for level of care 3.7, covered services and provider qualifications, and placement criteria for reimbursement.

We conducted our review of your submittal according to statutory requirements in 42 CFR §440.130(d). This letter informs you that Oklahoma's Medicaid SPA TN 25-0014 was approved on May 13, 2026, with an effective date of September 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,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Heather Cox, OHCA
Grace Tierney, OHCA

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

1. TRANSMITTAL NUMBER
2 5 — 0 0 1 4

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
September 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 440.130(d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

See additional page

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

See additional page

9. SUBJECT OF AMENDMENT
Amends residential substance use disorder State Plan pages to reflect American Society of Addiction Medicine's updates that include service description for level of care 3.7, covered services and provider qualifications, and placement criteria for reimbursement.

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; Grace Tierney

FOR CMS USE ONLY

16. DATE RECEIVED
September 26, 2025

17. DATE APPROVED
May 13, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
September 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

OK SPA 25-0014
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 6a-1.22 Attachment 3.1-A, Page 6a-1.23 Attachment 4.19-B, Page 30b Attachment 4.19-B, Page 30c Attachment 4.19-B, Page 30c-1 Attachment 4.19-B, Page 30d Attachment 4.19-B, Page 30e	Attachment 3.1-A, Page 6a-1.22; TN #20-0035 Attachment 3.1-A, Page 6a-1.23; TN #20-0035 Attachment 4.19-B, Page 30b; TN #22-0032 Attachment 4.19-B, Page 30c; TN #22-0032 Attachment 4.19-B, Page 30c-1; TN #22-0032 Attachment 4.19-B, Page 30d; TN #20-0035 Attachment 4.19-B, Page 30e; TN# 20-0035

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

13.d. Rehabilitative Services *(continued)***13.d.5. Residential Substance Use Disorder Services** *(continued)***B. Service Description: Levels of Care** *(continued)***Level 3.5 – Clinically Managed Medium Intensity for Adolescents/High-Intensity for Adults Residential Services**

The goal of this level of service is to prepare individuals for continued treatment at lower levels of care and reintegration back into the community. Services provided at this level of care include assessment and treatment plan development as well as at least twenty-four (24) hours per week of a combination of services that may include individual, group, and family therapy, skill development, community recovery support, care management, and crisis intervention services as per Section C in Attachment 3.1-A, Page 6a-1.23. Adolescents attending academic training are required to be provided a minimum of fifteen (15) hours per week of services. Level 3.5 *intensive* provides the types of aforementioned services for this level of care; however, the required number of treatment hours at level 3.5 *intensive* is at least thirty-seven (37) hours per week of a combination of services.

Level 3.7 – Medically Monitored High Intensity Inpatient Services for Adolescents and Withdrawal Management for Adults

This service provides withdrawal management outside of an acute setting under the direction of a licensed physician. Facilities must provide 24 hour, 7 days a week on-call or on-site-supervision by a physician, Advanced Practice Registered Nurse, or Physician Assistant, as well as 24 hour, 7 days a week on-site monitoring from Registered Nurses to members who are withdrawing or are intoxicated from alcohol or other drugs but are not experiencing medical or neurological symptoms that would require hospitalization. Medications are prescribed and administered if needed during withdrawal management. The goal of this level of service is to stabilize and prepare individuals for continued treatment at lower levels of care. Please refer to Section C. in Attachment 3.1-A, Page 6a-1.23 for a list of services that may be provided in this setting.

Residential Family-Based Treatment: Programs for Individuals with Dependent Children and Pregnant Women

Services are provided to individuals with dependent children and to pregnant women through specialty programs that provide services in accordance with 13.d.5. (C) and are included in the description of ASAM level of care 3.1 or level of care 3.5/3.5 *intensive*. Treatment hour requirements and types of services provided are the same as those indicated for the respective level of care, with the exception that the treatment hours required for level 3.5 *intensive* in specialty programs is thirty-five (35) hours per week of treatment services. Assessment and treatment plan development are components of care that are required in addition to the required weekly treatment hours.

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

13.d. Rehabilitative Services *(continued)*

13.d.5. Residential Substance Use Disorder Services *(continued)*

A. Covered Services & Provider Qualifications

Care Management

Care management services in residential substance use disorder treatment settings includes assessment of a member; development of a specific treatment plan; and referral and linkage to SUD community supports and community-based or lower level of care services to promote continued recovery after the member discharges from the treatment facility. Care management services are performed by a Behavioral Health Practitioner, Certified Alcohol and Drug Counselor, or Certified Behavioral Health Case Manager, refer to the chart below for provider qualifications.

Service	Service State Plan Page	Provider	Provider Qualifications
Behavioral health assessment	Attachment 3.1-A, Page 6a-1.2	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3a-b
Behavioral health service plan development	Attachment 3.1-A, Page 6a-1.2	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3a-b
Individual, group, and/or family therapy	Attachment 3.1-A, Page 6a-1.2	Behavioral Health Practitioner (BHP);	Attachment 3.1-A, Page 6a-1.3a-b
Alcohol and/or substance abuse services, skill development – individual and group	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP); Certified Behavioral Health Case Manager II (CM II); Certified Alcohol & Drug Counselor (CADC)	Attachment 3.1-A, Page 6a-1.3a-b Supplement 1 to Attachment 3.1-A, Page 1e Attachment 3.1-A, Page 6a-1.3b
Peer recovery support	Attachment 3.1-A, Page 6a-1.3	Peer Recovery Support Specialist (PRSS)	Attachment 3.1-A, Page 6a-1.3c
Crisis intervention services	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP);	Attachment 3.1-A, Page 6a-1.3a-b
Care management	Attachment 3.1-, page 6a-1.23	Behavioral Health Practitioner (BHP) Certified Alcohol & Drug Counselor (CADC) Certified Behavioral Health Case Manager I or II (CM I/CM II)	Attachment 3.1-A, Page 6a-1.3a-b Attachment 3.1-A, Page 6a-1.3b Supplement 1 to Attachment 3.1-A, Page 1e

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

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement

Residential SUD services as described on Attachment 3.1-A page 6a-1.21 through Attachment 3.1-A, page 6a-1.23 will be reimbursed using a state-specific bundled per diem fee schedule, refer to chart below. Bundled per diem rates established are based on historical cost-based data from state-contracted providers. Rates were developed through provider surveys from 1998 to 2019. Effective July 1, 2022, rate development includes analysis of other states' rates paid for similar services.

42 CFR 431.107 requires that each provider or organization furnishing services agree to keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries and, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the provider for furnishing services under the plan. The State assures that it will review data in order to develop and revise economic and efficient rates, as necessary.

Rates do not include costs related to room and board or other unallowable facility costs. Physician direct services and medications are separately billable and not part of the residential SUD per diem payment. Treatment services for dependent children are separately billable as outpatient behavioral health services, refer to Attachment 3.1-A, page 1a-6.3 through page 1a-6.

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.1	Clinically Managed Low-Intensity Residential Services for Adolescents	\$75.00
	Clinically Managed Low-Intensity Residential Services for Adults	\$75.00

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

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement *(continued)*

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.3	Clinically Managed Population-Specific High Intensity Residential Services for adults only	\$160.00
3.5	Clinically Managed Medium-Intensity Residential Services for Adolescents	\$160.00
	Clinically Managed High-Intensity Residential Services for Adults	\$140.00
	Clinically Managed Medium-Intensity Residential Services for Adolescents, <i>Intensive</i>	\$180.00
	Clinically Managed High-Intensity Residential Services for Adults, <i>Intensive</i>	\$180.00

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

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement *(continued)*

ASAM Level of Care (LOC)	Placement Criteria	Per Diem Rate
3.7	Medically Monitored High-Intensity Inpatient Services for Adolescents	\$300.00
	Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults	\$300.00

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

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement (continued)

Residential Family-Based Treatment – Services as described on Attachment 3.1-A page 6a-1.21 and Attachment 3.1-A, page 6a-1.22 will be reimbursed using a state-specific bundled per diem fee schedule, refer to chart below.

42 CFR 431.107 requires that each provider or organization furnishing services agree to keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries and, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the provider for furnishing services under the plan. The State assures that it will review data in order to develop and revise economic and efficient rates, as necessary.

Rates do not include costs related to room and board or other unallowable facility costs. Physician direct services and medications are separately billable and not part of the residential SUD per diem payment. Treatment services for dependent children are separately billable as outpatient behavioral health services, refer to Attachment 3.1-A, page 1a-6.3 through page 1a-6.

ASAM LOC	Placement Criteria	Per Diem Rate
3.1	Individuals with Dependent Children and Pregnant Women	\$117.00
3.5		\$180.00
3.5, <i>Intensive</i>		\$250.00

Performance-Based Payments

For the period beginning October 1, 2020, and until changed by amendment, qualifying non-IMD facilities with 16 beds or less can earn a performance-based payment in the amount of 10% of qualifying per diem payments. To be eligible for these performance-based payments, providers must meet or exceed all state-defined benchmarks for the following metrics during the quarterly reporting period:

ASAM Level 3.1, 3.3, and 3.5 Providers

Measure	Benchmark
Percent of members admitted to/engaged in a lower level of care behavioral health service within seven (7) days of discharge	60% minimum
Percent of members who complete treatment	60% minimum
Percent of members who experience a reduction in drug use for all drugs of choice	85% minimum
Percent of members who are readmitted to the same or higher level of care behavioral health service within ninety (90) days of discharge	10% maximum

ASAM Level 3.7 Providers

Measure	Benchmark
Percent of members admitted to/engaged in a lower level of care behavioral health service within seven (7) days of discharge	60% minimum
Percent of members who complete treatment	60% minimum
Percent of members who are readmitted to the same or higher level of behavioral health care service within ninety (90) days of discharge	10% maximum

Revised 09-01-25

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

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement *(continued)***Performance-Based Payments** *(continued)***Calculation of Payment**

Each quarter, data from Medicaid claims and prior authorization requests will be analyzed to identify each facility's performance compared to the benchmarks. If a provider meets the minimum benchmark for all measures during the measurement period, all paid per diem Medicaid claims for residential treatment during the measurement period will be identified. To calculate the bonus amount, the amount paid for each claim is multiplied by .1 to provide a 10% performance-based payment. Each quarter, previous payments will be reviewed to identify if any claims which received a performance-based payment were recouped or overpaid. Performance-based payments are made retrospectively on a quarterly basis after each quarterly performance period. Any recoupment/overpayment will be reduced from current and/or future performance-based payments.

Measure Definition and Data Sources

1. **Planned discharge:** Percent of members discharged from facility with a planned discharge, based on reported discharge type. At discharge, facilities are required to submit a prior authorization request with a completed Client Data Core (CDC) to indicate the member has left the facility or that level of treatment.
2. **Readmission within 90 days:** Percent of members readmitted to the same or higher level of substance use disorder treatment within 90 days of discharge. The CDC is used to identify discharge date and any subsequent admission to identify if the member was readmitted to the same or higher level of treatment within 90 days of discharge.
3. **Follow up after discharge within 7 days:** Percent of members who receive behavioral health treatment at a lower level of care within 7 days of discharge. Using both the Medicaid claims and the CDC data, after a member has been discharged, the data is reviewed to identify if a member enrolled in or received a behavioral health service in a lower level of care within 7 days of discharge.
4. **Reduction in drug use:** Percent of members discharged from facility who reported a reduction in drug use in the past 30 days, based on CDC data. Within the CDC, members may report up to three drugs of choice at admission into treatment. At discharge, facilities are required to submit a CDC to indicate the member has left the agency or that level of treatment. To meet the measure, members must report reduced frequency of use for all drugs of choice on the CDC at discharge.

The State will monitor the provision of the quantity and type of services to ensure services are provided in accordance with ASAM criteria and meet medical needs of members through prior authorization review, service quality review, and claims audits.