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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 25-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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 3, 2026

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

Re: Oklahoma State Plan Amendment (SPA) – 25-0016

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0016. This amendment removes Community Health Worker (CHW) language from the Clinic Services section and relocates it to Preventive Services, adds language clarifying that the stated service limits operate as soft limits and may be exceeded when medically necessary, and revises the minimum experience hours to align with applicable state statutes.

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 and 440.130(c). This letter informs you that Oklahoma's Medicaid SPA TN 25-0016 was approved on March 2, 2026, with an effective date of November 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

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 6

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

11/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.90; 42 CFR 440.130(c)

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

Attachment 3.1-A Pages 4a-1a through 4a-1e
Attachment 3.1-A Page 6aa-2 (NEW)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Att. 3.1-A Pages 4a-1a through 4a-1e; TN # 25-0010

9. SUBJECT OF AMENDMENT

Community Health Workers; moving from Clinic Services pages to Preventive Services pages.

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 /
Melissa Miller

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
12/11/2025

15. RETURN TO

Oklahoma Health Care Authority
Attn: Melissa Miller
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

cc: Heather Cox; Sean Webster

FOR CMS USE ONLY

16. DATE RECEIVED

December 11, 2025

17. DATE APPROVED

March 2, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

November 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

**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.

TN: 25-0016
Supersedes TN: 25-0010

Approval Date: 3/2/2026
Effective Date: 11/1/2025

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.]**

Renal dialysis clinic services are covered when furnished 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 – Services are covered for certain surgical procedures when furnished by 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.

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Section 1905(a)(9) Clinic Services

Reserved

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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.]**

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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.

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

13.c. Preventive Services – Community Health Worker services

Pursuant to 42 CFR Section 440.130(c), CHW services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under 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 Health, Tulsa City County Health Department, and/or Oklahoma City County Health Department; or have 1,000 paid or volunteer service hours, or equivalent hours of 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.

Limitations

One unit of service is 30 minutes. 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 12 hours or 24 units. Additional units/visits may be authorized, based upon medical necessity. Hour limits are applicable to all services whether they are administered in an individual or group setting. A visit may consist of multiple units of service on the same date.

For the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population, services are furnished based on medical necessity, without limitation.