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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 25-0017

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

February 25, 2026

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

Re: Oklahoma State Plan Amendment (SPA) – 25-0017

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0017. This amendment updates Oklahoma's current Medication Assisted (MAT) section using the new CMS-issued template.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act, and implementing regulations in Section 201 of the Consolidated Appropriations Act, 2024 (CAA 2024, Pub. L. 118-42). This letter informs you that Oklahoma's Medicaid SPA TN 25-0017 was approved on February 25, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into 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
Kelsey Dewbre
Grace Tierney

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

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 1 7</u>	2. STATE <u>O K</u>
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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
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(29)

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 11, 11a-11g (11d-11g new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Page 11, TN # 20-0036
Attachment 3.1-A, Page 11a, TN # 20-0036
Attachment 3.1-A, Page 11b, TN # 20-0036
Attachment 3.1-A, Page 11c, TN # 20-0036

9. SUBJECT OF AMENDMENT
Updates Oklahoma's current Medication Assisted (MAT) section using the new CMS-issued template. Section 201 of the Consolidated Appropriations Act, 2024 (CAA, 2024, Pub. L. 118-42) made the mandatory MAT benefit permanent by amending 1905(a)(29) of the Act to removing the previous end date of September 30, 2025.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The governor's office does not review state plan material.
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME/
Melissa Miller

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
December 10, 2025

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

cc: Heather Cox, Grace Tierney

FOR CMS USE ONLY

16. DATE RECEIVED
December 10, 2025

17. DATE APPROVED
February 25, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 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

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

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A

X provided

not provided

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

1905(a)(29) MAT as *described* and limited in pages 11a-g of Attachment 3.1-A

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)(29) 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 #68). 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: 25-0017

Supersedes TN: 20-0036

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

- (1) **Office-Based Opioid Treatment (OBOT) provider:**
 - (a) physician contracted with the State to provide MAT services in OBOT settings, who are licensed and in good standing in the State, maintain current registration or exemption to dispense and administer narcotics, and maintain state registration to dispense dangerous drugs; or
 - (b) a physician's assistant (PA) or advanced practice registered nurse (APRN) contracted with the State to provide MAT services, licensed and in good standing, and supervised as required by law.OBOT providers must have capacity to provide directly or by referral all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including for maintenance, detoxification, overdose reversal, and relapse prevention. OBOT providers must have capacity to provide directly or by referral appropriate counseling and behavioral therapy. OBOT providers are limited to the drugs allowed by law to be prescribed and/or administered in a setting that is not an Opioid Treatment Program.
- (2) **Opioid Treatment Program (OTP)** - a program or provider registered under federal law, certified as an OTP by the Substance Abuse and Mental Health Services Administration (SAMHSA), certified as an OTP by the Oklahoma Department of Mental Health and Substance Abuse Services unless deemed an exempt entity as defined by federal law, registered by the Drug Enforcement Agency (DEA) and the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND), engaged in opioid treatment of individuals by use of an opioid agonist treatment medication, including methadone, and contracted with the State. An OTP must have the capacity to provide the full range of services included in the definition of MAT and must document both medication dosing and supporting behavioral health services. OTP programs may include:
 - (a) **OTP MAT Provider** - a licensed physician in good standing, maintaining current registration or exemption to prescribe drugs and biological products for the treatment of opioid-use disorder, and maintaining a current State registration to dispense dangerous medications; or
 - (b) **OTP Exempt MAT Provider** - a licensed PA or APRN in good standing, supervised, when required, by a physician described in (2)(a) above, and exempt from federal regulatory requirements for OTPs.
 - (c) **OTP Behavioral Health Services Providers** - professionals that meet the qualifications at Attachment 3.1-A, Page 11c and who provide the services noted within the same referenced page.
 - (d) **Medication Unit Affiliated with an OTP Established under 42 CFR. 8.11(i)** - a dosing location or medication station that obtains its methadone drug supply from a primary OTP site, which retains all records for the medication unit, except dosing and drug screens, which dispenses MAT drugs for observed intake, and which has on staff an OTP MAT Provider as defined above.

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

The following services are excluded from coverage:

1. Components that are not provided to or exclusively for the treatment of the eligible individual;
2. Services or components of services of which the basic nature is to supplant housekeeping or basic services for the convenience of a person receiving covered services;
3. Room and board;
4. Telephone calls or other electronic contacts, not inclusive of telehealth; and
5. Field trips or social or physical exercise activity groups.

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Individual Provider Qualifications
Medication Assisted Treatment Services, Medical and Drug Components

Type of Service	Individual Provider Type	Qualifications
Medication-Assisted Treatment (MAT), office-based opioid treatment (OBOT), drug dispensing and administration (excluding methadone)	<ol style="list-style-type: none"> 1. Physician 2. Physician's Assistant 3. Advanced Practice Registered Nurse 	<ol style="list-style-type: none"> 1. Licensed physician in good standing with the state and contracted with the state to provide MAT services in OBOT settings, maintains current registration or exemption to dispense dangerous drugs. 2. Licensed PA in good standing supervised, when required, by a physician described in (1) above. 3. Licensed APRN in good standing supervised, when required, by a physician described in (1) above.
Medication-Assisted Treatment (MAT), Opioid Treatment Program (OTP), drug dispensing and administration	<ol style="list-style-type: none"> 1. Physician 2. Physician's Assistant (PA) 3. Advanced Practice Registered Nurse (APRN) 	<ol style="list-style-type: none"> 1. Licensed physician in good standing with the state and contracted with the state to provide MAT services within OTPs, maintains current registration or exemption to dispense dangerous drugs. 2. Licensed PA in good standing, supervised, when required, by a physician described in (1) above, exempt from regulatory requirements for OTPs (42 CFR 8.11(h)), and employed by or contracted with a certified OTP contracted with the State. 3. Licensed APRN in good standing, supervised, when required, by a physician described in (1) above, exempt from regulatory requirements for OTPs (42 CFR 8.11(h)), and employed by or contracted with a certified OTP contracted with the State.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

**Individual Provider Qualifications
Medication Assisted Treatment Services, Behavioral Health Components**

Service	Service State Plan Page	Provider	Provider Qualifications
Medication Training and Support	Attachment 3.1-A, Page 6a-1.3	Registered Nurse Physician Assistant Advanced Practice Registered Nurse	Attachment 3.1-A, Page 6a-1.3b
Alcohol & drug assessment	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3b
Alcohol and/or substance abuse services treatment plan development	Attachment 3.1-A, Page 6a-1.3	Behavioral Health Practitioner (BHP)	Attachment 3.1-A, Page 6a-1.3b
Individual, group, and/or family therapy	Attachment 3.1-A, Page 6a-1.2	Licensed Behavioral Health Practitioner (LBHP); Drug Counselor (CADC)	Attachment 3.1-A, Page 6a-1.3a Attachment 3.1-A, Page 6a-1.3e
Alcohol and/or substance abuse services, skill development – individual and group	Attachment 3.1-A, Page 6a-1.3	Licensed Behavioral Health Practitioner (LBHP); Behavioral Health Rehabilitation Specialist (BHRS)/Case Manager II; Certified Alcohol & Drug Counselor (CADC)	Attachment 3.1-A, Page 6a-1.3a-b Attachment 3.1-A, Page 6a-1.3b-c Supplement 1 to Attachment 3.1-A, Page 1.3e Attachment 3.1-A, Page 6a-1.3e
Community recovery support	Attachment 3.1-A, Page 6a-1.2a	Recovery Support Specialist (RSS)	Attachment 3.1-A, Page 6a-1.3e
Crisis intervention services	Attachment 3.1-A, Page 6a-1.3	Licensed Behavioral Health Practitioner (LBHP)	Attachment 3.1-A, Page 6a-1.3a and 1.3d

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

The state has drug utilization controls in place. (Check each of the following that apply)

Generic first policy

Preferred drug lists

Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

N/A

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