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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 26-0008

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St. Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

August 7, 2026

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

Re: Oklahoma State Plan Amendment (SPA) – 26-0008

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OK-26-0008. This amendment proposes to provide assurances for pre-release services for eligible juveniles incarcerated in a public institution post adjudication of charges.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1902(a)(84). This letter informs you that Oklahoma's Medicaid SPA TN 26-0008 was approved on August 6, 2026, 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.

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

Sincerely,

Mandy L. Strom
Acting Deputy Director, Division of Program Operations

Enclosures

cc: Heather Cox, OHCA

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Kansas City, Missouri 64106

Medicaid and CHIP Operations Group

August 7, 2026

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

Re: Oklahoma State Plan Amendment (SPA) – 26-0008

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to OK-26-0008, approved on August 6, 2026. This SPA amends the Medicaid state plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and state plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the state plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the review of OK-26-0008 CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the state plan.

1. **Ongoing Finalize interagency agreements, scopes of work, and operational documents:** Oklahoma will complete and execute the remaining amendments, interagency agreements, contracts, scopes of work, and operating procedures needed to define the responsibilities of the Oklahoma Health Care Authority (OHCA), Oklahoma Department of Corrections (ODOC), Office of Juvenile Affairs (OJA), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and any additional participating entities. Existing agreements are being revised to include Reconnect-specific duties, deliverables, payment responsibilities, and implementation requirements.

2. **Finalize data-sharing and privacy agreements:** Oklahoma will complete the data use agreements and other information-sharing documents needed to support the lawful, secure, and auditable exchange of Medicaid eligibility information, projected and actual release dates, screenings, care plans, referrals, treatment information, and other information necessary for continuity of care. This work includes establishing consistent processes for participating agencies to submit rosters of potentially eligible individuals and report release-date changes.

3. **Finalize provider enrollment and billing processes:** Oklahoma will complete provider enrollment arrangements for participating agencies, group providers, and individual rendering providers, including applicable provider types, specialties, and screening requirements. OHCA is supporting ODMHSAS and OJA with enrollment of targeted case management staff and will finalize billing responsibilities, claim-submission procedures, documentation standards, and claim-denial resolution processes. As additional settings are onboarded, OHCA will work to make any system changes needed to support provider enrollment and billing across those settings.

4. **Complete post-release delivery system and managed-care transition procedures:** Oklahoma will finalize operational processes for transitioning eligible individuals from the applicable pre-release delivery system into managed care or other post-release coverage arrangements. This work will focus on fee-for-service periods, coordinating with managed care entities, supporting continuity with the individual's prior or selected health plan when

appropriate, and ensuring that post-release providers have the information needed to continue care.

5. **Establish routine monitoring, reporting, and quality-assurance processes:** Oklahoma will implement ongoing monitoring and reporting to evaluate identification of eligible individuals, eligibility determinations, timely service delivery, completion of screenings and care plans, successful referrals and warm handoffs, claims submission and payment, coverage status at release, and post-release continuity of care. OHCA will use interdisciplinary case-review meetings and programmatic implementation meetings with ODOC, ODMHSAS, OJA, and other partners to review performance and address emerging issues.

6. **Expand implementation based on facility readiness:** Oklahoma has already established Reconnect services with the main facilities who target this identified population group. However, OHCA will continue ongoing outreach and planning with additional carceral facilities statewide. Before onboarding a new setting, the state will confirm required agreements, data-sharing capability, system access, release-reporting processes, eligibility workflows, provider arrangements, staffing and training, documentation practices, billing procedures, and the facility's ability to provide or coordinate required services. Expansion will prioritize settings that serve eligible populations and demonstrate sufficient operational readiness.

7. **Complete federal reporting and ongoing CMS coordination:** The state will continue coordinating with CMS regarding implementation progress, barriers, and programmatic changes to OK's phased approach.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please contact Stacey Steiner at (214) 210-1071 or via email at Stacey.Steiner@cms.hhs.gov.

Sincerely,

Mandy L. Strom
Acting Deputy Director, Division of Program Operations

Enclosures

cc: Heather Cox, OHCA

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: 26 — 0008

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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(84)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-M, Pages 1-2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
N/A

9. SUBJECT OF AMENDMENT
This SPA provides assurances for pre-release services for eligible juveniles incarcerated in a public institution post adjudication of charges.

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
May 22, 2026

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
May 22, 2026

17. DATE APPROVED
August 6, 2026

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
Mandy L. Strom

21. TITLE OF APPROVING OFFICIAL
Acting Deputy Director, Division of Program Operations

22. REMARKS

Instructions on Back

Mandatory Coverage for Eligible Juveniles who are Inmates of a Public Institution Post Adjudication of Charges

State/Territory: Oklahoma

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

> ☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
>
> ☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 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.

Additional information provided (optional):

☐ No

☒ Yes [provide below]

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 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.