

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 26-0010**

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. 12<sup>th</sup> St. Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 12, 2026

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

Re: Oklahoma State Plan Amendment (SPA) 26-0010

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0010. This amendment proposes to update Rural Health Center (RHC) and Federally Qualified Health Centers (FQHC) core service definitions to add Marriage and Family Therapist (MFT) services and Mental Health Counselor (MHC) services consistent with the Consolidated Appropriations Act (CAA) of 2023.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act, Sections 1905(a)(2)(B) and 1905(a)(2)(C). This letter informs you that Oklahoma's Medicaid SPA TN 26-0010 was approved on May 11, 2026, with an effective date of January 1, 2026.

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](mailto:Stacey.Steiner@cms.hhs.gov).

Sincerely,

Nicole McKnight  
Acting Director, Division of Program Operations

Enclosures

cc: Heather Cox, OHCA  
Kelsey Dewbre, OHCA

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>		<p>1. TRANSMITTAL NUMBER <u>2 6 — 0 0 1 0</u></p>	<p>2. STATE <u>OK</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION Sections 1905(a)(2)(B) and 1905(a)(2)(C) of the Act</p>		<p>4. PROPOSED EFFECTIVE DATE January 1, 2026</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A, Page 1a-3 Attachment 3.1-A, Page 1a-3.1 Attachment 4.19-B, Page 2a.1</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>1,232,238</u> b. FFY <u>2027</u> \$ <u>1,628,894</u></p>	
<p>9. SUBJECT OF AMENDMENT Updates RHC and FQHC core service definitions to add MFT and MHC services, consistent with the CAA, 2023. The SPA expands encounter-rate reimbursement where applicable.</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 1a-3; TN # 19-0016 Attachment 3.1-A, Page 1a-3.1; TN # 19-0016 Attachment 4.19-B, Page 2a.1; TN # 21-0007</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> <p><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The governor's office does not review state plan material.</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p>	<p>12. TYPED NAME/ Melissa Miller</p>	<p>15. RETURN TO Oklahoma Health Care Authority Attn: Melissa Miller 4345 N. Lincoln Blvd. Oklahoma City, OK 73105  cc: Heather Cox, Kelsey Dewbre</p>	
<p>13. TITLE State Medicaid Director</p>	<p>14. DATE SUBMITTED 2/13/2026</p>	<p><b>FOR CMS USE ONLY</b></p>	
<p>16. DATE RECEIVED February 13, 2026</p>	<p>17. DATE APPROVED May 11, 2026</p>		
<p><b>PLAN APPROVED - ONE COPY ATTACHED</b></p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2026</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p>		
<p>20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight</p>	<p>21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations</p>		
<p>22. REMARKS</p>			

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

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**2.b. Rural health clinic (RHC) services and other ambulatory services furnished by rural health clinic**

**RHC services include:**

- Physician services;
- Services and supplies furnished "incident to" physician services;
- Nurse practitioner (NP), physician assistant (PA), certified nurse-midwife (CNM), clinical psychologist (CP), clinical social worker (CSW), marriage and family therapist (MFT), and mental health counselor (MHC) services;
- Services and supplies furnished "incident to" NP, PA, CNM, CP, CSW, MFT, or MHC services;
- Visiting nurse services to the homebound where the Centers for Medicare & Medicaid Services (CMS) certified there is a shortage of home health agencies and certain criteria are met; and

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

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**2.c. Federally qualified health center (FQHC) services and other ambulatory services furnished by an FQHC**

**FQHC services include:**

**Core Services**

- Physician services;
- Services and supplies “incident to” the services of physicians;
- Nurse practitioner (NP), physician assistant (PA), certified nurse-midwife (CNM), clinical psychologist (CPs), clinical social worker (CSW), marriage and family therapist (MFT), and mental health counselor (MHC) services;
- Services and supplies “incident to” the services of NPs, PAs, CNMs, CPs, MFTs, and MHCs; and
- Visiting nurse services to the homebound in an area where CMS determined there is a shortage of home health agencies.

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

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**Payment for Federally Qualified Health Center Services (Cont.)**

For services provided on and after September 1, 2021, the cost of long-acting reversible contraceptive (LARC) devices will be separated from the PPS reimbursement. Reimbursement is described under the methodology for Physician Administered Drugs in Attachment 4.19-B, Page 7a.

**Scope of Service Rate Adjustments**

An FQHC may apply for an adjustment to the per-visit rate or the State may review and adjust the per visit rate based on a change in the scope-of-services provided by the FQHC. A change in scope-of-services means any of the following:

- (a) The addition of a new FQHC services (such as adding medical, dental, or behavioral health services or another health professional service), or deletion of SoonerCare covered services that are included in the existing prospective payment system reimbursement rate.
- (b) A change in service due to amended regulatory requirements or rules.
- (c) A change in service resulting from either remodeling an FQHC or relocating an FQHC if it has not elected to be treated as a newly qualified clinic.
- (d) A change in types of services due to a change in applicable technology and medical practice utilized by the center or clinic.
- (e) Changes in operating costs attributable to capital expenditures associated with a modification of the scope of any of the services provided, including new or expanded service facilities, regulatory compliance, or changes in technology or medical practices at the center or clinic.
- (f) A change in the scope of a project approved by HRSA where the change impacts a covered service.

Revised 01-01-2026

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TN# 26-0010  
Supersedes TN# 21-0007

Approval Date: 05-11-2026Effective Date: 01-01-2026