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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 26-0002

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 4, 2026

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

Re: Oklahoma State Plan Amendment (SPA) 26-0002

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0002. This amendment proposes to remove visit limits for adults for physician services, office visits, and nursing facility visits.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.230. This letter informs you that Oklahoma's Medicaid SPA TN 26-0002 was approved on May 1, 2026, with an effective date of February 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.

Sincerely,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Heather Cox, OHCA
Lauren Johnson, OHCA

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

1. TRANSMITTAL NUMBER <u>2 6 — 0 0 0 2</u>	2. STATE <u>O K</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 1, 2026
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5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.230	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>948,814.00</u> b. FFY <u>2027</u> \$ <u>1,423,221.00</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 2a-2 Attachment 3.1-A, Page 2a-3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 2a-2 TN # 21-0016 Attachment 3.1-A, Page 2a-3 TN # 99-0022
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9. SUBJECT OF AMENDMENT
This revision removes visit limit for adults for physician services, office visits, and nursing facility visits.

10. GOVERNOR'S REVIEW (Check One)

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

11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME/ Melissa Miller	15. RETURN TO Oklahoma Health Care Authority Attn: Melissa Miller 4345 N. Lincoln Blvd. Oklahoma City, OK 73105 cc: Heather Cox, Lauren Johnson
13. TITLE State Medicaid Director	
14. DATE SUBMITTED February 11, 2026	

FOR CMS USE ONLY

16. DATE RECEIVED February 11, 2026	17. DATE APPROVED May 1, 2026
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2026	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY**

5. **Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.**

Payment is made for compensable medical and surgical outpatient and inpatient services.

Payment is made for medical and surgical services performed by a dentist, to the extent such services may be performed under State law either by a doctor of dental surgery or dental medicine, when those services would be covered if performed by a physician.

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY**

6. **Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.**

a. **Podiatrists' Services**

Services must be provided by licensed podiatrists acting within their scope of practice as defined under state law. Podiatrists' services include medically necessary procedures and/or preventive foot care provided in an outpatient setting or nursing facility related to systemic disease, which is documented by a doctor of medicine or osteopathy from whom the individual is receiving active care. Podiatrists' services provided for screening purposes which are not documented as medically necessary related to a medical concern are not covered. Podiatrists' services delivered through nursing home visits must be ordered by the nursing home resident's attending physician.

For children, see Item 4.b., EPSDT.