

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.

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.

(a) All medical services performed must be medically necessary and may not be experimental in nature.

(b) Only services furnished by or under the direction of a physician or dentist are covered. Clinic services may be provided in Public Health Clinics, qualified Urgent Care Clinics, qualified Urgent Recovery Clinics, and other types of governmental and non-governmental clinics.

(c) Clinic services for which physicians or dentists file directly are not covered.

(d) Clinic services are limited to the same scope of services that are otherwise furnished in the plan, as appropriate.

New 01-01-2025

TN# 25-0010

Approval Date

Effective Date 01-01-2025

Supersedes TN# NEW

State Plan under Title XIX of the Social Security Act

State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

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.]:

N/A

☐ 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.]

N/A

☒ 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.]

☒ 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.]

Payment is made for dialysis services provided by Medicare certified renal dialysis facilities which have contracts with the Department.

New 01-01-2025

TN# 25-0010

Approval Date

Effective Date 01-01-2025

Supersedes TN# NEW

State Plan under Title XIX of the Social Security Act

State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

☒ Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable]:

Free-Standing Ambulatory Surgery Centers - Payment is made for a facility fee for certain surgical procedures performed in Medicare certified free-standing ambulatory surgical centers which have contracts on file with the Department.

Public Health Clinic Services –

(a) 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. Preventive services are health services that are medical or remedial in nature provided to a member to avoid or minimize the occurrence of illness, infection, disability, or to provide care for pregnancy.

- Services must be provided on a face to face basis;
- the service must affect the member's care rather than the member's environment;
- the service must not be a part of another covered service;
- the service must be for the express purpose of treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health; and
- the service must be generally accepted by the provider's professional peer group as a safe and effective means to avoid or minimize the illness, infection or disability.

(b) Eligible providers of Public Health Nursing Services include Licensed Public Health Nurses working in a Public Health Clinic. Services must be provided under the direction of a physician and within their scope of practice in accordance with state law.

New 01-01-2025

TN# 25-0010

Approval Date

Effective Date 01-01-2025

Supersedes TN# NEW

State Plan under Title XIX of the Social Security Act

State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

Public Health Services (continued) –

Eligible providers of community health services include community health workers (CHW) working in a Public Health Clinic. Services must be provided under the direction of a physician or other licensed provider practicing within their scope of practice in accordance with 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 2,000 documented hours of paid, volunteer, or 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.

New 01-01-2025

TN# 25-0010

Approval Date

Effective Date 01-01-2025

Supersedes TN# NEW

State Plan under Title XIX of the Social Security Act

State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

Public Health Services (continued) –

Eligibility:

In order to receive community health services from a CHW, services must be ordered by a physician or other licensed practitioner and must have at least one of the following:

- Diagnosis of one or more chronic health conditions including behavioral health;
- Self-reported and/or suspected documented unmet health-related social need;
- Received a screening; or
- Pregnancy

Limitations:

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 not to exceed 12 hours or 24 units (one unit of service is 30 minutes). Hour limits are constant, regardless of whether services are administered in an individual or group setting.

A visit may consist of multiple units of service on the same date; the time for units of service is added together and rounded up only once per visit.

For the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population, services are furnished based on medical necessity.

New 01-01-2025

TN# 25-0010

Approval Date

Effective Date 01-01-2025

Supersedes TN# NEW

State Plan under Title XIX of the Social Security Act

State/Territory: Oklahoma

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 abuse 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.]**

☐ 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.]**

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**

New 01-01-2025

TN# 25-0010

Approval Date

Effective Date 01-01-2025

Supersedes TN# NEW

State Plan under Title XIX of the Social Security Act

State/Territory: Oklahoma

Section 1905(a)(9) Clinic Services

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

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.]**

New 01-01-2025

TN# 25-0010

Approval Date

Effective Date 01-01-2025

Supersedes TN# NEW

Revision: ~~HCFA-AT-78-69 (MMB)~~
~~July 24, 1978~~

Attachment 3.1
Page 4a-1.2

State: OKLAHOMA

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

~~**9. Free-Standing Ambulatory Surgery Center** — Payment is made for a facility fee for certain surgical procedures performed in Medicare-certified free-standing ambulatory surgical centers which have contracts on file with the Department.~~
~~(Reserve Page)~~

DRAFT

| | | |
|----------------------------|---------------------|----------------------------------|
| TN# <u>25-0010</u> | Approval Date _____ | Revised <u>01-01-2025</u> |
| Supersedes TN# <u>85-4</u> | | Effective Date <u>01-01-2025</u> |

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

~~**9. Renal Dialysis Facilities** — Payment is made for dialysis services provided by Medicare certified renal dialysis facilities which have contracts with the Department.
(Reserve Page)~~

DRAFT

~~New 04-01-87~~ Revised 01-01-2025

TN# 25-0010
Supersedes TN# 87-6

Approval Date _____

Effective Date 01-01-2025

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

Clinic Services

~~(a) All medical services performed must be medically necessary and may not be experimental in nature.~~

~~(b) Only services furnished by or under the direction of a physician or dentist are covered. Clinic services may be provided in Public Health Clinics, qualified Urgent Care Clinics, qualified Urgent Recovery Clinics and other types of governmental and non-governmental clinics.~~

~~(c) Clinic services for which physicians or dentists file directly are not covered.~~

~~(d) Clinic services are limited to the same scope of services that are otherwise furnished in the plan, as appropriate.~~

(Reserve Page)

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

Public Health Clinic Services

~~(a) 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. Preventive services are health services that are medical or remedial in nature provided to a member to avoid or minimize the occurrence of illness, infection, disability, or to provide care for pregnancy.~~

- ~~• Services must be provided on a face to face basis;~~
- ~~• the service must affect the member's care rather than the member's environment;~~
- ~~• the service must not be a part of another covered service;~~
- ~~• the service must be for the express purpose of treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health; and~~
- ~~• the service must be generally accepted by the provider's professional peer group as a safe and effective means to avoid or minimize the illness, infection or disability.~~

~~(b) Eligible providers of Public Health Nursing Services include Licensed Public Health Nurses working in a Public Health Clinic. Services must be provided under the direction of a physician and within their scope of practice in accordance with state law.~~

(Reserve Page)

New Page 10-01-2011 Revised 01-01-2025

TN# 25-0010
Supersedes TN# 11-09

Approval Date _____

Effective Date 01-01-2025

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

Public Health Clinic Services *(continued)*

~~Eligible providers of community health services include community health workers (CHW) working in a Public Health Clinic. Services must be provided under the direction of a physician or other licensed provider practicing within their scope of practice in accordance with 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 2,000 documented hours of paid, volunteer, or 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.~~

Eligibility

~~In order to receive community health services from a CHW, services must be ordered by a physician or other licensed practitioner and must have at least one of the following:~~

- ~~• Diagnosis of one or more chronic health conditions including behavioral health~~
- ~~• Self-reported and/or suspected documented unmet health-related social need~~
- ~~• Received a screening~~
- ~~• Pregnancy~~

Limitations

~~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 not to exceed 12 hours or 24 units (one unit of service is 30 minutes). Hour limits are constant, regardless of whether services are administered in an individual or group setting.~~

~~A visit may consist of multiple units of service on the same date; the time for units of service is added together and rounded up only once per visit.~~

~~For the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population, services are furnished based on medical necessity.~~

~~(Reserve Page)~~

New Revised 01-01-2025

TN# 25-0010
Supersedes TN# 24-0024

Approval Date _____

Effective Date 01-01-2025