

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(a).

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

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.]:**

Click or tap here to enter text.

- ☐ 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.]**

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)(9) 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 #91). 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: 25-0016
Supersedes TN: 25-0010

Approval Date: _____
Effective : 10/01/2025

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☒ 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].**

Click or tap here to enter text.

☒ 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 Agency.

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

Clinic services may be provided in Public Health Clinics, qualified Urgent Care Clinics, qualified Urgent Recovery Clinics, and Free-Standing Ambulatory Surgery Centers.

☒ 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.]**

Free-Standing Ambulatory Surgery Centers – Payment is made 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 – 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.

~~Community Health Services—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~~

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~~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.~~

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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 use 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.]**:

Click or tap here to enter text.

☐ 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.]**:

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Four Walls Exceptions (continued)

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:
Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:
Click or tap here to enter text.

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.]**:
Click or tap here to enter text.

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

Community Health Worker services

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 1,000 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 12 hours or 24 units (one unit of service is 30 minutes). Additional units/visits may be authorized, based upon medical necessity. 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 10-01-2025TN# 25-0016

Approval Date _____

Effective Date 10-01-2025Supersedes TN# NEW