

**OKLAHOMA HEALTH CARE AUTHORITY
PUBLIC HEARING ON PERMANENT RULEMAKING UNDER THE OKLAHOMA
ADMINISTRATIVE PROCEDURES ACT**

November 2, 2026, at 1:00 P.M.
Charles Ed McFall Board Room of the Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Anyone who wishes to orally present their views will be allowed a maximum of two minutes to speak and must sign in at the door by 1:05 P.M.

AGENDA FOR THE MEETING

1. INTRODUCTIONS AND PURPOSE OF MEETING

2. RULES TO BE CONSIDERED

PERMANENT RULES

A) APA WF# 26-03: HRI Alien Eligibility — The proposed policy revisions are intended to align with eligibility changes included in H.R. 1, also referred to as the Working Families Tax Cut legislation. Beginning October 1, 2026, federal financial participation (FFP) will only be available for Medicaid benefits furnished to United States citizens, lawful permanent residents (LPRs), certain Cuban/Haitian entrants, and citizens of the Freely Associated States covered under the Compact of Free Association (COFA). Most other non-citizens would no longer qualify for full-scope coverage and would be limited to Emergency Medical Assistance.

Amended sections of OAC Title 317:35-5-25.

These rule changes are currently approved as Emergency Rules and must be promulgated as Permanent Rules.

B) APA WF# 26-04: HRI 6-Month Certification & Retroactive Eligibility — In compliance with requirements of HRI, the proposed emergency revisions implement 6-month redetermination cycles (reduced from 12 months) for certain Expansion adults effective January 1, 2027. American Indian/Alaska Native (AI/AN) populations are specifically excluded from the 6-month redetermination provisions and will remain on a 12-month redetermination cycle. Non-expansion groups are not subject to this requirement. The proposed emergency rule also implements reduced retroactive eligibility periods in compliance with HRI. Existing retroactive eligibility is a period of three months prior to the application date. Expansion adults will be eligible for one month of retroactive eligibility, while non-expansion populations will be eligible for two months. AI/AN populations are not excluded from this provision.

Amended sections of OAC Title 317:35-6-6, 35-6-60.2; 35-6-61; 35-7-60.

The proposed policy changes have been adopted as Emergency Rules and are pending gubernatorial approval. The changes must also be promulgated as Permanent Rules.

C) APA WF# 26-06: HRI Community Engagement — In compliance with the requirements of HRI, the proposed revisions implement community engagement requirements effective January 1, 2027. Certain populations will be required to demonstrate community engagement

as a condition of eligibility. Community engagement may include work, work programs, educational programs, or some combination thereof. Certain populations are excluded or exempted from these requirements, including American Indians/Alaska Natives (AI/ANs), children under age 19, Medicare enrollees, former foster youth under age 26, parents/guardians/caretaker relatives of a child age 13 or younger or of a disabled individual, disabled veterans, medically frail individuals, TANF or SNAP enrollees, inmates, individuals participating in drug or alcohol addiction treatment programs, or pregnant/postpartum women. New applicants must demonstrate community engagement for at least the month immediately preceding their application; existing members must demonstrate for at least one month of their certification period (6 or 12 months, depending on the population category). The agency will first seek to determine compliance from existing data, including the case record and automated data exchange with other agencies, before requesting documentation from members.

Amended sections of OAC Title 317:35-5-28.

The proposed policy changes have been adopted as Emergency Rules and are pending gubernatorial approval. The changes must also be promulgated as Permanent Rules.

D) APA WF# 26-07: Nonpayment for Certain Gender Transition Procedures — The purpose of the proposed rule is to implement Senate Bill 904 by revising OAC 317:30-3-1 to provide that the Oklahoma Health Care Authority (OHCA) does not reimburse for or provide coverage of gender transition procedures, as defined by Section 1-800 of Title 63 of the Oklahoma Statutes. The rule is intended to align OHCA policy with the statutory prohibition on Medicaid reimbursement and coverage for such procedures. SB904 provides that the state Medicaid program shall not reimburse or provide coverage for any gender transition procedures, regardless of whether provided to a minor or an adult.

Amended sections of OAC Title 317:30-3-1.

The proposed policy changes are currently approved as Emergency Rules and must be promulgated as Permanent Rules.

E) APA WF# 26-10A&B: Justice-Involved Youth Reentry (REConnect) — The OHCA proposes these policy revisions to provide federally mandated Medicaid-covered services to eligible justice-involved youth under age 21, and former foster care youth up to age 26, during the 30 days prior to release from incarceration. Required services include physical and behavioral health screenings and diagnostic services, as well as targeted case management provided 30 days prior to release and 30 days post-release. Services will be coordinated in partnership with the Office of Juvenile Affairs, Department of Corrections, and Department of Mental Health and Substance Abuse Services.

Amended sections of OAC Title 317:30-5-240.1; 30-5-241.6; 30-5-268; 35-5-26; 35-6-45.

The proposed policy changes are currently approved as Emergency Rules and must be promulgated as Permanent Rules.

F) APA WF# 26-11: Active Treatment for Children — The OHCA proposes policy revisions to clarify and strengthen agency rules regarding administrative requirements for discharge and transition planning for children receiving inpatient psychiatric care. Revisions clarify expectations for collaboration with external individuals and necessary documentation. These changes are intended to support appropriate care and reduce repeat inpatient psychiatric admissions.

Amended sections of OAC Title 317:30-5-95.34.

The proposed policy changes are being promulgated as Permanent Rules.

G) APA WF# 26-12: Obstetrical Unbundling — The proposed policy changes revise billing policy for obstetric services to align with upcoming changes to the Current Procedural Terminology (CPT) codes. CPT codes, which are maintained by the American Medical Association (AMA), are the foundation of claims-based billing used in the fee-for-service healthcare delivery model. The AMA has proposed comprehensive changes to the way maternity and obstetric services are billed and reimbursed. Currently, obstetric services are billed and reimbursed using a single bundled code. The bundled code will be discontinued on January 1, 2027. The AMA is developing and revising codes for each obstetric service. The proposed policy changes will update billing guidance to reflect the new obstetric billing structure.

Amended sections of OAC Title 317:30-5-22; 30-5-22.1; 30-5-226; 30-5-229; 30-5-356; 30-5-361; 30-5-664.8; 30-5-1095; 30-5-1099; 30-5-1237.

The proposed policy changes have been adopted as Emergency Rules and are pending gubernatorial approval. The changes must also be promulgated as Permanent Rules.

H) APA WF# 26-15: Tax Equity and Fiscal Responsibility Act (TEFRA) — The proposed policy changes will allow qualified non-physician providers to complete TEFRA assessment forms. The services required to complete TEFRA assessments are within the scope of practice of certain non-physician qualified healthcare providers, such as advanced practice registered nurses and physician assistants. Non-physician providers provide primary care services to many TEFRA members and may be more accessible than physicians, especially in rural areas.

Amended sections of OAC Title 317:35-5-4.1.

The proposed policy changes are being promulgated as Permanent Rules.