

## REINS Report: TITLE 317 CHAPTER 30. Subchapter 5. Individual Providers and Specialties. ADOPTED CODES

### **Summary of proposed rule change**

The Oklahoma Health Care Authority (OHCA) has proposed updates to Title 317, Subchapter 5, Parts 35 and 75 to correspond with changes in federal law that expanded the services eligible to be reimbursed with Medicaid funds.

This chapter of rules outlines the services that are now Medicaid eligible. Subchapter 5 relates to individual providers and specialties, and Part 35 lists rules related to rural health clinics. This update modifies the definition of Rural Health Center (RHC) and Federally Qualified Health Center (FQHC) core services to include Marriage Family Therapist (MFT) and Mental Health Counselors (MHC). This change will also expand the list of recognized provider types under the rule to include: Licensed Professional Counselor (LPC), Licensed Behavioral Health Provider (LBHP), and providers with a Licensed Drug and Alcohol Counselor/Mental Health (LADC-MH) credential. Finally, the policy change also clarifies that certain medical services provided by an optometrist, podiatrist, or chiropractor in an RHC or FQHC can be reimbursed the encounter rate.

According to OHCA, “The purpose of the proposed rule changes is to comply with federal law. The Consolidated Appropriations Act, 2023 (P.L. 117-328) added Marriage and Family Therapist (MFT) services and Mental Health Counselor (MHC) services to the definition of RHC/FQHC core services. Those services must be added to the list of RHC/FQHC core services in OHCA policy.”<sup>1</sup> While this federal change is prescribed by federal law P.L. 117-328, OHCA derives its rulemaking authority for State Code from 63 O.S. §5007(C)(2). It is important to note that this statute broadly empowers OHCA to make rules or change rules anywhere in their code, but this statute is not specific to medical provider fees or rural health clinics. However, since this agency is responsible for the Medicaid Program in this state, LOFT agrees it does have the legal authority to propose the change.

### **LOFT analysis of agency compliance with Section 303 of Title 75 of the Oklahoma Statutes**

LOFT provides the following analysis in accordance with 62 O.S. § 8016: “LOFT shall inform the chairs of the designated committees if the rule impact statement from the agency is incomplete or contains substantive inaccuracies.”

Determination: LOFT finds the agency’s rule impact statement contains substantive inaccuracies.

75 O.S. §303 directs agencies on how to promulgate a new administrative rule. In this case, the agency followed the process correctly: the OHCA’s Notice of Rulemaking Intent appeared in the Oklahoma Register, the comment period duration was sufficient, a public hearing was held and the OHCA created all necessary documents to support the fulfillment of the statute.

However, the agency did not provide a sufficient economic impact of the rule change. Instead, the OHCA chose to report the compliance cost to implement the rule change, not how the rule change may

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<sup>1</sup> OHCA Agency Rule Report

effect the economy as the REINS Act specifies. The figure cited in the rule documents does not appear to consider economic factors outside those that effect the agency. Statute requires agencies to consider these factors and therefore the determination is inadequate.

To remedy this, LOFT requested information from the agency to help complete the economic impact. A copy of the requested information is included as an attachment. **Upon review of this new information, LOFT determined that the rule change should not be classified as a major rule**, as defined by statute.

### **LOFT analysis of rule impact**

LOFT asked OHCA for the following information: “Section C of the Rule Impact Statement states that the annual cost will be \$839,411.96 every year for the next five years. Provide all working papers that were used to calculate this figure and any supporting sources to substantiate this estimate.

These documents should include the average cost of each of the newly allowed services and the number of patients that are expected to receive these services yearly.”

In response, OHCA provided LOFT with a spreadsheet that had summed the number of Unduplicated Unique Internal Control Number claims made by the types of providers that the rule impacts. This dataset reflects there were 9,306 unique claims, which totaled \$2,154,574.91.

OHCA’s rule impact statement states that the total expenses paid to the providers after the implementation of this rule will result in \$2,471,766.66 in total cost. However, this figure includes the current costs and does not isolate the cost of the increase. Subtracting the costs under the existing rules leaves \$317,192, which reflects the actual cost of implementing the proposed rules. The federal share of these costs will be 66%, leaving the state to cover the remaining 34%, or \$108,162 annually. This figure is below the statutory requirement of \$1 million over five years, or \$200,000 per year.

Current Annual Expense:	\$2,154,575
Post-Rule Change Expected Expense:	\$2,471,767
Difference in Expense as a Result:	\$317,192
Current State Share of FMAP:	34%
<b>State’s Annual Share of Increased Cost:</b>	<b>\$108,162</b>

This figure was verified during a conference call with the OHCA finance team on March 13, 2026.

LOFT asked the OHCA about the discrepancy between the impact stated in the Rule Impact Statement and the data provided to LOFT. **The agency could not justify this difference. This discrepancy leads LOFT to conclude the rule impact statement contains substantive inaccuracies.**

### **Summary of attachments:**

- Checklist of Title 303.75 completion
- Request for Information sent to OHCA on March 10, 2026
- OHCA’s Response to the Request for Information

Section Reference	Requirement Description	Completion Status
Section 303(A)(1)	NRI to 'The Oklahoma Register'.	12/15/2025
Section 303(A)(2)	Hold comment period	yes
Section 303 (A)(3)	Hold a Hearing, if required.	1/15/2026
Section 303 (A)(4)	Effect the various types of business and governmental entities.	Yes
Section 303 (A)(5)	Effect on the various types of consumer groups.	yes
Section 303(A)(6)	Notice to the Governor and appropriate cabinet secretary.	Yes
Section 303 (B)	NRI in correct format?	Yes
Section 303 (C)	If a hearing was not originally scheduled, Did the public request a hearing?	N/A
Section 303(D)(1)	Issue a rule impact statement	Yes
Section 303(D)(2)	Consult with counties, municipalities, and school boards if revenue or expenditures are affected.	yes
Section 303(D)(3)(a)	Statement of need	Yes
D3B	Major or nonmajor classification.	Yes
D3C	Description of the rule.	Yes
D3D	Classes of persons the rule will affect/who will bear the costs.	Yes
D3E	Classes of persons the rule will benefit	Yes
D3F	A comprehensive analysis of the rule's economic impact	<b>Economic Impact below Major Rule Threshold</b>
D3G	Methodology and assumptions used to determine the economic impact.	<b>Yes, this is a federal mandate</b>
D3H	Economic impact on any political subdivisions	Yes
D3I	Economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act,	Yes
D3J	Cost and impact of the proposed rule on business and economic development	<b>No, a fiscal impact was performed, but not an economic impact</b>
D3K	Effect of the proposed rule on the public health, safety, and environment.	Yes
D3L	Detrimental effect on the public health, safety, and environment if the proposed rule is not implemented	Yes
D3M	Date of preparation	12/1/2025



March 10<sup>th</sup>, 2026

Clay Bullard, Director  
Oklahoma Health Care Authority  
4345 North Lincoln Boulevard  
Oklahoma City, Oklahoma, 73105-5101

Director Bullard,

I am reaching out today to the Oklahoma Health Care Authority (OHCA) with the Legislative Office of Fiscal Transparency's (LOFT) 1st official request for fulfillment of data and necessary information for evaluation of **proposed rule change APA WF #25-09**.

The full authority and responsibilities of this office can be found in Oklahoma Statutes, Title 62, sections 8011-8015, but below is the section of statute pertaining to requests for information:

*Each agency or institution of the state shall, upon request, furnish and make available to the Legislative Office of Fiscal Transparency all records, documents, materials, personnel, information or other resources the Office deems necessary to conduct performance evaluation as required by this act. 62 O.S. § 8014 (A).*

LOFT requests fulfillment of this request for information by the end of business on Wednesday, March 12<sup>th</sup>, 2026. Please submit all responses via email to [jeromy.knapp@okloft.gov](mailto:jeromy.knapp@okloft.gov). Our office strives to minimize agency time, so to the extent possible, we are requesting that existing records or documents be shared. Should any request create an undue burden on staff or require further clarification, please contact our office to discuss how this request can best be accommodated. Please provide working copies of any requested Excel documents and any associated computer models, spreadsheets, work papers and calculations used to prepare such documents; the spreadsheets and models should be provided in Excel-compatible format and be fully functional with all formulas intact. Should any changes or updates to information or data provided in response to this request for information occur, please provide a supplemental response with such updated information or data in as timely a manner possible.

Please be assured that in accordance with 62 O.S. § 8014, legally confidential documents provided to LOFT will retain their confidentiality with our office.

Respectfully,

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Jeromy Knapp  
Economist / Financial Analyst



## APA WF #25-09 Request to the Oklahoma Health Care Authority for Information

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Request Sent: 3/10/2026

Response Due: 3/12/2026

- 1-1** This rule change is targeted towards Rural Health Centers and Federally Qualified Health Centers. Do the current rules already allow for these services in Urban Health Centers/Urban Medical Centers?
- 1-2** While you list RHC and FQHC providers as potential benefactors of this change, no estimated economic impact accompanies the stance. Please provide an estimate of impact to those providers who may benefit from this rule change.
- 1-3** If your anticipated implementation cost covers the providers in the estimate, please provide a detailed breakdown of anticipated claims per provider type (Marriage and Family Therapist and Mental Health Counselors).
- 1-4** Section C of the Rule Impact Statement states that the annual cost will be \$839,411.96 every year for the next five years. Provide all working papers that were used to calculate this figure and any supporting sources to substantiate this estimate.
  - a)** These documents should include the average cost of each of the newly allowed services and the number of patients that are expected to receive these services yearly.
- 1-5** Section F of the Rule Impact Statement states that the comprehensive economic impact analysis is the same as the annual implementation cost of \$839,411.96. Describe the economic sectors that were evaluated when coming to this conclusion. See [this link](#) for guidance to assist in determining a complete economic impact.



Clay Bullard | Chief Executive Officer

J. Kevin Stitt | Governor

March 12, 2026

Jeromy Knapp, Economist/Financial Analyst  
Legislative Office of Fiscal Transparency  
2300 North Lincoln Boulevard, Room 107  
Oklahoma City, Oklahoma 73105

**RE: APA WF #25-09 RHC and FQHC Policy Revisions LOFT Request for Information**

Dear Mr. Knapp,

The following is submitted in response to your letter dated March 10, 2026, in which additional information was requested for APA WF #25-09 RHC and FQHC Policy revisions.

**LOFT Request for Information**

1. This rule change is targeted towards Rural Health Centers and Federally Qualified Health Centers. Do the current rules already allow for these services in Urban Health Centers/Urban Medical Centers?

*Yes, current rules allow coverage of Licensed Marriage and Family Therapist (LMFT), Mental Health Counselor (MHC), optometrist, podiatrist, and some chiropractic services in outpatient settings other than Rural Health Centers (RHCs) and Federally Qualified Health Centers (FQHCs). In Oklahoma, the following provider types meet the federal definition of Mental Health Counselor: Licensed Professional Counselor (LPC), Licensed Behavioral Health Provider (LBHP), and providers with a Licensed Drug and Alcohol Counselor/Mental Health (LADC-MH) credential. See the table below for the rule sections addressing coverage of these services. These services may be provided in RHC and FQHC locations today but, because of current policy, must be billed and reimbursed under a fee-for-service clinic or other outpatient facility contract.*

Marriage and Family Therapist	OAC 317:30-5-281
Mental Health Counselor	OAC 317:30-5-281
Optometrist	OAC 317:30-5-431
Podiatrist	OAC 317:30-5-261
Some chiropractic services	OAC 317:30-5-727



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**WEBSITES**

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**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767

2. While you list RHC and FQHC providers as potential benefactors of this change, no estimated economic impact accompanies the stance. Please provide an estimate of impact to those providers who may benefit from this rule change.

*OHCA will be reimbursing FQHC providers with an increased reimbursement for these services they already provide.*

*SFY2026 Total \$1,235,883.33  
SFY2026 State Share \$414,391.68*

*SFY2027 Total \$2,471,766.66  
SFY2027 State Share \$839,411.96*

3. If your anticipated implementation cost covers the providers in the estimate, please provide a detailed breakdown of anticipated claims per provider type (Marriage and Family Therapist and Mental Health Counselors).

*In the most recent year of data, we did not find any marriage and family therapists or mental health counselor claims billed by FQHCs.*

4. Section C of the Rule Impact Statement states that the annual cost will be \$839,411.96 every year for the next five years. Provide all working papers that were used to calculate this figure and any supporting sources to substantiate this estimate.
  - a. These documents should include the average cost of each of the newly allowed services and the number of patients that are expected to receive these services yearly.

*Please see attached data from the most recent year of FQHC claims. These services were currently billed and paid fee-for-service and will now receive the PPS/encounter daily rate for an FQHC.*

5. Section F of the Rule Impact Statement states that the comprehensive economic impact analysis is the same as the annual implementation cost of \$839,411.96. Describe the economic sectors that were evaluated when coming to this conclusion. See [this link](#) for guidance to assist in determining a complete economic impact.

*OHCA will be reimbursing FQHC providers with an increased reimbursement for these services they already provide.*

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Thank you,



Clay Bullard  
Chief Executive Officer