

Rule Impact Statement (2025)

A. Purpose of the proposed rule and legal authority (75 OS § 253(B)(2)(b)(1), 75 OS 303(D)(2)(a))

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.

The legal authority for this proposed rule is 63 O.S. §5007(C)(2) and P.L. 117-328.

B. Brief description of the proposed rule (75 OS 253(B)(2)(b)(3))

The proposed policy changes revise the definition of Rural Health Center (RHC) and Federally Qualified Health Center (FQHC) core services. Marriage and Family Therapist (MFT) services and Mental Health Counselors (MHC) services will be added to the definition of RHC/FQHC core services. The following provider types meet the definition of an MHC: Licensed Professional Counselor (LPC), Licensed Behavioral Health Provider (LBHP), and providers with a Licensed Drug and Alcohol Counselor/Mental Health (LADC-MH) credential. The policy changes also include clarification that certain medical services provided by an optometrist, podiatrist, or chiropractor in an RHC or FQHC can be reimbursed the encounter rate.

C. Classification of proposed rule (75 OS 253(B)(2)(b)(2))

Classification: Major

Justification: The proposed changes are expected to cost over \$1,000,000 over five years. These costs are necessary to comply with federal law and support the availability of behavioral health and medically necessary services in rural or medically underserved areas.

Total annual implementation and compliance costs: The total annual cost of implementation is anticipated to be \$839,411.96 in SFY 2027 and subsequent years.

Methodology used to calculate costs (75 OS 253(B)(2)(b)(7)): The estimated total cost associated with this project includes both fee-for-service (FFS) and managed care impacts. The FFS component was determined by projecting utilization of the impacted services in RHCs and FQHCs based on historical claims data in the FFS population and calculating the total cost to reimburse for those services at the average encounter rate. The managed care component was determined by estimating the change in the capitation rate paid to the managed care plan due to the change in reimbursement rate for the impacted services.

D. Description of affected classes of persons most likely to be impacted by the proposed rule (75 OS 253(B)(2)(b)(4), 75 OS 303(D)(2)(b))

Licensed marriage and family therapists, mental health counselors, optometrists, podiatrists, chiropractors, and SoonerCare members who receive services from those providers at an RHC or FQHC will be positively affected by this rule.

E. Description of classes who will benefit from the proposed rule (75 OS 253(B)(2)(b)(5), 75 OS 303(D)(2)(c))

The proposed changes increase reimbursement for behavioral health and medically necessary services in rural or medically underserved areas. SoonerCare members who receive healthcare services from an RHC or FQHC may benefit from increased availability and variety of provider/service types. RHC and FQHC providers who offer the impacted services may benefit from greater sustainability in their reimbursement.

F. Comprehensive economic impact analysis (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(d))
Methodology used to calculate costs (75 OS 253(B)(2)(b)(7)):

The total annual cost of implementation is anticipated to be \$839,411.96 in SFY 2027 and subsequent years. The estimated total cost associated with this project includes both fee-for-service (FFS) and managed care impacts. The FFS component was determined by projecting utilization of the impacted services in RHCs and FQHCs based on historical claims data in the FFS population and calculating the total cost to reimburse for those services at the average encounter rate. The managed care component was determined by estimating the change in the capitation rate paid to the managed care plan due to the change in reimbursement rate for the impacted services.

G. Probable costs and benefits to OHCA and other agencies (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(e))

The total annual cost to OHCA is anticipated to be \$839,411.96 in SFY 2027 and subsequent years. OHCA may benefit from a more robust network of providers and services in rural and medically underserved areas.

There are no anticipated impacts of the proposed rules on other agencies.

H. Economic impact on political subdivisions and whether their cooperation is required (75 OS 253(B)(2)(b)(8), 75 OS 303(D)(2)(f))

There is no anticipated economic impact on any political subdivisions, and their cooperation is not required.

I. Economic impact on small businesses (75 OS 253(B)(2)(b)(9), 75 OS 303 (D)(2)(g))

There is no anticipated impact on small businesses.

J. Measures taken to minimize compliance costs and assessment of less costly, less intrusive, or nonregulatory alternatives (75 OS 253(B)(2)(b)(10), 75 OS 303(D)(2)(h))

To minimize compliance costs, only the minimum necessary changes to Rural Health Center and Federally Qualified Health Center rules have been proposed. OHCA solicited feedback from

impacted providers and stakeholders to inform policy development and implemented feedback from public comments when reasonable and feasible.

Rural Health Center and Federally Qualified Health Center core services are mandatory Medicaid benefits (42 USC §1396d(a)(2)(B), 42 USC §1396d(a)(2)(C)). The proposed changes are necessary to allow coverage and appropriate reimbursement of all mandatory core services. Nonregulatory alternatives are not compliant with federal law.

K. Effect of the rule on public health, safety, and the environment (75 OS 253(B)(2)(b)(11), 75 OS 303(D)(2)(i))

The proposed rule changes are anticipated to have a positive effect on public health by increasing access to behavioral health and medically necessary services provided by optometrists, podiatrists, and chiropractors.

L. Detrimental effects if the proposed rule is not implemented (75 OS 253(B)(2)(b)(12), 75 OS 303(D)(2)(j))

If the proposed rules are not implemented, OHCA will be out of compliance with federal law.

M. Summary of and preliminary comparison to existing or proposed federal regulations (75 OS 303(D)(2)(n))

The proposed changes are aligned with federal law defining Rural Health Center and Federally Qualified Health Center core services (42 USC §1395x(aa))

N. Analysis of alternatives to adopting the proposed rule (75 OS 303(D)(2)(l))

Rural Health Center and Federally Qualified Health Center core services are mandatory Medicaid benefits (42 USC §1396d(a)(2)(B), 42 USC §1396d(a)(2)(C)). The proposed changes are necessary to allow coverage and appropriate reimbursement of all mandatory core services. Alternatives to adopting the proposed rules are not compliant with federal law.

O. Estimates of internal OHCA employee time and other resources used to develop the proposed rule (75 OS 303(D)(2)(m))

OHCA began developing the proposed changes before statutory changes to the rule impact statement content were effective. For that reason, most of the development work was not closely tracked. The following are estimated of OHCA staff time and resources used to develop the proposed rule based on trackable and available information.

Policy staff time: 100 hours

Finance staff time: 30 hours

Behavioral health staff time: 3 hour

SoonerSelect operations staff time: 3 hours

P. **Date statement prepared or modified** (75 OS 253(B)(2)(b)(13), 75 OS 303(D)(2)(k))

Prepared: September 26, 2025

Modified: November 25, 2025