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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: OK-23-0022

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Children and Adults Health Programs Group

May 10, 2023

Traylor Rains
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Ms. Rains:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number OK-23-0022 and accompanying section 1135 waiver request, submitted on April 4, 2023, have been approved. Through this SPA, Oklahoma has demonstrated compliance with section 9821 of the American Rescue Plan Act of 2021 (ARP). This SPA has an effective date of March 11, 2021, with the exception of coverage of at-home COVID-19 tests, which has an effective date of August 30, 2021, and extends through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period, as described in section 1135(g)(1)(B) of the Social Security Act (the Act).

Section 9821 of the ARP amended sections 2103(c)(11)(B) and 2103(e)(2) of the Act to mandate coverage of COVID-19 testing, treatment, and vaccines and their administration without cost-sharing. Sections 2103(c)(11)(B) and 2103(e)(2) of the Act also require states to cover, without cost sharing, the treatment of conditions that may seriously complicate COVID-19 treatment, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19. The state provided the necessary assurances to demonstrate compliance with section 9821 of the ARP in accordance with the requirements of sections 2103(c)(11)(B) and 2103(e)(2) of the Act.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 457.65 that the state submit SPAs that are related to the COVID-19 public health emergency by the end of the state fiscal year in which they take effect. CMS is allowing states to have an effective date in a prior state fiscal year, but no earlier than the effective date of the public health emergency. Oklahoma requested a waiver to obtain an earlier effective date of March 11, 2021. This letter approves Oklahoma's request for a March 11, 2021 effective date.

Your Project Officer is Abigail Walsh. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Page 2 – Ms. Traylor Rains

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: 667-290-8863
E-mail: abagail.walsh@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Oklahoma
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(e)):

Name: Kevin Corbett	Position/Title: Chief Executive Officer
Name: Melody Anthony <u>Traylor Rains</u>	Position/Title: <u>State Medicaid Director</u>
Name: Traylor Rains <u>Sandra Puebla</u>	Position/Title: Deputy State Medicaid Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 160 hours (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box)
(42 CFR 457.70):

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3. A combination of both of the above.

Oklahoma provides medically necessary services under its expansion program to children up to, and including, 185 percent of the Federal Poverty Level (FPL), converted to the MAGI-equivalent percent of FPL and applicable disregards. In Oklahoma, this expansion program is called SoonerCare.

Oklahoma also provides medically necessary services under two distinct programs that operate under the separate child health program authority. The separate child health programs are called Soon-to-be-Sooners (STBS) and Insure Oklahoma (IO).

In Oklahoma, Soon-to-be-Sooners (STBS) is the unborn child program, while Insure Oklahoma (IO) is the program that offers premium assistance to eligible and enrolled families and children.

Oklahoma operates a combination program.

SoonerCare (Medicaid Expansion)

The state operates a Medicaid expansion program, namely SoonerCare, which serves children in families earning up to and including 185 percent of the federal poverty level, converted to the MAGI-equivalent percent of FPL and applicable disregards.

Oklahoma also operates a standalone SCHIP program with two components: 1) children covered from conception to birth under Soon-To-Be Sooners, and 2) a premium assistance program referred to as Insure Oklahoma.

Soon-To-Be-Sooners (STBS/Separate CHIP)

Under this program unborn children of families earning up to and including 185 percent of the federal poverty level, converted to the MAGI-equivalent percent of FPL and applicable disregards, are covered. This program allows coverage of pregnancy related services under Title XXI for the benefit of unborn children enrolled through the STBS program through birth.

Oklahoma does not intend to include the Insure Oklahoma premium assistance program as an option for members participating in the STBS program.

Insure Oklahoma (IO/Separate CHIP):

Oklahoma manages a standalone CHIP program, IO for children in families earning up to and including 225 percent of the federal poverty level, allowing select groups the ability to receive benefits through the Premium Assistance Employer Sponsored Insurance (ESI) coverage. ESI is a benefit plan providing premium assistance to qualified children in families employed by an Oklahoma business with access to a private-market, employer sponsored insurance plan. With ESI the cost of health insurance premiums is shared by the employer, the children's family and the Oklahoma Health Care Authority. The state assures that Title XXI funds are used only for the coverage of children. By nature of the enrollment methods established by private, group employer sponsored insurance plans, children participate in subsidized ESI plans as a dependent child on their parents/guardians employment-based private coverage. In areas of this SPA the reader finds mention of employee or family processes and procedures which correspond to their dependent children's private group coverage, the state assures this mention is included only for clarification/explanation of processes and procedures used to gain subsidized coverage for dependent children.

- 1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

Oklahoma provides an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS.

- 1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Oklahoma provides an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35.

- 1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Original Plan:

Model Application Template for the State Children's Health Insurance Program
OMB #: 0938-0707

Effective Date: 12/01/97

CHIP Medicaid expansion:

Effective date: 12/01/97

Expansion for children born prior to 10/1/83 who are not yet 18:

Effective date: 11/01/98

Disregard 85% of the FPL from income:

Effective date: 09/01/01

Technical SPA:

Date: 02/24/03

Separate SCHIP program for unborn children:

Effective date: 01/01/08

Implementation Date: 04/01/08

STBS:

Effective date: 01/01/08

Implementation date: 04/01/08

Census Income Disregard:

Effective date: 07/01/09

Implementation date: 07/01/09

OK-CHIPSPA#6: To cover children above 185 to 300% of FPL with two options:
1) direct coverage or 2) premium assistance.

Date Submitted; June 22, 2009

Date Approved: December 18, 2009

Effective Date: December 1, 2009

Insure Oklahoma coverage for children:

Effective date: 01/01/10

Implementation date: 02/01/10

Implementation date: 08/01/10 (Expanded ESI)

Implementation date: 09/01/10 (Expanded IP)

Remove Insure Oklahoma coverage for IP children & update waiting period:

Implementation date: 01/01/14

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
OK-14-0002	MAGI Eligibility	CS7	Coverage of targeted low-income children	Supersedes the current sections

Model Application Template for the State Children's Health Insurance Program
OMB #: 0938-0707

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
Effective/Implementation Date: January 1, 2014		CS9	Coverage of children from conception to birth when mother is not eligible for Medicaid	4.1.1, 4.1.2, and 4.1.3 Supersedes the current sections 4.1.1, 4.1.2, and 4.1.3
		CS13	Cover as deemed newborns children covered by section 1115 demonstration Oklahoma SoonerCare	Supersedes the current section 4.1.3
		CS15	Assurance that state will apply MAGI based income methodologies for all separate CHIP covered groups	Supersedes the current section 4.1.3
OK-14-0003	MAGI Eligibility for children covered under title XXI funded Medicaid program	CS3	Converts state's existing income eligibility standards to MAGI-equivalent standards, by age group	Section 4.0 of the current CHIP state plan
OK-14-0004	Establish 2101 (f) Groups	CS14	Eligibility – Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
OK-14-0005	MAGI-based Eligibility Processing	CS24	An alternative single, streamlined application, screening and enrollment process, renewals	Supersedes the current sections 4.3 and 4.4
OK-14-0006	MAGI Eligibility	CS17	Non-financial eligibility policies on: Residency	Section 4.1.5
		CS18	Citizenship	Section 4.1.0; 4.1-LR; 4.1.1-LR
		CS19	Social Security Number	Section 4.1.9.1

Model Application Template for the State Children's Health Insurance Program
OMB #: 0938-0707

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
Effective/Implementation Date: January 1, 2014		CS20	Substitution of Coverage	Section 4.4.4
		CS21	Non-Payment of Premiums	Section 8.7
		CS23	Other Eligibility Standards	Section 4.1.9

OK-16-0007: Establishing multiple new Health Services Initiatives (HSIs). 1) Provide LARC devices to a target population, 2) to provide education to provider's about those devices, 3) Naloxone kits, 4) services for foster care children, and 5) Academic Detailing.
Date Submitted; March 11, 2016
Date Approved: May 26, 2016
Effective Date: July 1, 2016

SPA # 18-0001 Implementation of new Health Service Initiatives (HSIs)
Proposed effective date: 10/01/18
Proposed implementation date: 10/01/18

SPA # 18-0013 Revise and Update CHIP Goals & Objectives
Proposed effective date: 09/01/2018
Proposed implementation date: 09/01/2018

SPA # 18-0016: Implementation of new Health Service Initiative (HSI)
Proposed effective date: 11/01/18
Proposed implementation date: 11/01/18

SPA #18-0024: Demonstrates compliance with MHAEA requirements
Proposed effective date: 11/01/2019
Implementation date for adding benefits: 09/01/2019
Implementation date for all other changes: 11/01/2019

SPA #19-0041: This SPA changes the premium assistance authority, clarifies that beginning on 01.01.2014 the State discontinued premium assistance in the individual market, and provides updates to outdated language in the CHIP state plan.
Proposed effective date: 07/01/19
Proposed implementation date: 01/01/2014

SPA #20-0031: Request to provide continuous eligibility to the unborn population and delay changes in circumstances when needed for this population during the COVID-19 public health emergency.
Proposed effective date: March 1, 2020
Proposed implementation date: March 1, 2020

[SPA OK-23-0022: CHIP SPA to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment \(including treatment of a condition](#)

that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Proposed effective date: March 11, 2021

Proposed implementation date: March 11, 2021 for the following service provisions: COVID-19 vaccine administration, testing, and treatment as well as Coverage for a condition that may seriously complicate the treatment of COVID-19.

August 30, 2021 for self-collected COVID-19 tests.

1.4-TC

Tribal Consultation. (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State sent ITU notice 2021-16 to tribal partners on October 19, 2021, to initiate the consultation comment period. A tribal consultation meeting was held on November 2, 2021 (via teleconference) to further discuss this state plan amendment (SPA) request. There were 60 attendees; the State has provided a list of tribal consultation attendees with the SPA submission package.

The State sent ITU notice 2023-02 to tribal partners on February 24, 2023, to remind tribal partners of the previously discussed disaster relief request that the state intended to submit upon announcement of the end to the PHE. A tribal consultation meeting was held on March 7, 2023 (via teleconference) to further discuss this disaster relief request. There were 73 attendees; the State has provided a list of tribal consultation attendees with the submission package.

6.2.31 Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration, in accordance with the requirements of section 2103(c)(11)(A) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing, in accordance with the requirements of section 2103(c)(11)(B) of the Act.
- The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic

and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

- The state assures that coverage includes all types of FDA authorized COVID-19 tests.

COVID-19 Treatment:

- The state assures that the following coverage of treatments for COVID-19 are provided without amount, duration, or scope limitations, in accordance with requirements of section 2103(c)(11)(B) of the Act:
 - The state provides coverage of treatments for COVID-19 including specialized equipment and therapies (including preventive therapies);
 - The state provides coverage of any non-pharmacological item or service described in section 2110(a) of the Act, that is medically necessary for treatment of COVID-19; and
 - The state provides coverage of any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without amount, duration, or scope limitations, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

The state will report annually using the framework for the annual report of the SCHIP program under Title XXI of the SSA. The state is currently working to revise and update Strategic Objectives and Performance Goals for Oklahoma's Title XXI plan. Revisions as well as updates to Oklahoma's Title XXI plan will be shared accordingly as soon as the information is available. In the interim, the existing framework as found within the annual report of the SCHIP program under Title XXI of the SSA will continue to be used.

9.9. Provide a 1-year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected

enrollment.

- Projected sources of non-Federal plan expenditures, including any requirements for cost sharing by enrollees.

The State believes the proposed disaster event provisions do not make any notable impact to the budget due to low number of enrollees and the significant decreases in volume.