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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: OK-14-0004

This file contains the following documents in the order listed:

1) Approval Letter

3) Approved SPA Pages

4) SPA Summary Form

The complete title XXI state plan for Oklahoma consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments: http://medicaid.gov/chip/state-program-information/chipstateprogram-information.html DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JUN 1 7 2014

Mr. Nico Gomez, CEO Oklahoma Health Care Authority 2401 NW., 23rd Street Suite 1-A Oklahoma City, OK 73107

Dear Mr. Gomez:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number OK-14-0004 submitted on March 31, 2014. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

The SPA number OK-14-0004 describes the state's plan to provide coverage in its separate CHIP, for children subject to Section 2101(f) of the Affordable Care Act, as specified in the state's submission of CS14: Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards. A copy of the approved CS14 is attached, and should be incorporated within a separate subsection under Section 4.1 of Oklahoma's approved CHIP state plan.

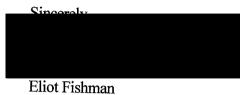
Your title XXI project officer is Ms. Victoria Collins. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Collins' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-2167 Facsimile: (410) 786-5882 E-mail: <u>Victoria.Collins@cms.hhs.gov</u>

Official communications regarding program matters should be sent simultaneously to Ms. Collins and to Mr. Bill Brooks, Associate Regional Administrator (ARA) in our Dallas Regional Office. Mr. Brooks' address is:

Centers for Medicare and Medicaid Services Office of the Regional Administrator 1301 Young Street, Suite 714 Dallas, TX 75202 Page 2 – Mr. Nico Gomez

Congratulations on the approval. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs. If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs at (410) 786-5920.



Director

Enclosure

cc: Bill Brooks, ARA, CMS Region VI, Dallas



CHIP Eligibility

OMB Control Number: 0938-1148 Expiration date: 10/31/2014

Child Health Insurance Pro Eligibility - Children Inelig	ogram ible for Medicaid as a Result of the Elin	expiration date: 10/31/2014 nination of Income Disregards	
Section 2101(f) of the ACA and 42	CFR 457.310(d)		
Children Ineligible for Medicai	d as a Result of the Elimination of Income Disreg	ards	
The CHIP agency provides co-	verage for this group of children as follows:		
C The state has received appr Section 2101(f) such that ne	oval from CMS to maintain Medicaid eligibility for o child in the state will be subject to this provision	or children who would otherwise be subject to	
 income disregards in accord from loss of Medicaid cove 	ate CHIP coverage will be provided for children ir lance with 42 CFR 457.310(d). Coverage for this p rage as a result of the elimination of income disreg be no later than April 1, 2016).	neligible for Medicaid due to the elimination of population will cease when the last child protected gards has been afforded 12 months of coverage in a	
Describe the methodology used afforded by Section 2101(f) of	d by the state to identify and enroll children in a se the Affordable Care Act:	parate CHIP who are subject to the protection	
C The state has demonstrated state's existing separate CH	and CMS has agreed that all children qualifying for IP.	or section 2101(f) protection will qualify for the	
C The state will enroll all chil first renewal applying MAC	dren in a separate CHIP who lose Medicaid eligib il methods.	ility because of an increase in family income at their	
below the following percent	n in a separate CHIP whose family income falls at age of FPL. The state has demonstrated and CMS dicaid eligibility if former disregards were applied P.	has agreed that all or almost all the children who	
225	6 FPL		
income has not increased since	n in a separate CHIP who are found to be ineligibl nee the child's last determination of Medicaid elig 3 Medicaid income standard) if the value of their 2 AGI methodology.	ibility or who would have remained eligible for	
C Other.			
Describe the benefits provided	to this population:		
• This population will be provided the same benefits as are provided to children in the state's Medicaid program.			
\cap This population will be prov	ided the same benefits as are provided to children	in the state's separate CHIP.	
C Other (consistent with Section	on 2103 of the SSA and 42 CFR 457 Subpart D).		
Describe premiums and cost sh	aring required of this population:		
Cost sharing is the same as t	or children in the Medicaid program.		
SPA# OK-14-0004	Approval Date: JUN 17 2014	Effective Date: January 1, 2014	



CHIP Eligibility

C Premiums and cost sharing are the same as for targeted low-income children in the state's separate CHIP.

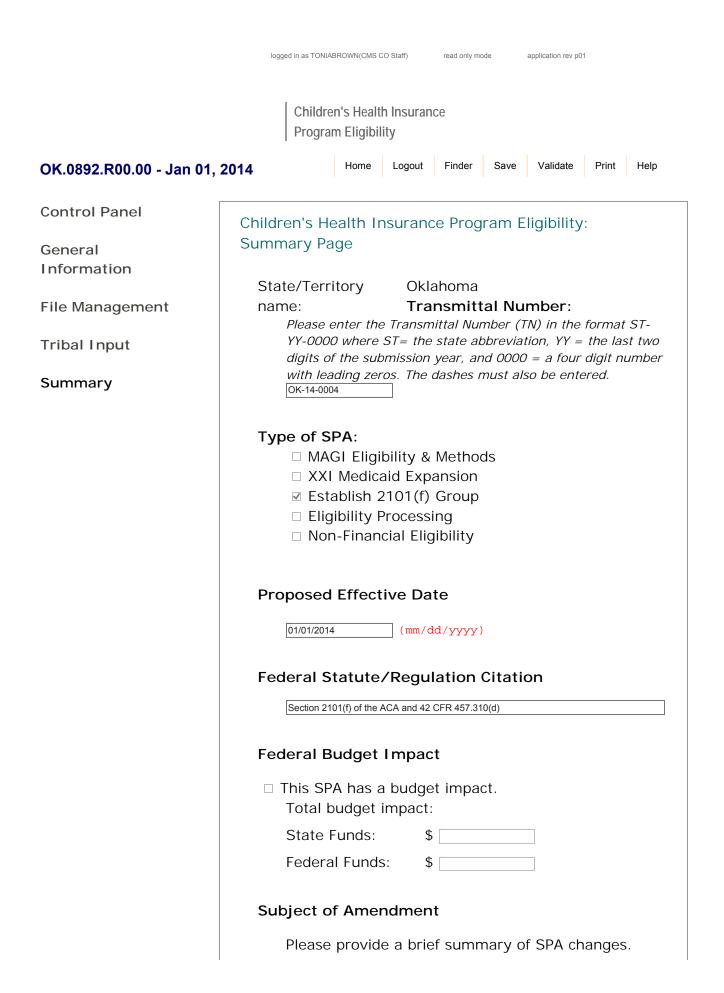
C No premiums, copayments, deductibles, coinsurance or other cost sharing is required.

C Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Children's Health Insurance Program Eligibility: Summary Page Page 1 of 2



	Character Count:110 e group for children who lose t of discontinued disregards		2000
Signature of State	Agency Official		
Submitted By:	Tywanda Cox		
Last Revision Date:	Mar 31, 2014		
Submit Date:	Mar 31, 2014		
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