|  | 1. TRANSMITTAL NUMBER  | 2. STATE          |
|--|--|-------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF  | 0 9 - 0 9  | Oklahoma          |
| STATE PLAN MATERIAL  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL   |                   |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  | SECURITY ACT (MEDICAID)  |                   |
| TO 0500000000000000000000000000000000000   |  |                   |
| TO: REGIONAL ADMINISTRATOR   | 4. PROPOSED EFFECTIVE DATE   |                   |
| CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES   | November 1, 2009   |                   |
| 5. TYPE OF PLAN MATERIAL (Check One)   | November 1, 2009   |                   |
| , , , , , , , , , , , , , , , , , , ,  |  |                   |
| □ NEW STATE PLAN     □ AMENDMENT TO BE CONSIDERED AS A NEW PLAN     □ AMENDMENT  |  |                   |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)  |  |                   |
| 6. FEDERAL STATUTE/REGULATION CITATION   | 7. FEDERAL BUDGET IMPACT   |                   |
| 20 CFR 416.1231 and 1902(f)  | a. FFY <u>2010</u> <u>\$ 0</u>   |                   |
|  | b. FFY <u>2011</u> <u>\$ 0</u>   |                   |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT   | PAGE NUMBER OF THE SUPERSEDED PLAN SECTION     OR ATTACHMENT (If Applicable)   |                   |
| Supplement 5 to Attachment 2.6-A, Page 1   | Same Page, Revised 08-05-98, TN# 98-13   |                   |
| 10. SUBJECT OF AMENDMENT   |  | 10 <del>- 1</del> |
| 10. OUBSECT OF AMERICALITY   |  |                   |
| Irrevocable Burial Contracts, increased from \$7,500.00 to \$10,000.00   |  |                   |
| 11. GOVERNOR'S REVIEW (Check One)  |  |                   |
| GOVERNOR'S OFFICE REPORTED NO COMMENT  | X OTHER, AS SPECIFIED  |                   |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED   | The Governor does not review State Plan  |                   |
| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  | material.  | state i ian       |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL   |  |                   |
| 12. SIGNATORE OF STATE AGENCT OFFICIAL   | 16. RETURN TO  |                   |
| 13. TYPED NAME   | Oklahoma Health Care Author  | ritv              |
| Mike Fogarty   | Attn: Cindy Roberts  |                   |
| 14. TITLE  | 4545 N. Lincoln Blvd., Suite 124   |                   |
| Chief Executive Officer  | Oklahoma City, OK 73105  |                   |
| 15. DATE SUBMITTED   | •  |                   |
| October 14, 2009   |  |                   |
| FOR REGIONAL OFFICE  | USE ONLY   |                   |
|  | TE APPROVED  |                   |
| 14 October, 2009   | 14 December  | 2009              |
| PLAN APPROVED - ONE CO   | JPY AT LACHED  | 1 1               |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIG  |  |                   |
| 1 November 2009  |  |                   |
|  | LE Associate Regional Administra   | alor              |
| 22. 11   | The Proposition (Actional Manual Inglish)  | AIVI              |
| Bill Brooks  | Division of Medicaid & Children  | 's Health         |
| 23. REMARKS  |  |                   |
| c: Mike Fogarty  |  |                   |
| Cindy Roberts  | A SHIP CONTRACTOR OF THE STATE  | 3.5               |
| Tywanda Cox  |  |                   |
| Traylor Rains Rodney Ikard   |  |                   |
| TOUTH THE PROPERTY OF THE PROP | A PARTY OF THE PAR |                   |
|  |  |                   |

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

## MORE RESTRICTIVE METHODS OF TREATING RESOURCES THAN THOSE OF THE SSI PROGRAM – Section 1902(f) States Only

<u>Irrevocable Burial Contracts.</u> When an applicant elects to make an irrevocable burial contract or applies for assistance on or after November 1, 2009, the amount in any combination of an irrevocable burial contract, revocable prepaid burial contract/trust and the face value of life insurance policies which is in excess of \$10,000.00 will render the applicant ineligible for Medicaid.

STATE <u>OKJahoma</u>

DATE REC'D <u>10-14-09</u>

DATE APPV'D <u>12-14-09</u>

DATE EFF <u>11-1-09</u>

HCFA 179 <u>09-09</u>

Revised 11-01-

09

TN# 09-09 Approval Date 12-14-09 Effective Date 11-1-09 Supersedes 98-13

SUPERSEDES: TN- 98-/3

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1301 Young Street, Room 833 Dallas, Texas 75202



## Division of Medicaid & Children's Health, Region VI

December 14, 2009

Our Reference:

SPA-OK-09-09

Dr. Lynn Mitchell, State Medicaid Director Oklahoma Health Care Authority 4545 North Lincoln Blvd., Suite 124 Oklahoma City, Oklahoma 73105

Attention: Cindy Roberts

Dear Dr. Mitchell:

We have enclosed a copy of CMS-179, Transmittal # 09-09, dated October 14, 2009. This amendment increases the resource limit for irrevocable burial contracts from \$7,500 to \$10,000.

We have approved this amendment for incorporation into the official Oklahoma State Plan effective November 1, 2009. If you have any questions, please contact Joe Reeder at (214) 767-4419.

Sincerely,

**Bill Brooks** 

Associate Regional Administrator Division of Medicaid and Children's Health

Enclosure

## Marks, Marsha L. (CMS/SC)

From:

Marks, Marsha L. (CMS/SC)

Sent:

Thursday, January 21, 2010 1:04 PM

To:

CMS CMSO\_508\_SPA

Cc:

Harper, Scott S. (CMS/SC); Sheppard, Brenda D. (CMS/CMSO)

Subject:

Approval Pkg for OK 09-09

Attachments:

OKSPA0909.jr.doc; Final Approval Pkg for 09-09.pdf

See Attached.

State: Oklahoma

Description: This amendment increases the resource limit for irrevocable burial contracts from \$7,500 to \$10,000. Effective 1 November, 2009, the amount in any combination of an irrevocable burial contract, revocable prepaid burial contract/trust and the face value of life insurance policies which excess \$10,000 will render an applicant ineligible for Medicaid

Approval Date: 14 December, 2009

Effective Date: 1 November, 2009

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov