#### CORRECTED

FORM APPROVED OMB No. 0938-0193

	1. TRANSMITTAL NUMBER	2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 0 - 1 1	Oklahoma	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE	. 1	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010		
5. TYPE OF PLAN MATERIAL (Check One)			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDER	RED AS A NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDA	· ·	ment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	4 000 04	
1902(a)(10)(E)(i)-(iv); 1905(p); 1860D-14(a)(3)(D)		<u>4,880.31</u> 3,173.75	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSED		
	OR ATTACHMENT (If Applicable)		
<b>-</b>	<b>1 - .</b>		
Refer to Attachment	Refer to Attachment		
10. SUBJECT OF AMENDMENT			
10. SUBJECT OF AMENDMENT			
QMB, SLMB, and QI Resource Limits to Comply with MIPPA	legislation; Resource Limits for the	Aged and Disabled	
100% FPL Eligibility Group			
11. GOVERNOR'S REVIEW (Check One)			
	W OTHER ACCRECIEN		
GOVERNOR'S OFFICE REPORTED NO COMMENT			
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor does not review	w state pian material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL	46 DETUDN TO		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
13. TYPED NAME	Oklahoma Health Care Autho	arity.	
	Attn: Cindy Roberts	Oklahoma Health Care Authority	
Mike Fogarty  14. TITLE	4545 N. Lincoln Blvd., Suite 124		
Chief Executive Officer	Oklahoma City, OK 73105		
15. DATE SUBMITTED	•		
J <del>une 16, 2010</del> 31 March, 2010			
FOR REGIONAL OFFICE			
	ATE APPROVED		
31 March, 2010	25 June, 2010	)	
PLAN APPROVED - ONE C 19. EFFECTIVE DATE OF APPROVED MATERIAL [20. SI	IGNATURE OF REGIONAL OFFICIAL		
The state of the s	o y your of whole		
January, 2010			
21. TYPED NAME 22. TI	7000010000 71-7	al Administration	
1 January, 2010 21. TYPED NAME Bill Brooks	Division of Hedical O	2 Childrens Health	
23. REMARKS		1	
c: Mike Fogarty			
Cindy Roberts Tywanda Cox			
Traylor Rains			
Rodney Ikard	**************************************		
FORM CMS.179 (07/02)	1994 1994 1995	1100	
FORM CMS-179 (07/92)	S. Carelland		

### ATTACHMENT 2.2-A Page 9b

DATE APPVID 6-25-10

State: OKLAHOMA			
Agency* Citation Department of Human Services			Groups Covered
			ory Coverage – Categorically Needy and Other ed Special Groups (Continued)
1860D-14(a)(3)(D), 1902(a)(10)(E)(i), and 1905(p) of the Act	25. Qu	alified a.	Medicare Beneficiaries— Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
		b.	Whose income does not exceed 100 percent of the Federal poverty level; and
		C.	Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).
			edical assistance for this group is limited to dicare cost-sharing as defined in item 3.2 of this n.)
1902(a)(10)(E)(ii), 1905(s), and 1905(p)(3)(A)(i) of the Act	26	6. Qua a.	alified Disabled and Working Individuals— Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
		b.	Whose income does not exceed 200 percent of the Federal poverty level; and
		C.	Whose resources do not exceed twice the maximum standard under SSI.
		d.	Who are not otherwise eligible for medical assistance under Title XIX of the Act.
		Ме	edical assistance for this group is limited to dicare Part A premiums under section 1818A of Act.)
* Agency that determines eligibil	ity for cov	erage	
TN No. /0-// Approv	/al Date	6-	Revised 01-01-10 25 -/O Effective Date / -/ - / O
Supersedes	ימו שמוכ	<u> </u>	20 - 70 Lifeblive Date 6 7 70
TN No. <u>93-08</u>			STATE OKLAHOMA  DAVE REC'D. 3-31-10

SUPERSEDES: TN- 93-08

#### ATTACHMENT 2.2-A Page 9b1

State: OKLAHOMA Agency\* Citation **Groups Covered** Department of Human Services A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) (Continued) 27. 1860D-14(a)(3)(D), Specified Low-Income Medicare Beneficiaries--1902(a)(10)(E)(iii), and 1905(p)(3)(A)(ii) Who are entitled to hospital insurance a. benefits under Medicare Part A (but not of the Act pursuant to an enrollment under section 1818A of the Act); Whose income is at least 100 percent, but does not exceed 120 percent of the Federal poverty level; and Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI). (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.) 28. Qualifying Individuals-1902(a)(10)(E)(iv), 1905(p)(3)(A)(ii) and 186D-14(a)(3)(D) of the Act Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); Whose income is at least 120 percent but less than 135 percent of the Federal poverty level; Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI). (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.) \* Agency that determines eligibility for coverage for this population. Revised 01-01-10 TN No. 10-11 Approval Date 6-25-10 Effective Date /-/-/の Supersedes TN No. 93-08 STATE OKlahomo 3-31-10 DAYE REC'D.\_\_

SUPERSEDES: TN- 93-08

DATE APPV'D\_

DATE EFF\_

#### ATTACHMENT 2.2-A Page 9b2

State:	OKI	AH	<b>OMA</b>
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Agency\* Citation Department of Human Services **Groups Covered** 

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
  - 29. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated for purposes of title XIX, as receiving SSI benefits for the month.
    - b. The State applies more restrictive eligibility <u>X</u> standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

STATE OKlahoma

DATE REC'D. 3-31-10 DATE APPV'D 6-25-10 A DATE EFF\_\_\_\_ HC5A 179\_

SUPERSEDES: TN- 95-11

Revised 01-01-10

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TN No.	10-11	Approval Date_	6-25-10	_Effective Date_	1-1-10
Supersed	deş				

TN No. 95-11

State: OKLAHOMA

Citation	Condition or Requirement	
1902(a)(10) (C)(i) of the Act	<ul> <li>7. Resource Standard - Medically Needy</li> <li>a. Resource standards are based on family size.</li> <li>b. A single standard is employed in determining resource eligibility for all groups.</li> <li>c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for –</li> </ul>	
	Aged Blind Disabled	
	Supplement 2 to Attachment 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive level under 7.c., Supplement 2 so indicates.	
	The state does not have a medically needy program.	
1902(a)(10)(E), 1905(p)(1)(D),	<ol> <li>Resource Standard – Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals</li> </ol>	
1905(p)(2)(B), and 1860D-14 (a)(3)(D) of the Act	For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).	
1902(a)(10)(E)(ii) and 1905(s) of the Act	1905(s) of	
	a couple (in the case of an individual with a spouse) is twice the SSI resource standard.	
	Revised 01-01-10	
TN No/O/ Supersedes TN No <i>Oo/</i>		
114140.	STATE OKlahoma  DAVE REC'D 3-31-10	
SUPE	RSEDES: TN- 00-18 DATE EFF 1-1-10	

# SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1

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

State: OKLAHOMA

## MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

X Section 1902(f) State	Non-Section 1902(f) State
This methodology applies to the poverty level ground are described in 1902(m)(1). The state disregindividuals and \$3,000 for couples and the QMB rappropriate.	gards the difference between \$2,000.00 for
SUPERSEDES: TN- 00-18	STATE OKIAHOMA  DATE REC'D 3-31-10  DATE APPV'D 6-25-10  DATE EFF 1-1-10  HCFA 179 10-11
TN No. 10-11 Approval Date 6-25 Supersedes TN No. 00-18	Revised 01-01-10 5 -)0 Effective Date <u>/ ー/ ー/ </u>