

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 0 - 1 2	2. STATE Oklahoma
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 30, 2010	

5. TYPE OF PLAN MATERIAL (Check One)

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 Section 1940 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2010 \$250,000 b. FFY 2011 \$150,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 16 to Attachment 2.6-A, Page 1 Supplement 16 to Attachment 2.6-A, Page 2 Supplement 16 to Attachment 2.6-A, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New Page New Page New Page

10. SUBJECT OF AMENDMENT

Asset Verification System

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT 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.

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED March 31, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 31 March, 2010	18. DATE APPROVED 29 June, 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 30 September, 2010	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Div of Medicaid & Children's Health
23. REMARKS c: Mike Fogarty Cindy Roberts Tywanda Cox Traylor Rains Rodney Ikard	

Revision:	STATE <u>Oklahoma</u>
	DATE REC'D <u>3-31-10</u>
	DATE APPV'D <u>6-29-10</u>
	DATE EFF <u>9-30-10</u>
	HCFA 179 <u>10-12</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

ASSET VERIFICATION SYSTEM

- 1940(a) 1. The Agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
- A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the Agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the Agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the Agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years.

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

ASSET VERIFICATION SYSTEM

2. System Development

A. The Agency itself will build and maintain an AVS.

In 3 below, describe how the system will meet the requirements in Section 1.

B. The Agency will hire a contractor to build and maintain an AVS.

In 3 below, identify the contractor, if known, and describe how the system will meet the requirements in Section 1.

C. The Agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also identify the contractor, if known, who will build and maintain the consortium's AVS, and how the system will meet the requirements in Section 1.

D. The Agency already has a system in place that meets the requirements for an acceptable AVS:

In 3 below, describe how the system meets the requirements in Section 1.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach how it will meet the requirements in Section 1.

TN No. 10-12 SUPERSEDES: NONE - NEW PAGE Approval Date 6-29-10 Effective Date 9-30-10
Supersedes TN No. _____

STATE <u>OKlahoma</u>	A
DATE REC'D <u>3-31-10</u>	
DATE APPV'D <u>6-29-10</u>	
DATE EFF <u>9-30-10</u>	
HC FA 179 <u>10-12</u>	

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation description and other information requested for the implementation approach checked in Section 2.

The contractor is not known at this time. The system and entity chosen will be able to comply with the following requirements:

1. An electronic process for asset verification;
2. A database of financial institutions that provide data to the entity;
3. A 5-year look back of the assets on individual applicants, recipients, spouses and partners;
4. A secure system based on a recognized industry standard as defined by the U.S. Commerce Department's National Institute;
5. Verification requests will include both open and closed asset account information;
6. The acceptable asset verification entity will provide adequate data for the generation of all required reports expected to meet federal reporting requirements such as the number of requests, number of responses and amounts of undisclosed assets found.

STATE <u>OKlahoma</u>	A
DATE REC'D <u>3-31-10</u>	
DATE APP'VD <u>6-29-10</u>	
DATE EFF <u>9-30-10</u>	
HCFA 179 <u>10-12</u>	

TN No. 10-12 Approval Date 6-29-10 Effective Date 9-30-10
Supersedes TN No. SUPERSEDES: NONE - NEW PAGE