

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 13-16**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form
- 4) Superseding Pages Notice
- 5) Approved SPA Pages
- 6) Additional Attachments that are part of the state plan (delete if not applicable)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 714  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

February 21, 2014

Dr. Garth Splinter  
State Medicaid Director  
2401 NW 23rd Street, Suite 1A  
Oklahoma City, Oklahoma 73107

Our Reference: SPA-OK-13-0016-MM2

Dear Dr. Splinter:

Enclosed is an approved copy of Oklahoma's state plan amendment (SPA) OK-13-0016-MM2, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 27, 2013. SPA OK-13-0016-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Oklahoma's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The state is using an interim alternative single streamlined online application and by December 31, 2014 will implement a revised alternative single streamlined online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Oklahoma's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1 – Statement of use with respect to the alternative single, streamlined online application

In addition, enclosed is a summary of state plan pages which are superseded by SPA 13-0016-MM2, which should also be incorporated into a separate section in the front of the state plan.

- Superseding Pages of State Plan Material, OK-13-0016-MM2

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment.

If you have any questions concerning this SPA, please contact Tamara Sampson at (214) 767-6431 or via e-mail at [Tamara.Sampson@cms.hhs.gov](mailto:Tamara.Sampson@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 714  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

February 21, 2014

Dr. Garth Splinter  
State Medicaid Director  
2401 NW 23rd Street, Suite 1A  
Oklahoma City, Oklahoma 73107

Our Reference: SPA-OK-13-0016-MM2

Dear Dr. Splinter:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of Oklahoma's state plan amendment (SPA) transmittal OK-13-0016-MM2. CMS is granting approval for Form S94 – Eligibility Process OK-13-0016-MM2, which was submitted to CMS on November 27, 2013. Our review of this submission included a review of the online alternative single streamlined application developed by the state.

Until December 31, 2014, the state is using an interim alternative single streamlined online application. This interim application needs to be revised to reflect the following three changes.

<b>Necessary changes:</b>	<b>Date by which changes will be completed:</b>
The state will disable pre-ACA income determination rules and remove non-MAGI income types and childcare expenses from the online application.	April 30, 2014
The state will provide an opportunity for household members to indicate whether or not they are applying for coverage. Household members not seeking coverage for themselves will not be asked for citizenship and immigration status information. The request for a non-applicant's Social Security Number will include notice that its provision is optional.	December 31, 2014

<b>Necessary changes:</b>	<b>Date by which changes will be completed:</b>
The state will remove all Absent Parent questions from the application, beyond identifying whether any child has an absent parent, and a question about agreement to cooperate with the state to obtain medical support information post-eligibility.	December 31, 2014

Please submit the revised alternative single streamline online application to CMS for review no later than December 1, 2014 to ensure approval by December 31, 2014.

We continue to be available to provide technical assistance. If you have any additional questions or require any further assistance, please contact Tamara Sampson at (214) 767-6431 or via e-mail at [Tamara.Sampson@cms.hhs.gov](mailto:Tamara.Sampson@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

logged in as GRE3(CMS RO Staff) read only mode application rev e01

Medicaid State Plan Eligibility

OK.0542.R00.00 - Oct 01, 2013

Home Logout Finder Save Validate Print Help

- Control Panel
- General Information
- File Management
- Tribal Input
- Summary (CMS179)**

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Oklahoma

**Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

OK-13-0016

**Proposed Effective Date**

10/01/2013 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Empty text input field for Federal Statute/Regulation Citation.

**Federal Budget Impact**

	Federal Fiscal Year	Amount
<b>First Year</b>	2014	\$ 1.00
<b>Second Year</b>	2015	\$ 1.00

**Subject of Amendment**

Character Count: 59 out of 2000

This amendment addresses Oklahoma eligibility for Medicaid.

**Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

Empty text input field for describing Governor's office review.

- No reply received within 45 days of submittal

- Other, as specified

Describe:

Character Count: 41 out of 2000



Governor's office review is not required.

**Signature of State Agency Official**

Submitted By: Tywanda Cox  
Last Revision Date: Feb 19, 2014  
Submit Date: Nov 25, 2013

BACK

CONTINUE

[FAQs](#) | [Form Support](#) | [Contact](#) | [Medicaid.gov](#) | [CMS.gov](#)

Date Received: 11/27/2013

Date Approved: 02/21/2014

Signature of Regional Official:

PRINTED NAME and Title: Bill Brooks, Associate Regional Administrator  
Division of Medicaid and Children's Health

[REDACTED]

[REDACTED]

[REDACTED]

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**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

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**TRANSMITTAL NUMBER:**

13-0016

**STATE:**

Oklahoma

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**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

Section S94 - Eligibility Process

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**

Section 2, Page 10, section 2.1(a), TN 92-02  
Section 2, Page 11a, section 2.1(d), TN 91-11

State: Oklahoma  
Date Received: 11/27/2013  
Date Approved: 02/21/2014  
Date Effective: 10/1/2013  
Transmittal Number: 13-0016





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>General Eligibility Requirements Eligibility Process</b>	<b>S94</b>
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42 CFR 435, Subpart J and Subpart M

State: Oklahoma  
Date Received: 11/27/2013  
Date Approved: 02/21/2014  
Date Effective: 10/1/2013  
Transmittal Number: 13-0016

## Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

**An attachment is submitted.**

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

**An attachment is submitted.**

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

**An attachment is submitted.**

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

**An attachment is submitted.**

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes  No



# Medicaid Eligibility

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

## Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

Once every 12 months

Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional  information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

Once every 12 months

Once every 6 months

Other, more often than once every 12 months

## Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between  Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

## 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 40 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.

State: Oklahoma  
Date Received: 11/27/2013  
Date Approved: 02/21/2014  
Date Effective: 10/1/2013  
Transmittal Number: 13-0016

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application       Online Application

**TRANSMITTAL NUMBER:**

OK-13-0016-MM2

**STATE:**

Oklahoma

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

State: Oklahoma  
Date Received: 11/27/2013  
Date Approved: 02/21/2014  
Date Effective: 10/1/2013  
Transmittal Number: 13-0016