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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 13-02

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

June 6, 2013

Our Reference: SPA OK 13-02

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

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 13-02, dated March 21, 2013. This state plan amendment documents the inclusion of children receiving Title IV-E kinship guardianship assistance payments as a covered population under the mandatory Title IV-E eligibility group.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of January 1, 2013. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,

A solid black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Tywanda Cox

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

| | |
|--|-----------------------------|
| 1. TRANSMITTAL NUMBER 1 3 - 0 2 | 2. STATE Oklahoma |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE January 1, 2013 | |

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 1902(a)(10)(A)(i)(I) of the Act 402(a)(22)(A) of the Act 406(h) of the Act | 7. FEDERAL BUDGET IMPACT a. FFY 2013 <u>0</u> b. FFY 2014 <u>0</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.2-A Page 2 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, TN 92-02, Revised 10-01-1991 |


10. SUBJECT OF AMENDMENT

Amending plan to reflect individuals of kinship guardianship are covered as a mandatory coverage category.

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
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

| | |
|---|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 2401 N.W. 23rd. Suite 1A Oklahoma City, OK 73107 |
| 13. TYPED NAME Nico Gomez | |
| 14. TITLE Chief Executive Officer | |
| 15. DATE SUBMITTED | |

| FOR REGIONAL OFFICE USE ONLY | |
|---|--|
| 17. DATE RECEIVED 21 March 2013 | 18. DATE APPROVED 06 June 2013 |
| PLAN APPROVED - ONE | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 01 January 2013 | 20.  |
| 21. TYPED NAME Bill Brooks | 22. TITLE Associate Regional Administrator |
| 23. REMARKS c: Nico Gomez Cindy Roberts Tywarda Cox | |

State: OKLAHOMA

| Agency* | Citation | Groups Covered |
|------------------------------|----------|----------------|
| Department of Human Services | | |

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

42 CFR 435.115, 408(a)(11)(B), 1931(c)(1), and 1902(a)(10)(A)(i)(I) of the Act

b. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of sections 408(a)(11)(B) and 1931(c)(1) of the Act.

42 CFR 435.145, 1902(a)(10)(A)(i)(I) and 473(b) of the Act

c. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b) of the Act for whom an adoption assistance agreement is in effect, foster care maintenance payments are being made, or kinship guardianship assistance payments are being made under title IV-E of the Act.

| | |
|-----------------------------|---|
| STATE <u>Oklahoma</u> | A |
| DATE REC'D <u>3.21.2013</u> | |
| DATE APPV'D <u>6.6.2013</u> | |
| DATE EFF <u>1.1.2013</u> | |
| 179 <u>13.02</u> | |

* Agency that determines eligibility for coverage for this population.

TN No. 13.02 Approval Date 6.6.2013 Effective Date 1.1.2013
 Supersedes
 TN No. 92-02