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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 17-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved 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 13, 2017

Our Reference: SPA OK 17-01

Becky Pasternik-Ikard
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 17-01, with an effective date of January 1, 2017. This amendment was submitted to update the language on current State Plan pages, and will document Oklahoma's participation in the Public Assistance Reporting Information System (PARIS) interstate match to comply with federal regulations.

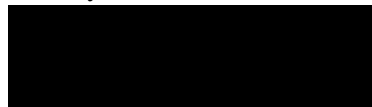
This letter affirms that OK 17-01 is approved effective January 1, 2017 as requested by the State.

We are enclosing the HCFA-179 and the following amended plan pages.

- Section 4, Page 79
- Attachment 4.32-A, Page 1

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Patricia Nowakowski, CMS Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 7 - 0 1	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 January 1, 2017
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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 1137 of the Act; 42 CFR 435.940 through 435.960; and 1903 (r) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$ <u>\$0</u> b. FFY 2018 \$ <u>\$0</u>
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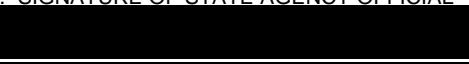
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 79 Attachment 4.32-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Page 79, TN # 89-20 Attachment 4.32-A, Page 1, TN # 86-11
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10. SUBJECT OF AMENDMENT

Public Assistance Reporting Information System (PARIS)

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: Tywanda Cox 4345 N. Lincoln Blvd Oklahoma City, OK 73105
13. TYPED NAME Becky Pasternik-Ikard	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED March 30, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 30 March, 2017	18. DATE APPROVED 13 June, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 1 January, 2017	20. SIG 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator, Division of Medicaid and Childrens Health

23. REMARKS

c: Becky Pasternik-Ikard
Tywanda Cox

FORM CMS-179 (07/92)

State: OKLAHOMACitation

**42 CFR 455.103
1902(a)(38)
of the Act**

4.31 **Disclosure of Information by Providers and Fiscal Agents**

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.105 and sections 1128(b)(9) and 1902(a)(38) of the Act.

**42 CFR 435.940
through 435.960
Section 1137 of
the Act**

4.32 **Income and Eligibility Verification System**

- (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960. **(Section 1137 of the Act)**
- (b) ATTACHMENT 4.32-A describes in accordance with 42 CFR 435.948 the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.
- (c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify Title XIX applicants and individuals eligible for covered Title XIX services consistent with applicable PARIS agreements.

State: Oklahoma
Date Received: 30 March, 2017
Date Approved: 13 June, 2017
Effective Date: 1 January, 2017
Transmittal Number: 17-01

Revised: 01/01/2017

TN #: 17-01Approval Date: 6/13/17Effective Date: 1/1/17Supersedes TN #: 89-20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**INCOME AND ELIGIBILITY VERIFICATION PROCEDURES
REQUESTS TO OTHER STATE AGENCIES**

No additional information is requested beyond requirements identified in 42 CFR 435.948.

State: Oklahoma
Date Received: 30 March, 2017
Date Approved: 13 June, 2017
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Revised: 01/01/2017

TN #: 17-01

Approval Date: 6/13/17

Effective Date: 1/1/17

Supersedes TN #: 86-11