
Table of Contents

State/Territory Name: Oklahoma

State Plan Amendments (SPA) #: OK-20-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

June 4, 2020

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Ms. Anthony:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), OK-20-0031, submitted on May 28, 2020, has been approved. This SPA has an effective date of March 1, 2020.

In response to the COVID-19 public health emergency (PHE), Oklahoma requested to implement the following flexibilities for its unborn population effective March 1, 2020, and through the duration of the federally declared PHE:

- Provide continuous eligibility;
- Delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by COVID-19, such that processing the change in a timely manner is not feasible. The state will continue to act on changes in circumstances related to residency, death, voluntary termination of coverage, erroneous eligibility determinations and becoming eligible for Medicaid; and
- Modify its tribal consultation process by shortening the number of days prior to SPA submission and conducting consultation after submission of the SPA, as permitted under section 1135 of the Social Security Act.

Your title XXI project officer is Ms. Sandra Phelps. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Phelps' contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-1968
E-mail: Sandra.Phelps@cms.hhs.gov

Page 2 – Ms. Melody Anthony

If you have additional questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky
Acting Deputy Director

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Oklahoma
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(e)):

Name: Kevin Corbett	Position/Title: Chief Executive Officer
Name: Melody Anthony	Position/Title: Chief Operations Officer
Name: Traylor Rains	Position/Title: Deputy State Medicaid Director

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 0938-0707. The time required to complete this information collection is estimated to average 160 hours (or minutes) 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3. A combination of both of the above.

Oklahoma provides medically necessary services under its expansion program to children up to, and including, 185 percent of the Federal Poverty Level (FPL), converted to the MAGI-equivalent percent of FPL and applicable disregards. In Oklahoma, this expansion program is called SoonerCare.

Oklahoma also provides medically necessary services under two distinct programs that operate under the separate child health program authority. The separate child health programs are called Soon-to-be-Sooners (STBS) and Insure Oklahoma (IO).

In Oklahoma, Soon-to-be-Sooners (STBS) is the unborn child program, while Insure Oklahoma (IO) is the program that offers premium assistance to eligible and enrolled families and children.

Oklahoma operates a combination program.

SoonerCare (Medicaid Expansion)

The state operates a Medicaid expansion program, namely SoonerCare, which serves children in families earning up to and including 185 percent of the federal poverty level, converted to the MAGI-equivalent percent of FPL and applicable disregards.

Oklahoma also operates a standalone SCHIP program with two components: 1) children covered from conception to birth under Soon-To-Be Sooners, and 2) a premium assistance program referred to as Insure Oklahoma.

Soon-To-Be-Sooners (STBS/Separate CHIP)

Under this program unborn children of families earning up to and including 185 percent of the federal poverty level, converted to the MAGI-equivalent percent of FPL and applicable disregards, are covered. This program allows coverage of pregnancy related services under Title XXI for the benefit of unborn children enrolled through the STBS program through birth. Oklahoma does not intend to include the Insure Oklahoma premium assistance program as an option for members participating in the STBS program.

Insure Oklahoma (IO/Separate CHIP):

Oklahoma manages a standalone CHIP program, IO for children in families earning up to and including 225 percent of the federal poverty level, allowing select groups the ability to receive benefits through the Premium Assistance Employer Sponsored Insurance (ESI) coverage. ESI is a benefit plan providing premium assistance to qualified children in families employed by an Oklahoma business with access to a private-market, employer sponsored insurance plan. With ESI the cost of health insurance premiums is shared by the employer, the children's family and the Oklahoma Health Care Authority. The state assures that Title XXI funds are used only for the coverage of children. By nature of the enrollment methods established by private, group employer sponsored insurance plans, children participate in subsidized ESI plans as a dependent child on their parents/guardians employment-based private coverage. In areas of this SPA the reader finds mention of employee or family processes and procedures which correspond to their dependent children's private group coverage, the state assures this mention is included only for clarification/explanation of processes and procedures used to gain subsidized coverage for dependent children.

- 1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

Oklahoma provides an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS.

- 1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Oklahoma provides an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35.

- 1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Original Plan:

Effective Date: 12/01/97

CHIP Medicaid expansion:

Effective date: 12/01/97

Expansion for children born prior to 10/1/83 who are not yet 18:

Effective date: 11/01/98

Disregard 85% of the FPL from income:

Effective date: 09/01/01

Technical SPA:

Date: 02/24/03

Separate SCHIP program for unborn children:

Effective date: 01/01/08

Implementation Date: 04/01/08

STBS:

Effective date: 01/01/08

Implementation date: 04/01/08

Census Income Disregard:

Effective date: 07/01/09

Implementation date: 07/01/09

OK-CHIPSPA#6: To cover children above 185 to 300% of FPL with two options:

1) direct coverage or 2) premium assistance.

Date Submitted; June 22, 2009

Date Approved: December 18, 2009

Effective Date: December 1, 2009

Insure Oklahoma coverage for children:

Effective date: 01/01/10

Implementation date: 02/01/10

Implementation date: 08/01/10 (Expanded ESI)

Implementation date: 09/01/10 (Expanded IP)

Remove Insure Oklahoma coverage for IP children & update waiting period:

Implementation date: 01/01/14

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
OK-14-0002 Effective/Implementation Date: January 1, 2014	MAGI Eligibility	CS7	Coverage of targeted low-income children	Supersedes the current sections 4.1.1, 4.1.2, and 4.1.3
		CS9	Coverage of children from conception to birth when mother is not eligible for Medicaid	Supersedes the current sections 4.1.1, 4.1.2, and 4.1.3
		CS13	Cover as deemed newborns children covered by section 1115 demonstration Oklahoma SoonerCare	Supersedes the current section 4.1.3
		CS15	Assurance that state will apply MAGI based income methodologies for all	Supersedes the current section 4.1.3

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
			separate CHIP covered groups	
OK-14-0003 Effective/Implementation Date: January 1, 2014	MAGI Eligibility for children covered under title XXI funded Medicaid program	CS3	Converts state’s existing income eligibility standards to MAGI-equivalent standards, by age group	Section 4.0 of the current CHIP state plan
OK-14-0004 Effective/Implementation Date: January 1, 2014	Establish 2101 (f) Groups	CS14	Eligibility – Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
OK-14-0005 Effective/Implementation Date: Oct 1, 2013	MAGI-based Eligibility Processing	CS24	An alternative single, streamlined application, screening and enrollment process, renewals	Supersedes the current sections 4.3 and 4.4
OK-14-0006 Effective/Implementation Date: January 1, 2014	MAGI Eligibility	CS17	Non-financial eligibility policies on: Residency	Section 4.1.5
		CS18	Citizenship	Section 4.1.0; 4.1-LR; 4.1.1-LR
		CS19	Social Security Number	Section 4.1.9.1
		CS20	Substitution of Coverage	Section 4.4.4
		CS21	Non-Payment of Premiums	Section 8.7
		CS23	Other Eligibility Standards	Section 4.1.9

OK-16-0007: Establishing multiple new Health Services Initiatives (HSIs). 1) Provide LARC devices to a target population, 2) to provide education to provider’s about those devices, 3) Naloxone kits, 4) services for foster care children, and 5) Academic Detailing.
 Date Submitted; March 11, 2016
 Date Approved: May 26, 2016
 Effective Date: July 1, 2016

SPA # 18-0001 Implementation of new Health Service Initiatives (HSIs)

Oklahoma Title XXI Effective: XX-XX-XXXX

Proposed effective date: 10/01/18
Proposed implementation date: 10/01/18

SPA # 18-0013 Revise and Update CHIP Goals & Objectives
Proposed effective date: 09/01/2018
Proposed implementation date: 09/01/2018

SPA # 18-0016: Implementation of new Health Service Initiative (HSI)
Proposed effective date: 11/01/18
Proposed implementation date: 11/01/18

SPA #18-0024: Demonstrates compliance with MHAEA requirements
Proposed effective date: 11/01/2019
Implementation date for adding benefits: 09/01/2019
Implementation date for all other changes: 11/01/2019

SPA #19-0041: This SPA changes the premium assistance authority, clarifies that beginning on 01.01.2014 the State discontinued premium assistance in the individual market, and provides updates to outdated language in the CHIP state plan.
Proposed effective date: 07/01/19
Proposed implementation date: 01/01/2014

SPA #20-0031: Request to provide continuous eligibility to the unborn population and delay changes in circumstances when needed for this population during the COVID-19 public health emergency.
Proposed effective date: March 1, 2020
Proposed implementation date: March 1, 2020

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Tribal notifications regarding the disaster-relief requests were sent to tribal partners on April 22, 2020 and May 1, 2020. Additionally, tribal consultation was held on May 5, 2020; 48 stakeholders were in attendance. The notifications, agenda, and the list of attendees are enclosed with the state plan amendment (SPA) submission package. There were no comments/questions received by attendees regarding this disaster relief request.

To address the COVID-19 public health emergency, the State sought a waiver under section 1135 of the Act to modify the tribal consultation process by shortening the number of days before submission of the SPA or conducting consultation after submission of the SPA.

TN No: Approval Date: Effective Date March 1, 2020

Section 4. Eligibility Standards and Methodology. (Section 2102(b))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 5.

4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102)(b)(1)(A)) (42CFR 457.305(a) and 457.320(a))

4.1.0 Describe how the State meets the citizenship verification requirements. Include whether or not State has opted to use SSA verification option. Please refer to template CS18 located at the end of the CHIP State Plan.

4.1.1. Geographic area served by the Plan: Please refer to templates CS7, CS9, and located at the end of the CHIP State Plan.

4.1.2. Age: Please refer to templates CS7 and CS9, located at the end of the CHIP State Plan.

4.1.3. Income: Please refer to templates CS7 for income standards for children in the premium assistance program (Insure Oklahoma). Please refer to CS9 for income standards for the unborn child populations, and CS15 for additional income related information located at the end of the CHIP State Plan.

4.1.4. Resources (including any standards relating to spend downs and disposition of resources): N/A.

4.1.5. Residency: Please refer to template CS17 located at the end of the CHIP State Plan.

4.1.6. Disability Status (so long as any standard relating to disability status does not restrict eligibility): N/A

4.1.7. Access to or coverage under other health coverage: STBS - Enrollees cannot be covered under a group health plan or health insurance coverage and cannot have access to a state health benefits plan.

IO - Enrollees are covered through the ESI program under a private, group health plan offered by their employer, or are covered through the State's IP program. If covered through the IP program, enrollees cannot have current coverage under a group health plan.

4.1.8. Duration of eligibility: STBS- Eligible unborn children receive coverage from confirmation of pregnancy and enrollment in the Soon-To-Be-Sooners (separate SCHIP) program, through delivery (birth).

IO – Eligible ESI and IP members receive coverage for one year from the date of certification.

4.1.9. Other). Please refer to template CS23 located at the end of the CHIP State Plan.

4.1.10. Children Ineligible for Medicaid as a Result of the Elimination of Income Disregard: Please refer to templates CS 14 at the end of the CHIP State Plan.

4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102)(b)(1)(B)) (42CFR 457.320(b))

4.2.1. These standards do not discriminate on the basis of diagnosis.

4.2.2. Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.

4.2.3. These standards do not deny eligibility based on a child having a pre-existing medical condition.

4.3. Describe the methods of establishing eligibility and continuing enrollment. (Section 2102)(b)(2)) (42CFR 457.350)

Please refer to template CS24 located at the end of the CHIP State Plan.

The methods of establishing eligibility and continuing enrollment for the Soon-To-Be-Sooners (separate SCHIP/unborn child) program is the same as under Title XIX. A Soon-To-Be-Sooners / SoonerCare application for unborn children may be made online at www.mysoonerCare.org.

The form Notification of Needed Medical Services may be submitted by the physician or facility as notification for a need for medical service. The form also may be accepted as medical verification of the unborn child(ren).

For unborn children, the countable income must be less than the appropriate standard according to the family size, which is 205 percent of the Federal Poverty Level (after exclusions, deductions and disregards). In determining the household size, the unborn child(ren) are included.

Oklahoma will temporarily provide continuous eligibility to the unborn population during the COVID-19 public health emergency.

The State will temporarily delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by COVID-19 such that processing the change in a timely manner is not feasible. The state will continue to act on changes in circumstance related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid.

4.3.1 Describe the state's policies governing enrollment caps and waiting lists (if any). (Section 2106(b)(7)) (42CFR 457.305(b))

Check here if this section does not apply to your state.

4.4. Describe the procedures that assure that:

4.4.1 Through the screening procedures used at intake and follow-up eligibility determination, including any periodic redetermination, that only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance coverage (including access to a state health benefits plan) are furnished child health assistance under the state child health

plan. (Sections 2102(b)(3)(A) and 2110(b)(2)(B)) (42 CFR 457.310(b) (42CFR 457.350(a)(1) 457.80(c)(3))

Please refer to template CS24 located at the end of the CHIP State Plan.

4.4.2. The Medicaid application and enrollment process is initiated and facilitated for children found through the screening to be potentially eligible for medical assistance under the state Medicaid plan under Title XTX. (Section 2102)(b)(3)(B)) (42CFR 457.350(a)(2))

Please refer to template CS24 located at the end of the CHIP State Plan.

4.4.3. The State is taking steps to assist in the enrollment in SCHIP of children determined ineligible for Medicaid. (Sections 2102(a)(1) and(2) and2102(c)(2))(42CFR 431.636(b)(4))

Please refer to template CS24 located at the end of the CHIP State Plan.

4.4.4. The insurance provided under the state child health plan does not substitute for coverage under group health plans. Check the appropriate box. (Section 2102)(b)(3)(C)» (42CFR 457.805) (42 CFR 457.810(a)-(c))

Please refer to template CS20 located at the end of the CHIP State Plan.

4.4.5 X Child health assistance is provided to targeted low-income children in the state who are American Indian and Alaska Native. (Section 2102)(b)(3)(D)) (42 CFR 457.125(a))

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

The state will report annually using the framework for the annual report of the SCHIP program under Title XXI of the SSA. The state is currently working to revise and update Strategic Objectives and Performance Goals for Oklahoma's Title XXI plan. Revisions as well as updates to Oklahoma's Title XXI plan will be shared accordingly as soon as the information is available. In the interim, the existing framework as found within the annual report of the SCHIP program under Title XXI of the SSA will continue to be used.

9.9. Provide a 1-year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
- Projected sources of non-Federal plan expenditures, including any requirements for cost sharing by enrollees.

The State believes the proposed disaster event provisions do not make any notable impact to the budget due to low number of enrollees and the significant decreases in volume.