

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
WAIVER & EXPENDITURE AUTHORITY**

**NUMBER:** 11-W-00048/6

**TITLE:** SoonerCare

**AWARDEE:** Oklahoma Health Care Authority

All requirements of the Medicaid program expressed in law, regulation and policy statements, not identified as not applicable in this list, shall apply to the Demonstration project beginning January 1, 2010, through December 31, 2012.

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Oklahoma for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this Demonstration extension, be regarded as expenditures under the State's title XIX plan.

1. **Demonstration Population 5.** Expenditures for expanded coverage for individuals who are "Non-Disabled Low Income Workers" age 19–64 years who work for a qualifying employer, are self-employed, or unemployed, and have income above the Medicaid standard, but no more than 250 percent of the Federal poverty level (FPL), and their spouses, and are Medicaid-eligible. This includes foster parents and employees of not-for-profit organizations.
2. **Demonstration Population 6.** Expenditures for expanded coverage for individuals who are "Working Disabled Adults" 19-64 years of age who work for a qualifying employer, are self-employed, or unemployed (and seeking work), who have income up to 250 percent of the FPL and are Medicaid eligible. This includes foster parents and employees of not-for-profit organizations.
3. **Demonstration Population 8.** Expenditures for expanded coverage for no more than 3,000 individuals at any one time who are full-time college students age 19 through age 22 and have income not to exceed 250 percent of the FPL, who have no creditable health insurance coverage, and are Medicaid-eligible.
4. **Demonstration Expenses 1.** Expenditures for Per Member Per Month payments made to the Health Access Networks.
5. Expenditures for reimbursing out-of-pocket costs in excess of 5 percent of annual gross income for individuals enrolled in the Premium Assistance Program and in the Individual Plan, in a manner and to the extent defined by the State and approved by the Centers for Medicare & Medicaid Services (CMS).

6. Expenditures for otherwise non-covered costs related to the Health Management Program.

**Medicaid Requirements Not Applicable**

Non-Medicaid-eligible groups receiving Demonstration services by virtue of the expenditure authorities expressly granted in this Demonstration are subject to Medicaid laws or regulations except as specified below.

**Not Applicable to Demonstration Populations 5, 6 and 8.**

1. **Comparability** **Section 1902(a)(10)(B) and 1902(a)(17)**

To permit the State to provide different benefit packages to different populations in the Employer Sponsored Insurance initiative. Benefits (i.e., amount, duration, and scope) may vary by individual based on eligibility category.

2. **Cost Sharing Requirements** **Section 1902(a)(14)  
insofar as it incorporates Section 1916**

To permit the State to impose premiums, deductions, cost sharing, and similar charges that exceed the statutory limitations to populations in the Employer Sponsored Insurance initiative.

3. **Freedom of Choice** **Section 1902(a)(23)**

To permit the State to restrict the choice of provider for beneficiaries eligible under the Employer Sponsored Insurance initiative.

4. **Retroactive Eligibility** **Section 1902(a)(34)**

To enable the State to waive retroactive eligibility for Demonstration participants.

**Not Applicable to Demonstration Population 8.**

5. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services** **Section 1902(a)(43)**

To exempt the State from furnishing or arranging for EPSDT services for full-time college students age 19 through age 22 and have income not to exceed 250 percent of the FPL.