

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



Division of Medicaid & Children's Health, Region VI

May 12, 2010

Our Reference: SPA-OK-10-06

Dr. Lynn Mitchell, State Medicaid Director
Oklahoma Health Care Authority
4545 North Lincoln Blvd., Suite 124
Oklahoma City, Oklahoma 73105

Dear Dr. Mitchell:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-06. This state plan amendment adjusts the state supplementary payments for aged, blind, and disabled individuals effective on or after February 1, 2010.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-06 is approved with an effective date of February 1, 2010 as requested. A copy of the HCFA-179, Transmittal No. 10-06 dated February 10, 2010 is enclosed along with the approved plan pages.

If you have any questions, please contact Scott Harper at (214) 767-6564.

Sincerely,

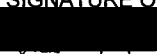
A black rectangular box redacting the signature of Bill Brooks.


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

Enclosure

| | | |
|---|---|-----------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 1 0 - 0 6 | 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 February 1, 2010 | |
| 5. TYPE OF PLAN MATERIAL (Check One) | | |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) | | |
| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 440.100 | 7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> \$ <u>0</u> b. FFY <u>2011</u> \$ <u>0</u> | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 6 to Attachment 2.6-A | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same page, Revised 02-01-09, TN # 09-02 | |
| 10. SUBJECT OF AMENDMENT | | |

Maintenance of effort with regard to State Supplemental Payments to SSI Recipients

| | |
|---|---|
| 11. GOVERNOR'S REVIEW (Check One) | |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED The Governor does not review state plan material. |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105 |
| 13. TYPED NAME Mike Fogarty | |
| 14. TITLE Chief Executive Officer | |
| 15. DATE SUBMITTED | |

| FOR REGIONAL OFFICE USE ONLY | |
|---|--|
| 17. DATE RECEIVED 12-Feb-10 | 18. DATE APPROVED 12 May, 2010 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 1 February, 2010 | 20. SIGNATURE OF REGIONAL OFFICIAL  |
| 21. TYPED NAME Bill Brooks | 22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health |
| 23. REMARKS c. Mike Fogarty Cindy Roberts Tywanda Cox Traylor Rains Rodney Ikard Nancy Staffins | |

State: OKLAHOMA

Supplement 6 to Attachment 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

| Payment Category (Reasonable Classification) | Administered by | | Income Level | | | | Income Disregards Employed |
|--|-----------------|-------|------------------------------------|--------|----------|--------|----------------------------------|
| | Federal | State | Gross | | Net | | |
| | | | 1 Person | Couple | 1 Person | Couple | |
| (1) | (2) | | (3) | | (4) | | (5) |
| Aged | | X | Does not exceed 300% of SSI FBR | | \$716 | \$1095 | SSI |
| Blind | | X | Does not exceed 300% of SSI FBR | | \$716 | \$1095 | SSI |
| Disabled | | X | Does not exceed 300% of SSI FBR | | \$716 | \$1095 | SSI |

SUPERSEDES: TN- 09-02

| | |
|----------------------------|---|
| STATE <u>Oklahoma</u> | A |
| DATE REC'D <u>2-12-10</u> | |
| DATE APPV'D <u>5-12-10</u> | |
| DATE EFF <u>2-1-10</u> | |
| HCFA 179 <u>10-06</u> | |

Revised 02-01-10

TN# 10-06Approval Date 5-12-10Effective Date 2-1-10

Supersedes

TN# 09-02

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, May 13, 2010 2:38 PM
To: CMS CMSO_508_SPA
Subject: Approval Pkg for OK 10-06
Attachments: OK1006APPROVAL.doc; Final Approval for 10-06.pdf

See attached.

State: Oklahoma

Brief Description: The amendment adjusts the state supplementary payment for aged, blind, and disabled individuals

Approval Date: 12 May 2010

Effective Date: 1 February, 2010

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov