

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 13-20**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page List
- 4) 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**

February 24, 2014

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

Our Reference: SPA-OK-13-20-MM5

Dear Dr. Splinter:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-20. With the approval of TN 13-20, CMS has reviewed and approved eligibility standards for the State's Medicaid mandatory and optional eligibility groups under the authority of the Social Security Act Section 1902(e)(14) and 42 Code of Federal Regulations (CFR) 435.603, and according to the new provisions of the Affordable Care Act (ACA).

Transmittal Number 13-20 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 13-20 summary is enclosed, along with the approved plan pages and their attachments.

If you have any questions, please contact Tamara Sampson at (214) 767-6431.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

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

Enclosures

logged in as GRE3(CMS RO Staff)

read only mode

application rev e01

## Medicaid State Plan Eligibility

OK.0617.R00.00 - Jan 01, 2014

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Summary (CMS179)

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Oklahoma

## Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

OK-13-0020

## Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

## Federal Statute/Regulation Citation

## Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

## Subject of Amendment

Character Count:9 out of 2000

Residency

## Governor's Office Review

- ☐ Governor's office reported no comment
- ☐ Comments of Governor's office received

Describe:

- ☐ No reply received within 45 days of submittal

- ☒ Other, as specified

Describe:

Character Count:41 out of 2000

Governor's Office Review is not required.

**Signature of State Agency Official**

Submitted By: Tywanda Cox  
Last Revision Date: Feb 21, 2014  
Submit Date: Dec 17, 2013

BACK

CONTINUE

[FAQs](#) | [Form Support](#) | [Contact](#) | [Medicaid.gov](#) | [CMS.gov](#)

Date Received: 11/27/2013

Date Approved: 02-24-2014

Signature of Regional Official:

PRINTED NAME and Title: Bill Brooks, Associate Regional Administrator  
Division of Medicaid and Children's Health

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**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

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**TRANSMITTAL NUMBER:**

13-0020 MM5

**STATE:**

Oklahoma

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**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

§88 Non-Financial Eligibility- State Residency

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**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT *(If Applicable)*:**

Section 2: Page 13, Item 2.3, TN 87-9  
Attachment 2.6-A: Page 3, Item (4), TN 13-0021 MM6

State: Oklahoma  
Date Received: 11/27/2013  
Date Approved: 02/24/2014  
Date Effective: 1/1/2014  
Transmittal Number: 13-0020



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Non-Financial Eligibility State Residency

S88

42 CFR 435.403

### State Residency

- ☒ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- ☐ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - ☐ Intends to reside in the state, including without a fixed address, or
  - ☐ Entered the state with a job commitment or seeking employment, whether or not currently employed.
- ☐ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- ☐ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
  - ☐ Residing in the state, with or without a fixed address, or
  - ☐ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- ☐ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
  - ☐ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - ☐ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - ☐ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- ☐ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- ☐ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- ☐ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- ☐ IV-E eligible children living in the state, or

State: Oklahoma  
Date Received: 11/27/2013  
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## Medicaid Eligibility

☐ Otherwise meet the requirements of 42 CFR 435.403.

State: Oklahoma  
Date Received: 11/27/2013  
Date Approved: 02/24/2014  
Date Effective: 1/1/2014  
Transmittal Number: 13-0020



## Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

☒ The state has interstate agreements with the following selected states:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Alabama              | <input checked="" type="checkbox"/> Illinois      | <input checked="" type="checkbox"/> Montana        | <input checked="" type="checkbox"/> Rhode Island   |
| <input checked="" type="checkbox"/> Alaska               | <input checked="" type="checkbox"/> Indiana       | <input checked="" type="checkbox"/> Nebraska       | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona              | <input checked="" type="checkbox"/> Iowa          | <input checked="" type="checkbox"/> Nevada         | <input checked="" type="checkbox"/> South Dakota   |
| <input checked="" type="checkbox"/> Arkansas             | <input checked="" type="checkbox"/> Kansas        | <input checked="" type="checkbox"/> New Hampshire  | <input checked="" type="checkbox"/> Tennessee      |
| <input checked="" type="checkbox"/> California           | <input checked="" type="checkbox"/> Kentucky      | <input checked="" type="checkbox"/> New Jersey     | <input checked="" type="checkbox"/> Texas          |
| <input checked="" type="checkbox"/> Colorado             | <input checked="" type="checkbox"/> Louisiana     | <input checked="" type="checkbox"/> New Mexico     | <input checked="" type="checkbox"/> Utah           |
| <input checked="" type="checkbox"/> Connecticut          | <input checked="" type="checkbox"/> Maine         | <input type="checkbox"/> New York                  | <input checked="" type="checkbox"/> Vermont        |
| <input checked="" type="checkbox"/> Delaware             | <input checked="" type="checkbox"/> Maryland      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia       |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota   | <input checked="" type="checkbox"/> Washington     |
| <input checked="" type="checkbox"/> Florida              | <input checked="" type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> Ohio           | <input checked="" type="checkbox"/> West Virginia  |
| <input checked="" type="checkbox"/> Georgia              | <input checked="" type="checkbox"/> Minnesota     | <input type="checkbox"/> Oklahoma                  | <input checked="" type="checkbox"/> Wisconsin      |
| <input checked="" type="checkbox"/> Hawaii               | <input checked="" type="checkbox"/> Mississippi   | <input checked="" type="checkbox"/> Oregon         | <input type="checkbox"/> Wyoming                   |
| <input checked="" type="checkbox"/> Idaho                | <input checked="" type="checkbox"/> Missouri      | <input checked="" type="checkbox"/> Pennsylvania   |  |

☒ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☒ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☐ Other type of individual

The state has a policy related to individuals in the state only to attend school.

☐ Yes ☒ No

☒ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☒ Yes ☐ No

State: Oklahoma  
Date Received: 11/27/2013  
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## Medicaid Eligibility

Provide a description of the definition:

Temporary absence from the State, with subsequent returns to the State, or intent to return when the purposes of the absence have been accomplished, does not interrupt continuity of Oklahoma residence.

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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