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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 13-21

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 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-13-21-MM6

Dear Dr. Splinter:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-21. With the approval of TN 13-21, CMS has reviewed and approved the State's residency regulations, and policies regarding interstate agreements and temporary absence in regards to 42 Code of Federal Regulations (CFR) 435.603, and according to the requirements of the Social Security Act 1902(e)(14) and the Affordable Care Act (ACA).

Transmittal Number 13-21 is approved with an effective date of October 1, 2013, as requested. A signed and dated copy of the Transmittal No. 13-21 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.0618.R00.00 - Oct 01, 2013

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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-13-0021

Proposed Effective Date

10/01/2013

(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:32 out of 2000

Citizenship & Immigration Status

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 13, 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

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

13-0021 MM6

STATE:

Oklahoma

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

389 Non-Financial Eligibility- Citizenship and Non-citizen Eligibility

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A: Page 2, Item (3), paragraphs (a), (b) and (c),
TN 97-02
Attachment 2.6-A: Page 3, Item (3), paragraphs (d) and (e), TN
92-02

State: Oklahoma
Date Received: 11/27/2013
Date Approved: 02/24/2014
Date Effective: 10/1/2013
Transmittal Number: 13-0021



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility Citizenship and Non-Citizen Eligibility	S89
<p>1902(a)(46)(B) 8 U.S.C. 1611, 1612, 1613, and 1641 1903(v)(2),(3) and (4) 42 CFR 435.4 42 CFR 435.406 42 CFR 435.956</p>	
<p>Citizenship and Non-Citizen Eligibility</p> <p>The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.</p> <p><input checked="" type="checkbox"/> The state provides Medicaid eligibility to otherwise eligible individuals:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Who are citizens or nationals of the United States; and<input checked="" type="checkbox"/> Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and<input checked="" type="checkbox"/> Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956. <p>The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.</p> <p>The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>The date benefits are furnished is:</p> <ul style="list-style-type: none"><input checked="" type="radio"/> The date of application containing the declaration of citizenship or immigration status.<input type="radio"/> The date the reasonable opportunity notice is sent.<input type="radio"/> Other date, as described:	

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Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

☒ Yes ☐ No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

☐ Yes ☒ No

☒ An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

☒ An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
4. Is a non-citizen who belongs to one of the following classes:
 - ☒ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
 - ☒ Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - ☒ Granted employment authorization under 8 CFR 274a.12(c);
 - ☒ Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - ☒ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - ☒ Granted Deferred Action status;
 - ☒ Granted an administrative stay of removal under 8 CFR 241;
 - ☒ Beneficiary of approved visa petition who has a pending application for adjustment of status;
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who -
 - ☒ Has been granted employment authorization; or
 - ☒ Is under the age of 14 and has had an application pending for at least 180 days;
6. Has been granted withholding of removal under the Convention Against Torture;
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));

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Medicaid Eligibility

10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

☐ Other

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

☒ Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

☒ Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

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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