

OK - Submission Package - OK2020MS00080 - (OK-21-0001) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	OK2020MS00080	Submission Type	Official
Program Name	N/A	State	OK
SPA ID	OK-21-0001	Region	Dallas, TX
Version Number	2	Package Status	Approved
Submitted By	Sandra Puebla	Submission Date	9/8/2020
Package Disposition		Approval Date	12/4/2020 2:38 PM EST
Priority Code	P2		



Center for Medicaid & CHIP Services

December 04, 2020

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

Re: Approval of State Plan Amendment OK-21-0001

Dear Melody Anthony:

On September 08, 2020, the Centers for Medicare and Medicaid Services (CMS) received Oklahoma State Plan Amendment (SPA) OK-21-0001 to add the adult group described in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act and Title 42 of the Code of Federal Regulations (CFR) §435.119, effective July 1, 2021. The adult group will include non-pregnant individuals who: are age 19 or older and under 65; not otherwise mandatorily eligible for Medicaid; not entitled to or enrolled in Medicare Parts A or B Medicare; and have income at or below 133 percent of the federal poverty level (FPL)..

We approve Oklahoma State Plan Amendment (SPA) OK-21-0001 on December 04, 2020 with an effective date(s) of July 01, 2021.

CMS appreciated the opportunity to discuss our informal questions and recommendations related to Oklahoma's Eligibility and FMAP SPA submissions. The additional information has provided CMS with valuable insight into Oklahoma's program integrity function and Medicaid expansion oversight activities.

CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Medicaid expansion implementation process as needed. As part of this partnership, CMS will continue to work with the state to ensure that it demonstrates and provide evidence of its systems performance, via a systems testing strategy as defined in Appendix A of CMCS Informational Bulletin dated June 20, 2019, "Oversight of State Medicaid Claiming and Program Integrity Expectations."

Further, CMS looks forward to receiving the staff training materials for the adult group, which will help ensure beneficiary eligibility and other determinations are accurate, and appropriate FMAP claiming occurs. As discussed with the state, please provide the training materials no later than February 1, 2021.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Deborah Read at deborah.read@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS00080 | OK-21-0001

Package Header

Package ID	OK2020MS00080	SPA ID	OK-21-0001
Submission Type	Official	Initial Submission Date	9/8/2020
Approval Date	12/4/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Oklahoma

Medicaid Agency Name: Oklahoma Health Care Authority

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS00080 | OK-21-0001

Package Header

Package ID OK2020MS00080
Submission Type Official
Approval Date 12/4/2020
Superseded SPA ID N/A

SPA ID OK-21-0001
Initial Submission Date 9/8/2020
Effective Date N/A

SPA ID and Effective Date

SPA ID OK-21-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	7/1/2021	N/A
Mandatory Eligibility Groups	7/1/2021	OK-13-0017
Adult Group	7/1/2021	OK-13-0017

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0008O | OK-21-0001

Package Header

Package ID	OK2020MS0008O	SPA ID	OK-21-0001
Submission Type	Official	Initial Submission Date	9/8/2020
Approval Date	12/4/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Adding eligibility for adults 19-64 years of age and up to 133% FPL

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$254412286
Second	2022	\$1071430098

Federal Statute / Regulation Citation

42 CFR 435.119;
1902(a)(10)(A)(i)(VIII)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS00080 | OK-21-0001

Package Header

Package ID OK2020MS00080

Submission Type Official

Approval Date 12/4/2020

Superseded SPA ID N/A

SPA ID OK-21-0001

Initial Submission Date 9/8/2020

Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor does not review State Plan materials/submissions.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS00080 | OK-21-0001

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Jul 31, 2020

Website URL: <http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24995&libID=23981>


- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
Adult Expansion Public Notice 7.31.20	8/25/2020 1:21 AM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
Adult Expansion Tribal Consultation Comments Received 8.26.20	9/8/2020 4:42 PM EDT	

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:




- All Indian Health Programs
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
7/7/2020	Tribal partners were sent a tribal public notice for the request to expand Medicaid for eligible adults as per 42 CFR 435.119 on 6/23/2020. Due to the current public health emergency, the State conducted a virtual tribal consultation on July 7, 2020.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
July ITU Notice & Agenda	8/26/2020 4:53 PM EDT	
7.7.20 ITU Consultation List of Attendees	8/26/2020 4:53 PM EDT	
Adult Expansion Tribal Consultation Comments Received 8.26.20	8/26/2020 4:53 PM EDT	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits

Service delivery

Other issue

Name of issue:	Summarize comments:	Summarize response:
Medicaid Expansion to Adult Group	<p>Tribal consultation was held virtually on July 7th, 2020; 51 stakeholders were in attendance. Sign-in sheets are enclosed with the state plan amendment (SPA) submission package. There were no comments/questions received by attendees for OK SPA 21-001, 21-002 and 21-0003. However, a participant inquired about the status of the Healthy Adult Opportunity (HAO) waiver; the State responded that the direction of HAO was unknown at the time and was pending guidance from OHCA executive leadership.</p> <p>The SPA was also posted on the State's public policy change blog website from July 31, 2020 through August 30, 2020; no written comments were received during the 30-day public comment period.</p>	<p>Tribal consultation was held virtually on July 7th, 2020; 51 stakeholders were in attendance. Sign-in sheets are enclosed with the state plan amendment (SPA) submission package. There were no comments/questions received by attendees for OK SPA 21-001, 21-002 and 21-0003. However, a participant inquired about the status of the Healthy Adult Opportunity (HAO) waiver; the State responded that the direction of HAO was unknown at the time and was pending guidance from OHCA executive leadership.</p> <p>The SPA was also posted on the State's public policy change blog website from July 31, 2020 through August 30, 2020; no written comments were received during the 30-day public comment period.</p>

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS00080 | OK-21-0001

Package Header

Package ID	OK2020MS00080	SPA ID	OK-21-0001
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Superseded SPA ID	N/A		
	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Superseded SPA ID	OK-13-0017		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Qualifying Individuals	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS00080 | OK-21-0001

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	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPROVED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS00080 | OK-21-0001

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started

In Progress

Complete

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	User-Entered		

The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

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Superseded SPA ID	N/A		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 12/4/2020 4:30 PM EST