STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Human Services</td>
<td></td>
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</tr>
</tbody>
</table>

The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

<table>
<thead>
<tr>
<th>Citation</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 435.115</td>
<td>2. Deemed Recipients of AFDC</td>
</tr>
</tbody>
</table>

a. Individuals denied a title IV-A cash payment solely because the amount would be less than $10

*Agency that determines eligibility for coverage.
State: OKLAHOMA

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<tr>
<td></td>
<td></td>
<td>A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</td>
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<tr>
<td></td>
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<td>2. Deemed Recipients of AFDC.</td>
</tr>
<tr>
<td></td>
<td>42 CFR 435.115, 408(a)(11)(B), 1931(c)(1), and 1902(a)(10)(A)(i)(l) of the Act</td>
<td>b. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of sections 408(a)(11)(B) and 1931(c)(1) of the Act.</td>
</tr>
<tr>
<td></td>
<td>42 CFR 435.145, 1902(a)(10)(A)(i)(l) and 473(b) of the Act</td>
<td>c. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b) of the Act for whom an adoption assistance agreement is in effect, foster care maintenance payments are being made, or kinship guardianship assistance payments are being made under title IV-E of the Act.</td>
</tr>
</tbody>
</table>

* Agency that determines eligibility for coverage for this population.

TN No. OK 13-02 Approval Date 01/01/2013
Supersedes TN No. 92-02 Effective Date 01/01/2013
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State ______________

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(5) of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6) of the Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

STATE OK
DATE REC'D 1-5-98
DATE APPVD 3-9-98
DATE EFF 12-1-97
HCFA 179 97-20

Revised 12-01-97

TN No. 97-20
Supersedes Approval Date 3-9-98 Effective Date 12-1-97
TN No. __________
### A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

#### 1902(e)(5) of the Act

11. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

#### 1902(e)(4) of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible and the child remains in the same household as the mother.

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*Agency that determines eligibility for coverage.*

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Approval Date</th>
<th>Revised</th>
<th>Effective Date</th>
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<tr>
<td>98-03</td>
<td>MAR-9 1992</td>
<td>10-01-91</td>
<td>OCT-1 1991</td>
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**Supersedes**

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**HCFA ID:** 7983E

**STATE**

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<th>DATE REC'D</th>
<th>DATE APP'ED</th>
<th>DATE EFF</th>
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<tbody>
<tr>
<td>JAN-29 1992</td>
<td>MAR-3 1992</td>
<td>OCT-1 1992</td>
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</tbody>
</table>

**HCFA 179**

- **A**
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.120 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

☐ a. Individuals receiving SSI.

This includes beneficiaries’ eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

☐ Aged
☐ Blind
☐ Disabled

*Agency that determines eligibility for coverage.

This page will become effective October 1, 2015.
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

435.121

13. b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under Section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act).

 x Aged
 x Blind
 x Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A)

*Agency that determines eligibility for coverage.

This page will sunset effective October 1, 2015.
A. Mandatory Coverage - Categorically needy and Other Required Special Groups (Continued)

14. Qualified severely impaired blind and disabled individuals under age 65, who--

a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or

b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--

(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;

(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;

(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

(4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and

(5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

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<td>A. Mandatory Coverage – Categorically Needy and Other Required Special Groups</td>
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</tbody>
</table>

1619(b)(3) of the Act

The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 432.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

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<td>A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</td>
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<tr>
<td>1634(c) of the Act</td>
<td>15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who—</td>
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<td>a. Are at least 18 years of age;</td>
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<td></td>
<td>b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.</td>
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<tr>
<td></td>
<td>d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.</td>
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<tr>
<td>42 CFR 435.122</td>
<td>16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.</td>
<td></td>
</tr>
<tr>
<td>42 CFR 435.130</td>
<td>17. Individuals receiving mandatory State supplements.</td>
<td></td>
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</tbody>
</table>

*Agency that determines eligibility for coverage.

This page will sunset effective October 1, 2015.
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.131 18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

1  In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

    X Aged   X Blind   X Disabled

1  Not applicable. In December 1973, the essential spouse was not eligible for Medicaid
A. Mandatory Coverage — Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.132 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they—

a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and

b. Remain institutionalized; and

c. Continue to need institutional care.

42 CFR 435.133 20. Blind and disabled individuals who—

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and

b. Were eligible for Medicaid in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.
### A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

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<thead>
<tr>
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<td>Department of Human Services</td>
<td></td>
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</table>

#### 42 CFR 435.134

<table>
<thead>
<tr>
<th>21.</th>
<th>Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.</th>
</tr>
</thead>
<tbody>
<tr>
<td>/X</td>
<td>Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).</td>
</tr>
<tr>
<td>/X</td>
<td>Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).</td>
</tr>
<tr>
<td>/T</td>
<td>Not applicable with respect to intermediate care facilities; the State did or does not cover this service.</td>
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*Agency that determines eligibility for coverage.*

<table>
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<tr>
<th>TN No.</th>
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<tr>
<td>92-01</td>
<td>MAR 3 1992</td>
<td>OCT 1 1991</td>
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**HCFA ID:** 7983E

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**Additional Information:**

- Revised 10-01-92
- Supersedes TN No. 89-9
- New TN No. 92-01

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**State:** OKLAHOMA
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135  22. Individuals who –

a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and

b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

☐ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

☒ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

This page will sunset effective October 1, 2015.

State: Oklahoma
Date Received: 22 August, 2014
Date Approved: 1 May, 2015
Date Effective: 1 January, 2015
Transmittal Number: 14-0027
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135 22. Individuals who -

a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and

b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

☐ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

☐ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

This page will be implemented October 1, 2015.
### Agency* Citation(s) Groups Covered

<table>
<thead>
<tr>
<th>Department of Human Services</th>
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<tr>
<td>1634 of the Act</td>
</tr>
</tbody>
</table>

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

- Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.
- The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

This page will sunset effective October 1, 2015.

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State: Oklahoma  
Date Received: 22 August, 2014  
Date Approved: 1 May, 2015  
Date Effective: 1 January, 2015  
Transmittal Number: 14-0027
23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

☐ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

This page will be implemented October 1, 2015.
### Agency* Citation(s) Groups Covered

#### Department of Human Services

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<tr>
<td>1634(d) of the Act</td>
<td>A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</td>
</tr>
</tbody>
</table>

24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

- The state applies more restrictive eligibility requirements for its blind and disabled than those of the SSI program.

- In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in §1634(d)(1)(A) in determining the income of the individual but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

- In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits disregarded is specified in Supplement 4 to attachment 2.6-A.

- In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in §1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

This page will sunset effective October 1, 2015.

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State: Oklahoma

Date Received: 22 August, 2014
Date Approved: 1 May, 2015
Date Effective: 1 January, 2015
Transmittal Number: 14-0027

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*Agency that determines eligibility for coverage.

This page will sunset effective October 1, 2015.
State: Oklahoma

Agency*  Citation(s)  Groups Covered
Department of Human Services

1634(d) of the Act  A. Mandatory Coverage – Categorically Needy and Other Required Special Groups  (Continued)

24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

___  The state applies more restrictive eligibility requirements for its blind and disabled than those of the SSI program.

_X_  In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in §1634(d)(1)(A) in determining the income of the individual but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

___  In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in §1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

This page will be implemented October 1, 2015.
State: OKLAHOMA

Agency* Citation Groups Covered
Department of Human Services

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

25. Qualified Medicare Beneficiaries—
   a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
   b. Whose income does not exceed 100 percent of the Federal poverty level; and
   c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).

   (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

26. Qualified Disabled and Working Individuals—
   a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
   b. Whose income does not exceed 200 percent of the Federal poverty level; and
   c. Whose resources do not exceed twice the maximum standard under SSI.
   d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

   (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

* Agency that determines eligibility for coverage.

Revised 01-01-10

TN No. 10-11 Approval Date 6-25-10 Effective Date 1-1-10
Supersedes
TN No. 93-08

SUPERSEDES TN. 93-08
State: OKLAHOMA

Agency* Citation

Department of Human Services


A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

(Continued)

<table>
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<tr>
<td>27. Specified Low-Income Medicare Beneficiaries--</td>
</tr>
<tr>
<td>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);</td>
</tr>
<tr>
<td>b. Whose income is at least 100 percent, but does not exceed 120 percent of the Federal poverty level; and</td>
</tr>
<tr>
<td>c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).</td>
</tr>
</tbody>
</table>

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

| 28. Qualifying Individuals-- |
| a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); |
| b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level; |
| c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI). |

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

* Agency that determines eligibility for coverage for this population.

Rev. 01-01-10

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<tr>
<td>10-11</td>
<td>6-25-10</td>
<td>7-1-10</td>
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Supersedes

<table>
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<tr>
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<tr>
<td>93-08</td>
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SUPERSEDES: TN- 93-08
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

29. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated for purposes of title XIX, as receiving SSI benefits for the month.

b. The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.

This page will sunset effective October 1, 2015.
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

29.   a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated for purposes of title XIX, as receiving SSI benefits for the month.

   b. The State applies more restrictive eligibility standards than those under SSI.

   Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.

This page will be implemented October 1, 2015.
### B. Optional Groups Other Than the Medically Needy

1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

   - The plan covers all individuals as described above.

2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

   - The plan covers only the following group or groups of individuals:
     - Aged
     - Blind
     - Disabled

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*Agency that determines eligibility for coverage.*

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<tr>
<th>TN No.</th>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>92-01</td>
<td>MAR 3 1992</td>
<td>OCT 1 1992</td>
</tr>
</tbody>
</table>

New 10-01-98

HCFA ID: 7983E
State: OKLAHOMA

Attachment 2.2-A
Page 10

Agency*  Citation(s)  Groups Covered

B. Optional Groups Other Than the Medically Needy (continued)


[ ] 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

[ ] The State elects not to guarantee eligibility.

[ ] The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six).

The State measures the minimum enrollment period from:

[ ] The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

[ ] The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

[ ] The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

Revised 07-01-07

TN # 07-11  Approval Date 7-26-07  Effective Date 7-1-07
Supersedes
TN # 03-12

SUPERSEDES: TN- 03-12
B. Optional Groups Other Than Medically Needy
(continued)

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity’s service area or becomes ineligible.

Disenrollment rights are restricted for a period of ____ months (not to exceed 12 months).

During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

No restrictions upon disenrollment rights.

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with a MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.
B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217  X  4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.
B. Optional Groups Other Than the Medically Needy

(Continued)

1902(a)(10)  
(A)(ii)(VII)  
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☐ The State covers all individuals as described above.

☐ The State covers only the following group(s) of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

*Agency that determines eligibility for coverage.

MAR-3 1992

New 10-01-91

TN No. 4202  
Approval Date  
Effective Date  
HCFA ID: 7983E

STATE  
DATE REC'D  
DATE APP'ED  
DATE EFF  
HCFA 179
B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 \(\square\) 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is:

a. Based on need and paid in cash on a regular basis.

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.

c. Available to all individuals in the State.

d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

   (1) All aged individuals.
   (2) All blind individuals.
   (3) All disabled individuals.
<table>
<thead>
<tr>
<th>Agency* Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
</table>

### B. Optional Groups Other Than the Medically Needy (Continued)

- **(4)** Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.

  

  42 CFR 435.230

- **(5)** Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.

- **(6)** Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.

- **(7)** Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

- **(8)** Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

- **(9)** Individuals in additional classifications approved by the Secretary as follows:
B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes. 

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.2-A.
B. Optional Groups Other Than the Medically Needy

(Continued)

Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is:

a. Based on need and paid in cash on a regular basis.

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.

c. Available to all individuals in each classification and available on a Statewide basis.

d. Paid to one or more of the classifications of individuals listed below:

   (1) All aged individuals.

   (2) All blind individuals.

   (3) All disabled individuals.
B. Optional Groups Other Than the Medically Needy (Continued)

   (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.

   (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.

   (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.

   (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

   (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

   (9) Individuals in additional classifications approved by the Secretary as follows:
B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to
cost-of-living differences.

_ Yes
X No

The standards for optional State supplementary payments are listed in Supplement 6 of
ATTACHMENT 2-A.
### Agency* Citation(s)
**Department of Human Services**

<table>
<thead>
<tr>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Optional Groups Other Than the Medically Needy (Continued)</td>
</tr>
</tbody>
</table>

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

<table>
<thead>
<tr>
<th>1902(a)(10)(A) (II) and 1905(a) of the Act</th>
<th>1902(a)(10)(A) (II) and 1905(a) of the Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Aged</td>
<td>X Blind</td>
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<tr>
<td>X Disabled</td>
<td></td>
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<tr>
<td>Individuals under the age of</td>
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<tr>
<td>21</td>
<td>20</td>
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<tr>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Caretaker relatives</td>
<td>Pregnant women</td>
</tr>
</tbody>
</table>
**STATE:** OKLAHOMA

<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Human Services</td>
<td>Section 4723 of P.L. 101-508 and Section 1903(f)(2)(B) of the Act</td>
<td>The State agency allows medically needy individuals and families to pay an amount to the State, which when combined with incurred medical costs in prior months, is sufficient when excluded from the family's income, to reduce such family's income below the applicable income limitation described in Section 1903(f)(1) of the Act.</td>
</tr>
</tbody>
</table>

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**NEW 11-05-90**

**TN NO.** 90-25  
**Effective Date:** 11/5/90

**Supersedes**  
**TN NO.** 90-18  
**Approval Date:** 2/5/91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

<table>
<thead>
<tr>
<th>Agency</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma Health Care Authority</td>
<td>1902(e)(3)</td>
<td></td>
</tr>
</tbody>
</table>

B. Optional Groups Other Than the Medically Needy (Continued)

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
B. Optional Groups Other Than the Medically Needy (continued)

[X] 16. Individuals-

a. Who are 65 years of age or older or are disabled as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.

b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

c. Whose resources do not exceed the maximum amount allowed under SSI; under the State’s more restrictive financial criteria; or under the State’s medically needy program as specified in ATTACHMENT 2.6-A, and SUPPLEMENT 8b to ATTACHMENT 2.6-A, PAGE 1.

This page will sunset effective October 1, 2015.

State: Oklahoma
Date Received: 22 August, 2014
Date Approved: 1 May, 2015
Date Effective: 1 January, 2015
Transmittal Number: 14-0027
### Citation(s) | Groups Covered
--- | ---
1902(a)(10)(ii)(X) and 1902(m) of the Act | B. Optional Groups Other Than the Medically Needy (continued)

<table>
<thead>
<tr>
<th>X 16. Individuals-</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Who are 65 years of age or older or are disabled as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.</td>
</tr>
<tr>
<td>b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and</td>
</tr>
<tr>
<td>c. Whose resources do not exceed the maximum amount allowed under SSI.</td>
</tr>
</tbody>
</table>
B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)(ii) of the Act  20. Women who:

   a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix;

   b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;

   c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and

   d. have not attained age 65.

1920B of the Act  21. Women who are determined by a "qualified entity" (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.
C. Optional Coverage of the Medically Needy

42 CFR 435.300

This plan includes the medically needy.

* X No.

_ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)

(C)(ii)(I) of

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act

* Those persons determined eligible for the Medically Needy program prior to February 1, 2003, will continue to be eligible until the current certification expires.
C. Optional Coverage of Medically Needy (Continued)

<table>
<thead>
<tr>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 435.308</td>
<td>5. a. Financially eligible individuals who are not described in section C.3. above and who are under the age of—</td>
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<td></td>
<td>21</td>
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<td></td>
<td>18</td>
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<tr>
<td></td>
<td>or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.</td>
</tr>
<tr>
<td></td>
<td>b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>(a) In foster homes (and are under the age of _).</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) In private institutions (and are under the age of _).</td>
</tr>
</tbody>
</table>

Revised 02-01-03
C. Optional Coverage of Medically Needy (Continued)

  c. In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).  

  (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).  

  (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.  

  (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____.  

  (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____) . Inpatient psychiatric services for individuals under age 21 are provided under this plan.  

  (6) Other defined groups (and ages), as specified in Supplement 1 of Attachment 2.2-A.
C. Optional Coverage of Medically Needy (Continued)

and 435.330 
and 435.330 
and 435.330 
42 CFR 435.326  10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340  11. Blind and disabled individuals who:

  a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;

  b. Were eligible as medically needy in December 1973 as blind or disabled; and

  c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.
C. Optional Coverage of Medically Needy (Continued)

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of ______ months.
The State agency allows Medically Needy individuals and families to pay an amount to the State, which when combined with incurred medical costs in prior months, is sufficient when excluded from the family's income below the applicable income limitation described in Section 1903(f)(1) of the Act.

<table>
<thead>
<tr>
<th>Citation</th>
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</thead>
<tbody>
<tr>
<td>Section 4723 of P. L. 101-508 and Section 1903(f)(2)(B)</td>
<td>The State agency allows Medically Needy individuals and families to pay an amount to the State, which when combined with incurred medical costs in prior months, is sufficient when excluded from the family's income below the applicable income limitation described in Section 1903(f)(1) of the Act.</td>
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</table>

SUPERSEDES: TN-92-14
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

<table>
<thead>
<tr>
<th>Agency</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma Health Care Authority</td>
<td>1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904</td>
<td>The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.</td>
</tr>
</tbody>
</table>