

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 4.18-E
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OKLAHOMA

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

- A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:
- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

New 10-01-91

TN No. 92-01
Supersedes _____ Approval Date FEB 28 1992 Effective Date OCT 01 1991
TR No. _____

HCFA ID: 7986E

STATE	<u>OK/ahoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE ARR'D	<u>FEB 28 1992</u>	
DATE E.	<u>OCT 01 1991</u>	
HCFA 179	<u>92-01</u>	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 4.18-E
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

C. State or local funds under other programs are used to pay for premiums:

Yes No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

TN No. 9701 New 10-01-91
Supersedes _____ Approval Date FEB 28 1992 Effective Date OCT 01 1991
TN No. _____

HCFA ID: 7986E

STATE	<u>OKlahoma</u>	A
DATE	<u>JAN 29 1992</u>	
DATE	<u>FEB 28 1992</u>	
DATE	<u>OCT 01 1991</u>	
HCFA ID	<u>92-01</u>	