



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OK - 13 - 0019

State Plan Administration Designation and Authority **A1**

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes
- No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

- Yes
- No

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.



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The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Oklahoma Health Care Authority (OHCA) delegates the authority to conduct fair hearings and issue final hearing decisions related to eligibility of non-MAGI individuals to Oklahoma Department of Human Services (DHS). Hearings are conducted by Administrative Law Judges who are employees of DHS. Fair hearing decisions by the DHS Administrative Law Judges may be appealed to the DHS agency director for a final decision. The Medicaid beneficiary can then file suit in district court for a review of the record.

The parties to this waiver acknowledge that the OHCA delegates the authority to make final decisions regarding designated applicants and beneficiaries as defined in the Interagency Agreement between the OHCA and the DHS. The agreement also defines the respective relationships between the OHCA and the DHS including implementation of 42 C.F.R. section 431, subpart E, and any quality control and oversight that is planned.

The DHS acknowledges and agrees in writing that it will act as a neutral and impartial decision-maker on behalf of the Medicaid agency in adjudicating all Medicaid cases and that it will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The OHCA retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by the DHS.

The OHCA ensures that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact the DHS and how to obtain information about fair hearings from that agency.

The OHCA ensures that the DHS complies with all Medicaid related federal and state laws, regulations, and policies.

The OHCA has a written agreement with the DHS that defines the roles and responsibilities of the agencies.

Add



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- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The OHCA operates the state's Medicaid program. The OHCA is organized in seven different divisions with specified responsibilities. Each division reports to a specific chief, deputy or director. Eligibility rules are written and maintained by the agency's Health Policy department, a subset of the Federal and State Policy division. Changes to eligibility policy must be approved by OHCA's Board of Directors and the State Legislature. The OHCA is responsible for all eligibility determinations, except Aged, Blind, and Disabled (ABD) and long term care applicants. Oklahoma since 2010 has offered an online eligibility system, which presently serves MAGI populations. The OHCA Enrollment Automation and Data Integrity group have responsibility for online enrollment as well as the Eligibility and Recipient subsystems of the Medicaid Management Information System. This group ensures that eligibility policy is the basis for systematic application processing and eligibility determinations, and is housed in the Business Enterprise department, which reports to the Chief Operating Officer of the Business and Resource Services division. Additionally, the Member Services department, located in the SoonerCare Operations division under the direction of the State

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