



Medicaid Administration

- 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

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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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Medicaid Director, is in constant contact with members, providers, and other stakeholders such as the legislature, and the DHS. The DHS is responsible for ABD eligibility determinations and any fair hearings regarding these determinations. The OHCA eligibility fair hearings functions reside with the OHCA Legal Services division. In summary then, four different unrelated departments (Health Policy, Enrollment and Automation and Data Integrity, Member Services, and Legal Services) within the agency are involved in the eligibility determination and fair hearing process.

Within the OHCA, fair hearings are conducted by an Administrative Law Judge, an OHCA employee located apart from the Legal Services division in Business and Resource Services, who independently renders a decision based on the preponderance of the evidence as governed by the written agreements. The OHCA fair hearing system does not provide for an agency hearing prior to review by an Administrative Law Judge. The scope of the hearings conducted by the ALJ includes hearings related to benefits and services, fair hearing of MAGI-based eligibility determinations in addition to fair hearing of eligibility and services for the ADvantage home and community-based waiver population. An additional appeal with the OHCA Executive Officer is available.

The Chief Executive Officer (CEO) is head of the agency and is responsible for managing and directing the operations and activities of 500 plus employees to achieve the stated agency mission and goals. The duties of the CEO include coordinating and promulgating current and long range goals, objectives and budgets, as well as the supervision of the daily operations of the OHCA through the direct consultation and coordination with the OHCA's executives and line management. Seven additional executive officers, all of whom report to the CEO, oversee the divisions that comprise the OHCA's organizational structure.

The Government Relations Director provides leadership to two departments, Government Relations and Tribal Government Relations.

The Deputy CEO is responsible for two groups, including Medical Services and Strategic Planning and Reform. Medical Services encompasses the following units: QA/QI SoonerCare Compliance, Medical Authorization Unit, Coding Integrity and Reporting, Medical, Dental, and DME.

The General Counsel/Chief of Legal Services is responsible for the direction, coordination and management of all phases of the Legal Services division of the agency. The Legal Services division includes the following units: Legal Services, Provider Enrollment and the Civil Rights Office.

The State Medicaid Director establishes and maintains day-to-day operations of the Medicaid program. The position directs and supervises certain operational divisions of the agency. These include the following units: Provider/Medical Home Services, Member Services, Population Care Management, Pharmacy Services, Behavioral Health Services and Insure Oklahoma.

The Chief of Federal and State Policy is responsible for the direction, coordination and management of all phases of the Federal and State Policy division of the agency. The Federal and State Policy division includes the following units: Federal and State Authorities (policy development and federal authorities), Social Supports & Outreach and Reporting and QA & Community Living Services.

The Chief Operations Officer is responsible for multiple departments in a division called Business and Resource Services. The division includes the following units: Business Enterprises, Communications, Administrative Services, Human Resources and Administrative Law Judge.

The Chief Financial Officer (CFO) is responsible for directing, coordinating and managing all phases of the multi-functional Finance division of the agency. The CFO directly oversees the operations, adequacy and soundness of the agency's fiscal structure. The Finance division includes the following units: Federal Reporting, General Accounting, Fiscal Planning and Procurement, Financial Management, Provider Rates and Analysis, Financial Services and Program Integrity.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.



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The Governor is the Chief Executive Officer of the State of Oklahoma. Her cabinet consists of 12 Secretaries representing all the branches of state government.

The OHCA has extensive working relationships with the other state agencies that provide health, human services and public assistance. The OHCA is under the Governor's Cabinet Secretary for Health and Human Services. In addition to the OHCA, this includes the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (DHS), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Oklahoma Department of Rehabilitative Services (ODRS), and Oklahoma Office of Juvenile Affairs (OJA).

The Oklahoma State Department of Health leads the state in strategic planning to become a healthier state. This agency is also a public health provider. OHCA and OSDH collaborate and interact on matters related to family planning, child wellness, and performance improvement initiatives.

The Oklahoma Department of Human Services is responsible for ABD and long-term care eligibility. It is the IV-A agency in Oklahoma. In determining eligibility, the DHS performs all related functions, including processing renewals and conducting verifications. Foster care and child welfare are areas of specialty for DHS. DHS is responsible for operating five Home and Community Based Services waivers for the aged, persons with physical disabilities and persons with intellectual disabilities. OHCA and DHS have multiple interactions regarding eligibility and member services on a daily basis.

The Oklahoma Department of Mental Health and Substance Abuse Services is responsible for providing public health services relating to mental illness and substance abuse. ODMHSAS supports a continuum of programs from community-based treatment and case management to acute inpatient care.

The Oklahoma Department of Rehabilitative Services expands opportunities for employment, independent life and economic self-sufficiency by helping Oklahomans with disabilities bridge barriers to success in the workplace, school and at home. ODRS is comprised of five program divisions: Vocational Rehabilitation Division, Visual Services Division, Disability Determination Division, Oklahoma School for the Deaf, and Oklahoma School for the Blind.

The Oklahoma Office of Juvenile Affairs is responsible for planning and coordinating statewide juvenile justice and delinquency prevention services. OJA is also responsible for operating juvenile correctional facilities in the State.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- 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

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

In determining eligibility, the Oklahoma Department of Human Services performs all related functions, including processing renewals and conducting verifications.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove



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Type of entity that conducts fair hearings:

- 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

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes No

State Plan Administration

A3

Assurances

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings: