OK - Submission Package - OK2026MS0001O - (OK-26-0012-A) - Eligibility

CMS-10434 OMB 0938-1188

Package Information

Package ID	OK2026MS0001O	**Submission Type**	Official
Program Name	N/A	**State**	OK
SPA ID	OK-26-0012-A	**Region**	Dallas, TX
Version Number	1	**Package Status**	Pending

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Noncitizen Eligibility

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Package ID	OK2026MS0001O	**SPA ID**	OK-26-0012-A
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	10/1/2026
Superseded SPA ID	OK-13-0021-MM6		
	User-Entered		

☑ The state provides Medicaid to citizens and nationals of the United States and certain noncitizens who meet all other Medicaid eligibility requirements under the state plan, including for coverage for individuals for whom federal financial participation (FFP) is available consistent with section 1903(v)(5) of the Social Security Act (the Act) ("FFP-eligible noncitizens"), and during a reasonable opportunity period pending verification of their citizenship, U.S. national, or satisfactory immigration status.

A. Citizens, Nationals and FFP-Eligible Noncitizens

☑ The state provides Medicaid eligibility to individuals who meet all eligibility requirements in the State, including who are residents of 1 of the 50 states, the District of Columbia, or a territory of the United States and:

1. Who are U.S. citizens or nationals of the United States; or

2. Who are FFP-eligible noncitizens in an immigration status or category listed in section 1903(v)(5) of the Act and are not restricted by section 403 of PRWORA (8 U.S.C. § 1613):

i. Lawful Permanent Residents (LPRs)--Section 1903(v)(5)(B)(ii) of the Act
ii. Cuban/Haitian entrants—Section 1903(v)(5)(B)(iii) of the Act
iii. Compact of Free Association (COFA) migrants—Section 1903(v)(5)(B)(iv) of the Act

and

3. Who have declared themselves to be citizens or nationals of the United States or noncitizens having satisfactory immigration status, during a reasonable opportunity period, pending verification of their U.S. citizenship, U.S. national, or satisfactory immigration status consistent with requirements of sections 1903(x), 1137(d), and 1902(ee) of the Act and regulations at 42 C.F.R. §§ 435.406, 407, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for noncitizens if the noncitizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

◉ Yes
○ No

☑ b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

◉ i. The date of the application containing the declaration of U.S. citizenship, U.S. national, or satisfactory immigration status.
○ ii. The first day of the month of application.

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B. Optional Coverage of All FFP-Eligible Noncitizens

The state provides Medicaid coverage to LPRs, Cuban/Haitian entrants, and COFA migrants whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. § 1613) and meet all other eligibility requirements in the state plan.

- (•) Yes
- ( ) No

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C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to lawfully residing pregnant women and/or children in the United States, as provided in section 1903(v)(4) of the Act who meet all other eligibility requirements in the state plan.

- ○ Yes
- ◉ No

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D. Emergency Coverage

☑ Regardless of whether an individual has a satisfactory immigration status for full Medicaid benefits, the state assures that it provides care and services that are necessary for the treatment of an emergency medical condition as defined in 1903(v)(3) of the Act, not related to the care and services for an organ transplant procedure, (commonly referred to as "emergency Medicaid"), to the following individuals who meet all Medicaid eligibility requirements, except are not required to have verified U.S. citizenship or satisfactory immigration status and/or present an SSN:

1. LPRs subject to the five-year waiting period described in 8 U.S.C. § 1613(a) and who have not met the five-year waiting period;

2. All other noncitizens who are not FFP-eligible noncitizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with section 1903(v)(4) of the Act.

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.

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