

LIST OF ATTACHMENTS

- | <u>No.</u> | <u>Title of Attachments</u> |
|------------|---|
| *1.1-A | Attorney General's Certification |
| *1.1-B | Waivers under the Intergovernmental Cooperation Act |
| 1.2-A | Organization and Function of State Agency |
| 1.2-B | Organization and Function of Medical Assistance Unit |
| 1.2-C | Professional Medical and Supporting Staff |
| 1.2-D | Description of Staff Making Eligibility Determination |
| *2.2-A | Groups Covered and Agencies Responsible for Eligibility Determinations |
| | * Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18 |
| | * Supplement 2 - Definitions of Blindness and Disability (<u>Territories only</u>) |
| | * Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home |
| *2.6-A | Eligibility Conditions and Requirements (<u>States only</u>) |
| | * Supplement 1 - Income Eligibility Levels – Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries |
| | * Supplement 2 - Resource Levels – Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups |
| | * Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid |
| | * Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program |

A				
STATE	Oklahoma			
DATE REC'D	9-23-03			
DATE APP'VD	12-9-03			
DATE EFF	8-13-03			
HCFA 179	03-12			

*Forms Provided

SUPERSEDES: TN- 92-01

Revised 08-13-03

TN # <u>03-12</u>	Approval Date <u>12-9-03</u>	Effective Date <u>9-13-03</u>
Supersedes		
TN # <u>92-01</u>		

State: OKLAHOMA

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

OMB No.: 0938-
Page 2

No.	Title of Attachment
* Supplement 5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
* Supplement 5a-	Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
* Supplement 5 -	Standards for Optional State Supplementary Payments
* Supplement 7 -	Income Levels for 1902(f) States - Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
* Supplement 8 -	Resource Standards for 1902(f) States - Categorically Needy
* Supplement 8a-	More Liberal Methods of Treating Income Under Section 1902(r)(2) of the Act
* Supplement 8b-	More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
* Supplement 9 -	Transfer of Resources
* Supplement 10-	Consideration of Medicaid Qualifying Trusts--Undue Hardship
*2.6-A	Eligibility Conditions and Requirements (<u>Territories only</u>)
* Supplement 1 -	Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
* Supplement 2 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
* Supplement 3 -	Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy
* Supplement 4 -	Consideration of Medicaid Qualifying Trusts--Undue Hardship
* Supplement 5 -	More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
* Supplement 6 -	More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

*Forms Provided

Revised 10-01-91

TN No. 92-01 Approval Date FEB 28 1992 Effective Date OCT 01 1991
 Supersedes 879
 TN No. 879

HCFA ID: 7982E

STATE	<u>OKlahoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APPL'D	<u>FEB 28 1992</u>	
DATE EFF.	<u>OCT 01 1991</u>	
HCFA 179	<u>92-01</u>	

State: OKLAHOMA

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

OMB No.: 0938-
Page 3

No.	Title of Attachment
3.1-A	Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy <ul style="list-style-type: none"> Supplement 1 - Case Management ServicesSupplement 2 - Alternative Health Care Plans for Families Covered Under Section 1925 of the Act
*3.1-B	Amount, Duration, and Scope of Services Provided Medically Needy Groups
3.1-C	Standards and Methods of Assuring High Quality Care
3.1-D	Methods of Providing Transportation
*3.1-E	Standards for the Coverage of Organ Transplant Procedures
4.11-A	Standards for Institutions
4.14-A	Single Utilization Review Methods for Intermediate Care Facilities
4.14-B	Multiple Utilization Review Methods for Intermediate Care Facilities
4.16-A	Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
4.17-A	Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home
*4.18-A	Charges Imposed on Categorically Needy
*4.18-B	Medically Needy - Premium
*4.18-C	Charges Imposed on Medically Needy and other Optional Groups
*4.18-D	Premiums Imposed on Low Income Pregnant Women and Infants
*4.18-E	Premiums Imposed on Qualified Disabled and Working Individuals
4.19-A	Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care

*Forms Provided

Revised 10-01-91

TN No. 92-01
Supersedes Approval Date FEB 28 1992
TN No. 90-08

Effective Date OCT 01 1991

HCFA ID: 7982E

STATE	<u>OKlahoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APPL'D	<u>FEB 28 1992</u>	
DATE EFF.	<u>OCT 01 1991</u>	
HCFA #	<u>92-01</u>	

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

OMB No.: 0938-
Page 4

<u>No.</u>	<u>Title of Attachment</u>
4.19-B	Methods and Standards for Establishing Payment Rates - Other Types of Care * Supplement 1 - Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance
4.19-C	Payments for Reserved Beds
4.19-D	Methods and Standards for Establishing Payment Rates - Skilled Nursing and Intermediate Care Facility Services
4.19-E	Timely-Claims Payment - Definition of Claim
4.20-A	Conditions for Direct Payment for Physicians' and Dentists' Services
4.22-A	Requirements for Third Party Liability--Identifying Liable Resources
*4.22-B	Requirements for Third Party Liability--Payment of Claims
*4.32-A	Income and Eligibility Verification System Procedures: Requests to Other State Agencies
*4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
7.2-A	Methods of Administration - Civil Rights (Title VI)
4.35-A	Criteria for the Application of Specified Remedies for Skilled Nursing and Intermediate Care Facilities
4.35-B	Alternative Remedies to Specified Remedies for Skilled Nursing and Intermediate Care Facilities

*Forms Provided

New 10-01-91

TN No. <u>92-01</u>	Approval Date <u>FEB 28 1992</u>	Effective Date <u>OCT 01 1991</u>
Supersedes		
TN No. _____		

HCFA ID: 7982E

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APPL'D	<u>FEB 28 1992</u>	
DATE EFF.	<u>OCT 01 1991</u>	
HCFA ID	<u>92-01</u>	