



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of Section 1902 (m)(1) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$ _____ *
2	\$ _____ *
3	\$ _____ *
4	\$ _____ *
5	\$ _____ *

(\*as published annually)

STATE <u>Oklahoma</u>	A
DATE REC'D <u>12-22-00</u>	
DATE APPV'D <u>3-22-01</u>	
DATE EFF <u>11-01-00</u>	
HCFA 179 <u>00-18</u>	

Revised 11-01-00

TN# 00-18 Approval Date 3/22/01 Effective Date 11/01/00  
Supersedes  
TN # 92-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989:  85 percent  90 percent (no more than 100)

Eff. Jan 1, 1990:  90 percent  \_\_\_percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels:

\*

CA. QUALIFIED DISABLED WORKING INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

As of July 1990, the levels for determining income eligibility for groups of qualified disabled working individuals under the provisions of section 1905(s) of the Act are 200% of federal poverty level.

\*

STATE <u>Okla. homa</u>	A
DATE REC'D <u>MAY 26 1995</u>	
DATE APP'VD <u>AUG 24 1995</u>	
DATE EFF <u>APR 01 1995</u>	
HCFA 179 <u>95-10</u>	

Revised 04-01-95

TN No. 95-10  
Supersedes 94-04 Approval Date AUG 24 1995 Effective Date APR 01 1995  
TN No. 94-04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>one</u> month	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for ___ months	Amount by which Column (4) exceeds limits specified in 42 CFR
	<input type="checkbox"/> urban only	435.1007*		435.1007*

urban & rural

1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$

For each additional person, add:

\$	\$	\$	\$
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\*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>OK 03-07</u>	

SUPERSEDES: TN- 95-16

Revised 02-01-03

TN# 03-07 Approval Date 6-17-03 Effective Date 2-1-03  
Supersedes  
TN# 95-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>one</u> month	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007*	Net income level for persons living in rural areas for ___ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*
	___ urban only			
	___ urban & rural			
5	\$	\$	\$	\$
6	\$	\$	\$	\$
7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$
For each additional person, add:	\$ 50.00	\$	\$	\$

\*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

SUPERSEDES: TN- 95-16

STATE <u>OKlahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
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