

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

Agency

Oklahoma Health Care Authority

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (continued)42 CFR 435.213

1902(a)(10)(A)(ii)

(XVIII) of the Act

X 20-17. Women Individuals who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program (BCCEDP) established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act, and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast ~~of or~~ cervix; when the individual's treating health professional determines that:
 1. diagnostic services are necessary to determine the extent and proper course of treatment, and
 2. more than routine diagnostic services or monitoring services for a precancerous breast or cervical condition are needed.
- b. are not otherwise covered under creditable coverage, as defined in section 27014(c) of the Public Health Service Act;
- c. are not eligible and enrolled for Medicaid under any mandatory categorically needy eligibility group; and
- d. ~~have not attained~~ are under age 65.

1920B and
1902(aa) of the Act21-18. Women Individuals who are determined by a "qualified entity" (as defined in 1920B(b)) based on preliminary information, to be ~~a woman~~ an individual described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the ~~woman's~~ individual's eligibility for Medicaid, or if the ~~woman~~ individual does not apply for Medicaid (or a Medicaid application was not made on ~~his~~ her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Revised 2/1/18TN #: _____
Supersedes TN #: _____

Approval Date: _____

Effective Date: _____