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OK - Submission Package - OK2020MS0006O - (OK-20-0026) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)



CMS-10434 OMB 0938-1188

Package Information

Package ID	OK2020MS0006O	Submission Type	Official
Program Name	N/A	State	OK
SPA ID	OK-20-0026	Region	Dallas, TX
Version Number	1	Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0006O | OK-20-0026

Package Header

Package ID OK2020MS0006O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID OK-20-0026
Initial Submission Date N/A
Effective Date N/A

State Information

State/Territory Name: Oklahoma

Medicaid Agency Name: Oklahoma Health Care Authority

Submission Component

☒ State Plan Amendment

☒ Medicaid

☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0006O | OK-20-0026

Package Header

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Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID OK-20-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility		

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0006O | OK-20-0026

Package Header

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Executive Summary

Summary Description Including Goals and Objectives Hospital presumptive eligibility (HPE) was erroneously chosen for adult expansion populations during the change in 2013 to comport with the Affordable Care Act (ACA), when the State did not seek authority to expand Medicaid. A State Plan amendment (SPA) is needed to correct the error and remove HPE from individuals receiving family planning services as this eligibility group will be transitioned to the new adult eligibility group.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR 435.1103

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

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Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

Describe The Governor's office does not review state plan amendments.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0006O | OK-20-0026

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

☐ Optional Eligibility Groups

☐ Non-Financial Eligibility

☒ Eligibility and Enrollment Processes

☐ Eligibility Process

☐ Application

☒ Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Presumptive Eligibility	☐	NEW

☐ Benefits and Payments

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0006O | OK-20-0026

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The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	☒	☐	☐	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	☒	☐	☐	NEW
Presumptive Eligibility for Pregnant Women	☒	☐	☐	NEW
Adult Group - Presumptive Eligibility	☐	☐	☐	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	☐	☐	☐	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	☐	☐	☐	NEW
Former Foster Care Children - Presumptive Eligibility	☒	☐	☐	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	☒	☐	☐	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	☒	☐	☐	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0006O | OK-20-0026

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Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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