MODEL APPLICATION TEMPLATE FOR STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT STATE CHILDREN'S HEALTH INSURANCE PROGRAM

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

MODEL APPLICATION TEMPLATE FOR STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT STATE CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Oklahoma
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, **(42 CFR, 457.40(b))**

_____
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight **(42 CFR 457.40(c))**:

Name:	Kevin Corbett	Position/Title:	Chief Executive Officer
Name:	Brandon Keppner	Position/Title:	Chief Operating Officer
Name:	Traylor Rains	Position/Title:	State Medicaid Director

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) **(42 CFR 457.70):**

1.1.1 ☐ Obtaining coverage that meets the requirements for a separate child health program **(Section 2103); OR**

1.1.2. ☐ Providing expanded benefits under the State's Medicaid plan **(Title XIX); OR**

1.1.3. X A combination of both of the above.

Oklahoma provides medically necessary services under its expansion program to children up to, and including, 185 percent of the Federal Poverty Level (FPL), converted to the MAGI-equivalent percent of FPL and applicable disregards. In Oklahoma, this expansion program is called SoonerCare.

Oklahoma also provides medically necessary services under two distinct programs that operate under the separate child health program authority. The separate child health programs are called Soon-to-be-Sooners (STBS) and Insure Oklahoma (IO).

In Oklahoma, Soon-to-be-Sooners (STBS) is the unborn child program, while Insure Oklahoma (IO) is the program that offers premium assistance to eligible and enrolled families and children.

Oklahoma operates a combination program.

SoonerCare (Medicaid Expansion)
The state operates a Medicaid expansion program, namely SoonerCare, which serves children in families earning up to and including 185 percent of the federal poverty level, converted to the MAGI-equivalent percent of FPL and applicable disregards.

Oklahoma also operates a standalone SCHIP program with two components: 1) children covered from conception to birth under Soon-To-Be Sooners, and 2) a premium assistance program referred to as Insure Oklahoma.

Soon-To-Be-Sooners (STBS/Separate CHIP)

Under this program unborn children of families earning up to and including 185 percent of the federal poverty level, converted to the MAGI-equivalent percent of FPL and applicable disregards, are covered. This program allows coverage of pregnancy related services under Title **XX**I for the benefit of unborn children enrolled through the STBS program through birth. Oklahoma does not intend to include the Insure Oklahoma premium assistance program as an option for members participating in the STBS program.

Insure Oklahoma (IO/Separate CHIP):

Oklahoma manages a standalone CHIP program, IO for children in families earning up to and including 225 percent of the federal poverty level, allowing select groups the ability to receive benefits through the Premium Assistance Employer Sponsored Insurance (ESI) coverage. ESI is a benefit plan providing premium assistance to qualified children in families employed by an Oklahoma business with access to a private-market, employer sponsored insurance plan. With ESI the cost of health insurance premiums is shared by the employer, the children's family and the Oklahoma Health Care Authority. The state assures that Title **XX**I funds are used only for the coverage of children. By nature of the enrollment methods established by private, group employer sponsored insurance plans, children participate in subsidized ESI plans as a dependent child on their parents/guardians employment-based private coverage. In areas of this SPA the reader finds mention of employee or family processes and procedures which correspond to their dependent children's private group coverage, the state assures this mention is included only for clarification/explanation of processes and procedures used to gain subsidized coverage for dependent children.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. **(42 CFR 457.40(d))**

Oklahoma provides an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS.

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. **(42CFR 457.130)**

Oklahoma provides an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35.

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment **(42 CFR 457.65)**:

Original Plan:
Effective Date: 12/01/97

CHIP Medicaid expansion:
Effective date: 12/01/97

Expansion for children born prior to 10/1/83 who are not yet 18:
Effective date: 11/01/98

Disregard 85% of the FPL from income:
Effective date: 09/01/01

Technical SPA:
Date: 02/24/03

Separate SCHIP program for unborn children:
Effective date: 01/01/08
Implementation Date: 04/01/08

STBS:
Effective date: 01/01/08
Implementation date: 04/01/08

Census Income Disregard:
Effective date: 07/01/09
Implementation date: 07/01/09

OK-CHIPSPA#6: To cover children above 185 to 300% of FPL with two options:
1) direct coverage or 2) premium assistance.
Date Submitted; June 22, 2009
Date Approved: December 18, 2009
Effective Date: December 1, 2009

Insure Oklahoma coverage for children:
Effective date: 01/01/10
Implementation date: 02/01/10
Implementation date: 08/01/10 (Expanded ESI)
Implementation date: 09/01/10 (Expanded IP)

Remove Insure Oklahoma coverage for IP children & update waiting period:
Implementation date: 01/01/14

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
OK-14-0002 **Effective/Implementation Date: January 1, 2014**	MAGI Eligibility	CS7	Coverage of targeted low-income children	Supersedes the current sections 4.1.1, 4.1.2, and 4.1.3
		CS9	Coverage of children from conception to birth when mother is not eligible for Medicaid	Supersedes the current sections 4.1.1, 4.1.2, and 4.1.3
		CS13	Cover as deemed newborns children covered by section 1115 demonstration Oklahoma SoonerCare	Supersedes the current section 4.1.3
		CS15	Assurance that state will apply MAGI based income	

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
			methodologies for all separate CHIP covered groups	Supersedes the current section 4.1.3
OK-14-0003 **Effective/Implementation Date: January 1, 2014**	MAGI Eligibility for children covered under title XXI funded Medicaid program	CS3	Converts state's existing income eligibility standards to MAGI-equivalent standards, by age group	Section 4.0 of the current CHIP state plan
OK-14-0004 **Effective/Implementation Date: January 1, 2014**	Establish 2101 (f) Groups	CS14	Eligibility – Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
OK-14-0005 **Effective/Implementation Date: Oct 1, 2013**	MAGI-based Eligibility Processing	CS24	An alternative single, streamlined application, screening and enrollment process, renewals	Supersedes the current sections 4.3 and 4.4
OK-14-0006 **Effective/Implementation Date: January 1, 2014**	MAGI Eligibility	CS17 CS18 CS19 CS20 CS21 CS23	Non-financial eligibility policies on: Residency Citizenship Social Security Number Substitution of Coverage Non-Payment of Premiums Other Eligibility Standards	Section 4.1.5 Section 4.1.0; 4.1-LR; 4.1.1-LR Section 4.1.9.1 Section 4.4.4 Section 8.7 Section 4.1.9

OK-16-0007: Establishing multiple new Health Services Initiatives (HSIs). 1) Provide LARC devices to a target population, 2) to provide education to provider's about those devices, 3) Naloxone kits, 4) services for foster care children, and 5) Academic Detailing.
Date Submitted; March 11, 2016
Date Approved: May 26, 2016
Effective Date: July 1, 2016

SPA # 18-0001 Implementation of new Health Service Initiatives (HSIs)
Proposed effective date: 10/01/18
Proposed implementation date: 10/01/18

SPA # 18-0013 Revise and Update CHIP Goals & Objectives
Proposed effective date: 09/01/2018
Proposed implementation date: 09/01/2018

SPA # 18-0016: Implementation of new Health Service Initiative (HSI)
Proposed effective date: 11/01/18
Proposed implementation date: 11/01/18

SPA #18-0024: Demonstrates compliance with MHAEA requirements
Proposed effective date: 11/01/2019
Implementation date for adding benefits: 09/01/2019
Implementation date for all other changes: 11/01/2019

SPA #19-0041: This SPA changes the premium assistance authority, clarifies that beginning on 01.01.2014 the State discontinued premium assistance in the individual market, and provides updates to outdated language in the CHIP state plan.
Proposed effective date: 07/01/19
Proposed implementation date: 01/01/2014

SPA #20-0030 Purpose of SPA: Demonstrate compliance with SUPPORT Act requirements
Proposed effective date: July 1, 2020
Proposed implementation date: July 1, 2020
Implementation date for services other than MAT: July 1, 2020
Implementation date for MAT services: October 1, 2020

SPA #20-0031: Request to provide continuous eligibility to the unborn population and delay changes in circumstances when needed for this population during the COVID-19 public health emergency.
Proposed effective date: March 1, 2020
Proposed implementation date: March 1, 2020

SPA OK-23-0022**:** CHIP SPA to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Proposed effective date: March 11, 2021
Proposed implementation date: March 11, 2021 for the following service provisions: COVID-19 vaccine administration, testing, and treatment as well as Coverage for a condition that may seriously complicate the treatment of COVID-19.

August 30, 2021 for self-collected COVID-19 tests.

January 1, 2022 medically necessary COVID-19 vaccine counseling for children under the age of 21.

SPA #23-0023: Request to amend the Reach Out and Read Health Service Initiative
Proposed effective date: July 1, 2023
Proposed implementation date: July 1, 2023

1.4-TC **Tribal Consultation.** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

HSI Request #9 (Reach Out and Read) Tribal Consultation Date: 05/02/23

Tribal Consultation agendas and lists of attendees with sign-in sheets for the applicable request are enclosed within the SPA submission packet.

TN No: 23-0023 Approval Date Effective Date: 07/01/23

2.2 Health Services Initiatives- Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

Health Service Initiative Request #1:
The Long Acting Reversible Contraceptive (LARC) devices Health Service Initiative (HSI) will address a state-wide effort to promote education to the 18 and younger targeted age group. The initiative will align strategies across agencies as well as private and public payers in order to promote efficient utilization. This effort will increase the target population's access and utilization of LARC devices leading to a decrease in unwanted pregnancies as well as decrease costs to the Medicaid program. The estimated total budget impact for FFY 2016 for this program is $30,000; the federal share for FFY 16 is $28,707 and state share is $1,293. The estimated total budget impact for FFY 2017 for this program is $120,000; the federal share for FFY 17 is $113,952 and the state share is $6,048. The budget has been updated accordingly. This strategy will be part of a larger project already underway and funded by Tulsa Community Foundation and the OHCA; however, the specific strategy mentioned herein is not currently funded.

Health Service Initiative Request #2:
The Long Acting Reversible Contraceptive (LARC) devices Health Service Initiative (HSI) will formulate a concerted effort to address the problem of unwanted pregnancy and promote LARC devices. The State proposes to spearhead a state-wide effort to promote provider education and training regarding LARC devices and align strategies across agencies as well as private and public payers in order to support efficient utilization. The State will contract with an entity to provide training and education for other payers, medical schools, health departments, and stakeholders in order to increase availability and usage of LARC devices while decreasing the barriers of LARC device usage in female Oklahomans under the age of 19. The estimated total budget impact for FFY 2016 for this program is $400,000; the federal share for FFY 16 is $382,760 and the state share is $17,240. The estimated total budget impact for FFY 2017 for this program is $1,600,000; the federal share for FFY 17 is $1,519,360 and the state share is $80,640. The budget has been updated accordingly. This strategy is new and it is not currently funded.

Health Service Initiative Request #3:
Oklahoma leads the nation in non-medical use of prescription painkillers, with more than 8% of the population aged 12 and older abusing/misusing painkillers. It is also one of the leading states in prescription painkiller sales per capita. Both behaviors have resulted in a large number of hospitalizations and overdose deaths among the States' residents. An increasingly popular medication that can prevent the hospitalizations and deaths is Naloxone, which reverses the effects of an opioid overdose and is completely safe to use. However, the State does not currently have a comprehensive, centralized overdose prevention program to pay for and distribute it. The State has identified 13 high-risk, high-need counties where Naloxone rescue kits will be distributed to at-risk individuals 19 years of age and younger. The rescue kits will be distributed by Comprehensive Community Addiction Recovery Centers (CCARCs) and Opioid Treatment Programs (OTPs) within the identified communities. These two entities will contract with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) which will provide the funding and training. Monitoring will be provided jointly by the Oklahoma Health Care Authority and ODMHSAS. The estimated total budget impact for FFY 2016 for this program is $294,900; the federal share FFY 16 is $282,190 and the state share is $12,710. The estimated total budget impact for FFY 2017 for this program is $730,700; the federal share for FFY 17 is $693,873 and the state share is $36,827. The budget has been updated accordingly. This strategy is new and it is not currently funded.

Health Service Initiative Request #4:
The Oklahoma Health Care Authority (OHCA) and the Oklahoma Department of Human Services (OKDHS) would like to implement an informed and coordinated approach to ensuring quality of care for children in the foster care system that are prescribed psychotropic medications. The methods for achieving this include additional improvements to our current health portal, the creation of an advisory committee of community experts to identify best practices; identification of barriers and improving current data matching; and the development of training and outreach for foster parents, health care providers, and child welfare workers in order to improve services to all children in the foster care system under the age of 19. The estimated total budget impact for FFY 2016 for this program is $115,816; the federal share for FFY 16 is $110,824 and the state share is $4,992. The estimated total budget impact for FFY 2017 for this program is $463,258; the federal share for FFY 17 is $439,910 and the state share is $23,348. The budget has been updated accordingly. This strategy is new and it is not currently funded.

Health Service Initiative Request #5:
The State Medicaid agency is responsible for controlling costs of state purchased health care while assuring that standards of care are met as part of a progressive system. Combining standards of care with current evidence and presenting these in a nonbiased manner is known as Academic Detailing (AD). It is anticipated that the AD program will result in measurable cost savings to OHCA through improved prescribing according to existing evidence and a decrease in the number of prior authorizations submitted. Over the long term, it is expected that improved prescribing will result in improved patient outcome and decreased burden on the healthcare system. The 15-18 month pilot phase of the AD program will be a targeted intervention aimed at improving evidence-based prescribing of Attention Deficit Hyperactivity Disorder (ADHD) medications and atypical antipsychotic medications for Medicaid members under 18 years of age. Counties which have high utilization of the initial target medications will be selected for the intervention. Prescribers within those counties will be chosen from non-specialists. A specially trained pharmacist will make an appointment with the selected prescriber to go over the guidelines for

appropriate prescribing within the targeted therapeutic category and provide resources as needed. The estimated total budget impact for FFY 2016 for this program is $72,523; the federal share for FFY 16 is $69,397 and the state share is $3,126. The estimated total budget impact for FFY 2017 for this program is $290,090; the federal share for FFY 17 is $275,469 and the state share is $14,621. The budget has been updated accordingly. This strategy is new and it is not currently funded.

Health Service Initiative Request #6
Individuals with Sickle Cell disease (SCD) experience lifelong complications including anemia, infections, stroke, tissue damage, organ failure, intense painful episodes, and premature death. These debilitating symptoms and the complex treatment needs of people living with SCD often limit their education, career opportunities, and quality of life. In Oklahoma, approximately 1,500 individuals enrolled in Sooner Care are impacted by SCD and its inherited disorders. Individuals living with SCD face a highly-fragmented system of care and health disparities in access and health outcomes. In this project, a newborn kit is designed to help new moms integrate into the sickle cell community, make connections with other parents/caregivers, ask the right questions and begin the lifelong journey of self-education, self-care management and knowing that they are not alone. A separate care kit is developed for children ages 6 to 18 to address isolation and depression for the child/youth and provide parents/caregivers with information that will assist them in identifying symptoms that their child/youth may be experiencing. The total estimated budget impact for FFY19 is $50,250; the federal share for FFY19 is $48,577, and the state share is $1,673. The budget has been updated accordingly in Section 9.10 of the Plan.

Health Service Initiative Request #7
In 2015, there were 88 infants in Oklahoma that died before their first birthday due to Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID); this was an increase from 67 deaths the previous year. This project seeks to increase the number of vulnerable infants that use a safe sleep environment during their first year of life. OHCA will work in partnership with the Oklahoma State Department of Health to expand a current effort working with delivery hospitals on safe sleep for newborns. Newborns assessed with a need will be eligible to receive a safe sleep kit to increase access to a safe sleep environment during their first year. The HSI funding will be used to cover the costs of the crib kits for newborns and a vendor for hospital recruitment and follow-up surveys. The total estimated budget impact for FFY19 is $61,000; the federal share for FFY19 is $58,969, and the state share is $2,031. The budget has been updated accordingly in Section 9.10 of the Plan.

Health Service Initiative Request #8
Nearly half (45.7%) of all pregnancies in Oklahoma are unintended. In teens the number of unintended pregnancies is around 82%. Oklahoma experiences the 2nd highest teen birth rate in 15-19 year olds, and 1 in every 5 teen births is a subsequent birth. Pregnant and parenting teens are less likely to finish school, and more likely to live in poverty. Additionally, Medicaid is the principal source of payment for 9 of 10 subsequent births to teens in Oklahoma. Around 40% of unintended pregnancies are estimated to be the result of no use or misuse of contraception. Therefore, increasing access to highly effective forms of contraception such as long-acting reversible contraceptives (LARC) is a strategy that has shown promise in reducing unintended pregnancies. Through the use of HSI funding and the collaborative effort between the Oklahoma Health Care Authority (OHCA) and the Oklahoma State Department of Health (OSDH), long-acting reversible contraceptives (LARC) will be purchased for health department locations

statewide to increase access to low maintenance highly effective contraceptive methods and to decrease the number of unintended pregnancies in Oklahoma for uninsured individuals. The total estimated budget impact for FFY19 is $413,472; the federal share for FFY19 is $399,703, and the state share is $13,769. The budget has been updated accordingly in Section 9.10 of the Plan.

Health Service Initiative Request #9
The ~~2016~~2021 SoonerCare Program Quality of Care report indicated that in ~~2015~~2020 only ~~56.7%~~49.0% of children ages 3-6 in the SoonerCare Program received well-child visits as compared to the national average of ~~71.3%,~~71.0% and that only ~~15.7%~~53.35% received a developmental screening during their first three years of life. The Oklahoma Health Care Authority (OHCA) seeks to improve these rates by working in collaboration with Reach Out and Read Oklahoma and the University of Oklahoma (OU) College of Medicine, Department of Pediatrics to train pediatric and primary care practices to implement the Reach Out and Read (ROR) early literacy program and use standardized developmental screening tools during health visits with young children. Federal Early and Periodic Screening Diagnosis and Treatment (EPSDT) policy and the ROR mission overlap in that they share common goals of ensuring timely and quality developmental surveillance by primary care providers in an effort to identify needed interventions or supports to improve health outcomes. The implementation of ROR into health care practices will improve both the quality of the child's preventive health visit and developmental screening processes. Beginning July 1, 2023, this HSI will allow for the following: distribution of books to ROR practices for clinicians to use as clinical tools and children to take home and keep; Smiles for Life child oral health curriculum; distribution of fluoride varnish starter kits and toothbrushes and toothpaste to ROR practices for the 9 or 12 month well child visit as part of a brush, book, bed discussion. Providers will also receive standardized developmental screening tools and training to incorporate them into practice. The total estimated budget for ~~FFY19 is $101,400; the federal share is $98,024 and the state share is $3,377.~~FFY24 is $800,000; the federal share is $618,160 and the state share is $181,840. The budget will cover the cost of books, toothbrush, toothpaste, and fluoride varnish starter kits. The budget has been updated accordingly in Section 9.10 of the Plan.

The State assures that the HSI projects will target only children/youth under the age of 19 and that the HSI programs will not supplant or match CHIP federal funds with other federal funds nor allow other federal funds to supplant or match CHIP federal funds.

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is attached. The budget must describe: **(Section 2107(d)) (42CFR 457.140)**

- Planned use of funds, including:
  - Projected amount to be spent on health services;
  - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
  - Assumptions on which the budget is based, including cost per child and expected enrollment.

- Projected sources of non-Federal plan expenditures, including any requirements for cost sharing by enrollees.

CHIP Budget

STATE: OKLAHOMA	**FFY ~~2021~~2024 Budget**
Federal Fiscal Year	**FFY ~~2021~~2024**
State's enhanced FMAP rate	77.59%
Benefit Costs	
Insurance payments	
Managed care	259,110,195
per member/per month rate	
Fee for Service	18,313,048
Total Benefit Costs	277,423,243
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	**$277,423,243**
Cost of Proposed SPA Changes – Benefit	
Administration Costs	
Personnel	
General administration	9,881,917
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	
Health Services Initiatives	~~2,656,425~~
Other	
Total Administration Costs	**~~$12,538,342~~**
10% Administrative Cap	~~30,824,805~~
Cost of Proposed SPA Changes	**~~$26,710~~**
Federal Share	~~224,981,194~~
State Share	~~64,980,391~~
Total Costs of Approved CHIP Plan	**~~$289,961,585~~**

NOTE: Include the costs associated with the current SPA.

The Source of State Share Funds: State Appropriation and Tobacco Tax Funds

Per member/per month rate	FFY'~~2021~~2024	
	# of eligibles	$ PMPM
Managed Care	145,139	$178
Fee for Service	9,069	$195

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☒ Other (specify) **The state match for the insurance program is an allocation of state tobacco taxes which are collected by the state tax commission and deposited into a separate continuing fund administered by OHCA. Per Oklahoma state statute, the Tobacco Tax revenues are specifically for coverage of children in families earning from 185 up to and including 300 percent of the federal poverty level through the Insure Oklahoma program.**

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **No**

4. In the table below, enter 1) number of eligible used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

per member/per month rate	FFY 2019	
	# of eligibles	$ PMPM
Managed Care	143,720	$155
Fee for Service	10,624	$244

Other Budget Line items under Title XXI	FFY 19 TOTAL	Federal Share	State share
Yearly cost of providing coverage to pregnant women	**$15,216,376**	14,709,671	506,705
Yearly cost of providing dental Coverage	**$27,881,834**	26,953,369	928,465
Cost of providing coverage to premium assistance children	**$531,259**	513,568	17,691
Yearly cost of prenatal coverage (same as above cost to cover pregnant women -STBS)			
Estimate of unborn children covered in one year	**9,267**		

NOTE: Include the costs associated with the current SPA.

The total federal share/impact for FFY19 for the proposed Health Service Initiative (HSI) is: $98,024. The proposed HSI is a new initiative that is not currently funded. The budget estimate for the initiative is as follows:

- HSI #9, Reach Out and Read, has a total estimated budget impact for FFY24 ~~$101,400;~~$800,000; with a federal share of ~~$98,024~~$618,160; and a state share of ~~$3,377.~~$181,840.

The Source of State Share Funds:

The source of state share for HSI #9, Reach Out and Read, is the University of Oklahoma College of Medicine, Dept. of Pediatrics