

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00048/6
TITLE: SoonerCare
AWARDEE: Oklahoma Health Care Authority

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Oklahoma identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this demonstration extension, beginning from August 31, 2018 through December 31, 2023, be regarded as expenditures under the state’s title XIX plan (except to the extent an earlier expiration date is indicated below). These expenditure authorities are granted to enable the state to operate its Oklahoma SoonerCare section 1115 demonstration and may only be implemented consistent with the approved Special Terms and Conditions (STCs) set forth in an accompanying document.

All requirements of the Medicaid program expressed in law, regulation and policy statements, not expressly waived or identified as not applicable to these expenditure authorities, shall apply to the SoonerCare demonstration project for the period of this demonstration extension.

The expenditure authorities listed below promote the objectives of title XIX of the Social Security Act by providing flexibility for Oklahoma to extend coverage to certain low-income individuals, transform healthcare service delivery networks, and improve health outcomes, for a temporary period to permit Oklahoma an opportunity to review new options available to better achieve those objectives under the authority of the Medicaid statute (without the need for the same extent of demonstration authority).

- 1. Demonstration Population 5.** Expenditures for health benefits coverage for non-State plan eligible individuals who are “Non-Disabled Low Income Workers” age 19–64 years who work for a qualifying employer and have income no more than 200 percent of the federal poverty level (FPL), and their spouses.
- 2. Demonstration Population 6.** Expenditures for health benefits coverage for non-State plan eligible individuals who are “Working Disabled Adults” 19-64 years of age who work for a qualifying employer and have income up to 200 percent of the FPL.
- 3. Demonstration Population 8.** Expenditures for health benefits coverage for no more than 3,000 non-State plan eligible individuals at any one time who are full-time college students age 19 through age 22 and have income not to exceed 200 percent of the FPL, who have no creditable health insurance coverage, and work for a qualifying employer.

- 4. Demonstration population 10.** Expenditures for health benefits coverage for non-State plan eligible foster parents who work for an eligible employer and their spouses with household incomes no greater than 200 percent of the FPL.
- 5. Demonstration Population 11.** Expenditures for health benefits coverage for non-State plan eligible individuals who are employees and spouses of not-for-profit businesses with 500 or fewer employees, work for a qualifying employer, and with household incomes no greater than 200 percent of the FPL.
- 6. Demonstration Population 12.** Expenditures for health benefits coverage, as described in STC 23, for non-State plan eligible individuals who are “Non-Disabled Low Income Workers” age 19–64 years whose employer elects not to participate in the Premium Assistance Employer Coverage Plan, who are self-employed, or unemployed, and have income up to 100 percent of the FPL, and their spouses.
- 7. Demonstration Population 13.** Expenditures for health benefits coverage, as described in STC 23, for non-State plan eligible individuals who are “Working Disabled Adults” 19-64 years of age whose employer elects not to participate in the Premium Assistance Employer Coverage Plan, as well as those who are self-employed, or unemployed (and seeking work) and who have income up to 100 percent of the FPL.
- 8. Demonstration Population 14.** Expenditures for health benefits coverage, as described in STC 23, for no more than 3,000 non-State plan eligible individuals at any one time who are full-time college students age 19 through age 22 and have income not to exceed 100 percent of the FPL, who have no creditable health insurance coverage, and do not have access to the Premium Assistance Employer Coverage Plan.
- 9. Demonstration Population 15.** Expenditures for health benefits coverage, as described in STCC 23, for non-State plan eligible individuals who are working foster parents, whose employer elects not to participate in Premium Assistance Employer Coverage Plan and their spouses with household incomes no greater than 100 percent of the FPL.
- 10. Demonstration Population 16.** Expenditures for health benefits coverage, as described in STC 23, for non-State plan eligible individuals who are employees and spouses of not-for-profit businesses with 500 or fewer employees with household incomes no greater than 100 percent of the FPL, and do not have access to the Premium Assistance Employer Coverage Plan.
- 11. Health Access Networks Expenditures.** Expenditures for Per Member Per Month payments made to the Health Access Networks for case management activities.
- 12. Premium Assistance Beneficiary Reimbursement.** Expenditures for reimbursement of costs incurred by individuals enrolled in the Premium Assistance Employer Coverage Plan and in the Premium Assistance Individual Plan that are in excess of five percent of annual gross family income.

13. Health Management Program. Expenditures for otherwise non-covered costs to provide services authorized through the Health Management Program as described in these STCs.

14. Medical Education Programs. Expenditures, not to exceed \$115,517,737 total computable, to phase down federal expenditures for the state’s medical education programs operated at the University of Oklahoma and Oklahoma State University. The expenditure authority is effective from August 31, 2018 to June 30, 2019, with the state assuming full responsibility for funding on July 1, 2019.

Title XIX Requirements Not Applicable to the Demonstration Expenditure Authorities

Not Applicable to Demonstration Populations 5, 6, 8, 10, 11, 12, 13, 14, 15, and 16.

1. Comparability **Section 1902(a)(10)(B) and 1902(a)(17)**

To permit the state to provide different benefit packages to individuals in demonstration populations 5, 6, 8, 10, and 11 who are enrolled in the Premium Assistance Employer Coverage Plan that may vary by individual.

2. Cost Sharing Requirements **Section 1902(a)(14) insofar as it incorporates Section 1916**

To permit the state to impose premiums, deductibles, cost sharing, and similar charges that exceed the statutory limitations for individuals in populations 5, 6, 8, 10, and 11 who are enrolled in the Premium Assistance Employer Coverage Plan.

3. Freedom of Choice **Section 1902(a)(23)(A)**

To permit the state to restrict the choice of provider for beneficiaries eligible under populations 5, 6, 8, 10 and 11 enrolled in the Premium Assistance Employer Coverage Plan. No waiver of freedom of choice is authorized for family planning providers.

4. Retroactive Eligibility **Section 1902(a)(34)**

To enable the state to not provide retroactive eligibility for demonstration participants in populations 5, 6, 8, 10, and 11.

5. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services **Section 1902(a)(4)(B); 1902(a)(10)(A); and 1902(a)(43)**

To exempt the state from furnishing or arranging for EPSDT services for full-time college students age 19 through age 22 who are defined in populations 8 and 14.

6. Assurance of Transportation **Sections 1902(a)(4) and**

1902(a)(19)
42 CFR 431.53

To permit the state not to provide non-emergency transportation benefits to individuals in populations 12, 13, 14, 15, and 16 enrolled in the Insure Oklahoma Premium Assistance Individual Plan.