

OKLAHOMA STATUTES
TITLE 56. POOR PERSONS

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§56-26.1. Repealed by Laws 1957, p. 455, § 7.

§56-26.2. Repealed by Laws 1957, p. 455, § 7.

§56-26.3. Purpose of act.

It shall be the purpose of this act to:

1. Provide aid and assistance for indigent or unemployable citizens of the state who meet the minimum requirements hereinafter described;

2. Provide temporary emergency assistance to those victims of emergencies resulting from fire, flood, tornado and other acts of God; and

3. Provide for the receipt, warehousing, transporting and distributing of any item of value donated to the State of Oklahoma by the United States Department of Agriculture, or any other agency of the federal government, or any agency or subdivisions of state, county or city government, with whom the Oklahoma Emergency Relief Board enters into a contract.

Added by Laws 1951, p. 151, § 3, emerg. eff. April 5, 1951. Amended by Laws 1994, c. 87, § 1, eff. Sept. 1, 1994.

§56-26.4. Repealed by Laws 1957, p. 455, § 7.

§56-26.5. Definitions.

A. The word "unemployable", as used in this act, is hereby defined as meaning those persons who are unable to:

1. Secure employment due to physical or mental disability, infirmity, temporary illness, or other disability which prevents such person from securing employment; or

2. Secure employment due to Federal Relief Administration rules regarding age requirements or work relief programs; or

3. Secure employment due to ineligibility for workmen's compensation insurance; and

4. Leave their homes to procure employment because of illness of persons who are in their care and who require constant supervision and attention.

B. "Indigent" means a person who does not have sufficient property or means to support members of his or her family who are lawfully dependent upon him or her for support, and who has no one legally liable to support and maintain him or her.

Added by Laws 1951, p. 151, § 5, emerg. eff. April 5, 1951. Amended by Laws 1994, c. 87, § 2, eff. Sept. 1, 1994.

§56-26.6. Eligibility for assistance.

(A) Any person in order to be eligible to receive assistance under the provisions of this act must have been a bona fide citizen and actual resident of this state for a period of one (1) year immediately prior to the date of application for assistance provided by this act.

(B) Other minimum requirements will be established by rules and regulations promulgated by the Board and adopted by said Board in official meeting.

(C) Repealed by Laws 1957, p. 455, § 7, emerg. eff. Jan. 22, 1957.

Added by Laws 1951, p. 152, § 6, emerg. eff. April 5, 1951. Amended by Laws 1957, p. 455, § 7, emerg. eff. Jan. 22, 1957.

§56-26.7. Temporary relief employment of destitute but able-bodied persons.

The Oklahoma Emergency Relief Board may provide temporary relief employment to destitute but able-bodied persons not otherwise cared for by the federal government, state or county agencies, public or private charity organizations or institutions; provided, that the maximum amount paid for such employment does not exceed the maximum amount paid to a destitute and unemployable person, and such

employment shall be granted in accordance with rules and regulations promulgated by said Board.

Added by Laws 1951, p. 152, § 7, emerg. eff. April 5, 1951.

§56-26.8. Victims of disasters.

Emergency assistance may be extended to victims of disasters as a result of fire, flood, tornado and other acts of God, but such assistance shall be for a period of not to exceed ninety (90) days, unless the applicant meets all requirements for general relief assistance.

Added by Laws 1951, p. 152, § 8, emerg. eff. April 5, 1951.

§56-26.9. Equipment of governmental agencies, use of.

Any department or institution of the state, or of any county, city, town or school district, is hereby authorized to permit any of its equipment to be used by the Oklahoma Emergency Relief Board; provided, that the cost of utilizing any equipment of such agencies of government shall be paid for by the Oklahoma Emergency Relief Board out of funds appropriated to carry out the purposes of this act.

Added by Laws 1951, p. 152, § 9, emerg. eff. April 5, 1951.

§56-26.10. Direct relief.

(A) The Oklahoma Department of Institutions, Social and Rehabilitative Services is authorized to maintain a general relief fund account for direct relief purposes, and monies allocated to said fund shall be made, upon order of the Oklahoma Department of Institutions, Social and Rehabilitative Services, direct to the State Budget Director; the State Treasurer shall thereupon issue his warrant to credit said funds to the General Relief Account, as provided herein.

(B) Payments made to eligible clients for direct relief shall be disbursed to said clients from or through the state office of the Oklahoma Department of Institutions, Social and Rehabilitative Services.

(C) No grant made to a client under the provisions of this act shall be subject to assignment for discount, garnishment, or other means of final process.

(D) Where a voucher is issued by the Oklahoma Department of Institutions, Social and Rehabilitative Services a copy of the voucher register shall be furnished the State Treasurer for the purpose of paying out any money subject to disbursement under direction of the Oklahoma Department of Institutions, Social and Rehabilitative Service; any right to payment on such voucher, or to recover thereon, shall cease after six (6) months from the date of registration, which registration shall then be cancelled, and any

obligation represented thereby against the funds, or otherwise, shall then expire.

Added by Laws 1951, p. 152, § 10, emerg. eff. April 5, 1951.

Amended by Laws 1979, c. 47, § 27, emerg. eff. April 9, 1979.

§56-26.11. Repealed by Laws 1957, p. 455, § 7.

§56-26.12. Repealed by Laws 1957, p. 455, § 7.

§56-26.13. Abolition of Oklahoma Emergency Relief Board.

The Oklahoma Emergency Relief Board is hereby abolished.

Added by Laws 1957, p. 454, § 1, emerg. eff. Jan. 22, 1957.

§56-26.14. Transfer of properties, records and funds to Department of Public Welfare.

(A) All properties, records, equipment and supplies now owned and in use by the Oklahoma Emergency Relief Board shall be transferred to and become the property of the State Department of Public Welfare.

(B) All contracts, leases, and such other agreements as may have been entered into by the Oklahoma Emergency Relief Board, and such responsibilities as are in effect on the effective date of this act, shall be assumed by and become binding upon the State Department of Public Welfare and the Oklahoma Public Welfare Commission.

(C) All unexpended funds to the credit of the Oklahoma Emergency Relief Board shall be transferred by the State Treasurer to the State Department of Public Welfare and placed in a separate account with said State Treasurer. The account to be known as "Oklahoma Emergency and General Assistance Account."

Added by Laws 1957, p. 454, § 2, emerg. eff. Jan. 22, 1957.

§56-26.15. Contracts.

The Oklahoma Public Welfare Commission is authorized to enter into contracts with the various agencies of the United States Government, or any agency or subdivision of state, county or city government, for the purpose of receiving for the State of Oklahoma, items of food, clothing or other things of value which may be donated and used by schools, penal or eleemosynary institutions, or by any citizen, public or private charitable organization that may be designated as an eligible recipient of the item by the donating agency with which the Commission has entered into contractual agreement.

Added by Laws 1957, p. 455, § 3, emerg. eff. Jan. 22, 1957.

§56-26.16. Rules and regulations - Payments.

The Director of Human Services, subject to the approval of the Oklahoma Commission for Human Services, is hereby authorized and

directed to promulgate rules and regulations establishing policies with reference to eligibility of applicants for general assistance and emergency relief and the maximum sums that may be allocated to those persons having met the minimum requirements and declared as eligible for participation in accordance with the provisions of this act, subject to the availability of funds. Provided that the minimum payment shall not be less than Ten Dollars (\$10.00) and the maximum payment shall not be more than the standard for aid to families with dependent children.

Added by Laws 1957, p. 455, § 4, emerg. eff. Jan. 22, 1957. Amended by Laws 1984, c. 263, § 13, operative July 1, 1984.

§56-26.17. Department of Human Services - Classification of employees.

A. The Director of Human Services shall have the power to employ and fix the qualifications, duties, and compensation of employees necessary to the fulfillment of the duties of the Department of Human Services as provided by law, and shall have the power to approve any legal claim for payment.

B. The Department of Human Services shall be a Merit System agency. The provisions of this section shall supersede and revoke any and all Executive Orders placing the Department of Human Services or its predecessors under the provisions of the Merit System of Personnel Administration.

C. In addition to offices, positions, and personnel in the unclassified service pursuant to Sections 840-5.3 and 840-5.5 of Title 74 of the Oklahoma Statutes, the following offices, positions, and personnel shall be in the unclassified service:

1. Campus police appointed pursuant to Section 162.2 of this title;

2. The legal division or unit established pursuant to Section 236 of this title;

3. The Construction Unit and the Architectural and Engineering Unit or their successor units; and

4. A maximum of ten percent (10%) of the maximum number of full-time-equivalent positions authorized by law to the Department of Human Services and selected at the discretion of the Director of the Department of Human Services. Employees retained in the unclassified service under the provisions of this section shall be employees at will. Any classified employee occupying a position selected by the Director pursuant to this paragraph to become an unclassified position may elect to retain classified status. All future appointees to such position shall be in the unclassified service. The Director shall submit a list of such positions to the Office of Management and Enterprise Services by September 1, 2004, and annually thereafter.

D. All other offices, positions and personnel of the Department of Human Services shall be classified and subject to the provisions of the Merit System of Personnel Administration, as provided in the Oklahoma Personnel Act and rules promulgated thereunder.

Added by Laws 1957, p. 455, § 5, emerg. eff. Jan. 22, 1957. Amended by Laws 1994, c. 242, § 42; Laws 2001, c. 278, § 1, emerg. eff. May 31, 2001; Laws 2004, c. 541, § 1, emerg. eff. June 9, 2004; Laws 2005, c. 409, § 1, eff. Sept. 1, 2005; Laws 2012, c. 304, § 230; Laws 2015, c. 395, § 1, eff. July 1, 2015.

§56-26.18. Application for relief - Allowance of false claims - Penalty.

Every applicant for emergency relief or general assistance shall make a written application, containing a written certification, under penalty of perjury, alleging that all facts set out in such application are true and correct. And said application shall be forthwith acted upon, with dispatch and without delay.

Any person, whose duty it is to pass upon the eligibility of persons to participate in any benefits provided in this act, who shall knowingly, willfully or intentionally allow, or cause to be allowed, any claim to any person known to be ineligible for such relief, or, who aids, or abets, or persuades any person to sign an application to obtain by means of a willfully false statement or representation or other fraudulent device, assistance to which an applicant is not entitled or assistance greater than that to which an applicant is justly entitled shall be guilty of a felony, and upon conviction thereof shall be imprisoned not less than one (1) year or more than five (5) years or be fined not less than One Hundred Dollars (\$100.00) or more than One Thousand Dollars (\$1,000.00), or be both so fined and imprisoned in the discretion of the court.

Added by Laws 1957, p. 455, § 6, emerg. eff. Jan. 22, 1957. Amended by Laws 1984, c. 263, § 12, operative July 1, 1984; Laws 1997, c. 133, § 497, eff. July 1, 1999; Laws 1999, 1st Ex.Sess., c. 5, § 362, eff. July 1, 1999.

NOTE: Laws 1998, 1st Ex.Sess., c. 2, § 23 amended the effective date of Laws 1997, c. 133, § 497 from July 1, 1998, to July 1, 1999.

§56-27.1. Community work and training program.

The term community work and training program shall be defined as follows: A plan jointly entered into between the Department of Public Welfare and an agency, department, board or commission of the state or federal government, county, city or municipal corporation which is subject to approval of the Department of Public Welfare under which the state or federal government, county, city or municipal corporation undertakes to provide work in and about public

works or improvements, utilizing labor and services required to be performed by applicants or recipients of public assistance.
Added by Laws 1967, c. 236, § 1, emerg. eff. May 4, 1967.

§56-27.2. Rules and regulations.

The Department of Public Welfare is empowered and directed to adopt such rules and regulations as will make a community work and training program fair, efficient and workable.
Added by Laws 1967, c. 236, § 2, emerg. eff. May 4, 1967.

§56-27.3. Work assignments - Duration of work - Earnings.

When the state or federal government or any agencies thereof, a county, city or municipal corporation has undertaken, or is about to undertake, a program which is for the benefit of the general public or any segment thereof, said state agency, county, city or municipal corporation may enter into an agreement with the Department of Public Welfare wherein and whereby the Department of Public Welfare may assign unemployed employable persons who have attained the age of sixteen (16) and who are eligible for assistance to do and perform work and labor on behalf of said state, or federal government, county, city or municipal corporation and such person shall perform, if available, work and labor for such state, or federal government, county, city or municipal corporation for the length of time necessary to earn at the legal minimum wage or the going hourly rate prevailing in the area for labor of like kind, whichever is higher, an amount of money equal to the amount of assistance granted to such person and the assistance unit of which he or his dependents is a part.
Added by Laws 1967, c. 236, § 3, emerg. eff. May 4, 1967.

§56-27.4. Suspension or denial of assistance for failure to work or misconduct.

Any person assigned to a community work and training program may be denied assistance or may be suspended for such time as may be fixed by the rules and regulations of the Department of Public Welfare if such person without good cause:

- (1) Fails or refuses to satisfactorily perform the labor or services as may be assigned to him;
- (2) Fails or refuses to report to work under such a program when and as directed by the state, or federal government, county, city or municipal corporation or by his foreman, overseer or other supervisor therein;
- (3) Abandons or repeatedly absents himself from work;
- (4) Is insubordinate to his foreman, overseer or other supervisor therein;

(5) Fails or refuses to take due precaution for the safety of himself or others or to use safety clothing or equipment made available to him; or

(6) Is guilty of misconduct connected with such work.

Added by Laws 1967, c. 236, § 4, emerg. eff. May 4, 1967.

§56-27.5. Approval of projects.

All community work and training programs, before an applicant or recipient of public assistance shall be assigned, shall have met the approval of the Department of Public Welfare; provided, that the state, or federal government, county, city or municipal corporation utilizing assistance applicants or recipients for work and labor shall insure that such employment is covered by workmen's compensation, or a similar plan approved by the Department of Public Welfare, and all fees and charges for such coverage shall be paid by such state, or federal government, county, city or municipal corporation except that portion which is paid for medical aid and is properly chargeable to such applicant or recipient of assistance.

Added by Laws 1967, c. 236, § 5, emerg. eff. May 4, 1967.

§56-27.6. Furnishing transportation, tools, equipment and supervision.

The state, or federal government, county, city or municipal corporation utilizing assistance applicants or recipients for work and labor shall furnish, where necessary, transportation, protective clothing and necessary tools and equipment for individuals performing such work or labor and shall take such measures as are necessary to insure that adequate supervision is provided on all such programs.

Added by Laws 1967, c. 236, § 6, emerg. eff. May 4, 1967.

§56-27.7. Nature of work - Effect on regular workers.

The work performed on a community work and training program by a recipient of public assistance must serve a useful public purpose, must not displace regular workers or result in the performance by such persons of work that would otherwise be performed by employees of public or private agencies, institutions or organizations except in case of projects which are of emergency or are nonrecurring.

Added by Laws 1967, c. 236, § 7, emerg. eff. May 4, 1967.

§56-27.8. Effect of work on right to assistance.

Work and labor performed by an applicant or recipient of public assistance on a community work and training program shall not be deemed such employment as shall deprive such person of any rights or benefits available under the provisions of law granting public assistance.

Added by Laws 1967, c. 236, § 8, emerg. eff. May 4, 1967.

§56-27.9. Termination of agreement.

The Department of Public Welfare shall have the right to terminate unilaterally any agreement entered into pursuant to this act with the state or federal government or any agency thereof, a county, city or municipal corporation whenever the community work and training program contemplated by such agreement fails, for any reason, to meet any of the provisions of law relating to community work and training or the purposes thereof, or any rule or regulation promulgated by the Department hereunder.

Added by Laws 1967, c. 236, § 9, emerg. eff. May 4, 1967.

§56-27.10. Department of Public Welfare - Scope of participation.

The State Department of Public Welfare may participate in community work and training programs financed in whole or in part with federal funds, and may submit a new or amended state plan for such purposes to any appropriate federal agency and enter into agreements with any federal agency for such purpose, and comply with requirements necessary to obtain federal funds for such work and training programs; and may provide either for the establishment and operation of such programs, or for cooperation with a federal administrative agency in the operation of such programs, as may be required under federal legislation now or hereafter enacted, providing federal funds for such programs.

Added by Laws 1967, c. 236, § 10, emerg. eff. May 4, 1967.

§56-27.11. Conflicts with federal law.

If any of the provisions of this act shall be in conflict with any applicable federal statutes, rules and regulations, such federal statutes, rules and regulations shall prevail and be controlling, until such time as the federal statute, rules and regulations shall be revised to conform to this act.

Added by Laws 1967, c. 236, § 11, emerg. eff. May 4, 1967.

§56-28.1. Planned parenthood - Educational materials and information.

Whenever a person receiving public assistance makes a request therefor, the Department of Public Welfare shall furnish to such person educational materials and information with respect to achieving a planned parenthood; or refer such person to a Family Planning Center, organization or agency where the same may be obtained. Every such person shall be advised that he or she is a free agent to accept or not to accept advice and counsel thus furnished or obtained; and that his or her refusal or failure to avail himself or herself of such materials, information or advice will in no way affect the person's right to receive assistance, or his or her right to take advantage of any other public program.

Added by Laws 1967, p. 723, H.J.R. No. 522, § 1.

§56-28.2. Medical services.

The Department of Public Welfare is hereby authorized to pay, within the scope of its medical programs, for medical services rendered by licensed medical and osteopathic physicians in furtherance of such planned parenthood.

Added by Laws 1967, p. 723, H.J.R. No. 522, § 2.

§56-28.3. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1980.

§56-29.1. Repealed by Laws 1993, H.J.R. No. 1018, § 5, eff. July 1, 1995.

§56-29.2. Repealed by Laws 1993, H.J.R. No. 1018, § 5, eff. July 1, 1995.

§56-29.3. Repealed by Laws 1993, H.J.R. No. 1018, § 5, eff. July 1, 1995.

§56-31. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-32. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-32.1. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-32.2. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-32.3. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-33. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-34. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-35. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-36. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-37. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-38. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-39. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-40. Repealed by Laws 1976, c. 149, § 1.

- §56-41. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-42. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-43. Repealed by Laws 1994, c. 87, § 31, eff. Sept. 1, 1994.
- §56-44. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-45. Repealed by Laws 1994, c. 87, § 31, eff. Sept. 1, 1994.
- §56-46. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-47. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-48. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-49. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-50. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-51. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-52. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.
- §56-53. Repealed by Laws 2024, c. 179, § 1, eff. Nov. 1, 2024.

§56-54. Sickness or death of poor stranger.

A. It shall be the duty of the overseers of the poor, on complaint made to them that any person not an inhabitant of their county is lying sick therein or in distress, without friends or money, so that he will likely suffer, to examine into the case of such person and grant such temporary relief as the nature of the same may require; and if any person shall die within any county, who shall not have money or means necessary to defray his funeral expenses, it shall be the duty of the overseers of the poor of such county to employ some person to provide for and superintend the burial of such deceased person. Public cemeteries shall provide a burial plot at no cost at the request of the overseers of the poor or the person employed by the overseers of the poor to provide for and superintend the burial. Public cemeteries shall also provide the service of opening and closing the grave for the purpose of interring the remains of the poor or indigent person. The overseers of the poor of each county shall establish the necessary and reasonable expenses of the opening and closing services which shall be paid by the county treasurer upon the order of such overseers.

B. As used in this section, "public cemeteries" means cemeteries located in any county with a population of three hundred

thousand (300,000) or more, according to the latest Federal Decennial Census, which sell burial plots to the general public and which are exempt from taxation under the laws of this state. "Public cemeteries" shall not include any municipal, fraternal, religious, rural, community, township, state, county or nonprofit cooperative cemeteries, or free community burial grounds. R.L. 1910, § 4548. Amended by Laws 1993, c. 2, § 1, eff. Sept. 1, 1993.

§56-55. Repealed by Laws 1977, c. 256, § 1-106, eff. July 1, 1978.

§56-56. Repealed by Laws 1977, c. 256, § 1-106, eff. July 1, 1978.

§56-57. Short title.

Sections 2 through 10 of this act shall be known and may be cited as the "Oklahoma Indigent Health Care Act".

Added by Laws 1984, c. 294, § 1, eff. Nov. 1, 1984. Amended by Laws 1987, c. 192, § 1, eff. Nov. 1, 1987.

§56-57.1. Intent of Legislature.

Adequate health care is a basic human right which should be available to all Oklahomans. Rapidly increasing health care costs threaten to make such care unaffordable to many citizens.

Unreimbursed health care services provided to indigent persons cause the cost of services to paying patients to increase in a manner unrelated to the actual cost of services delivered. It is therefore the intent of the Oklahoma Legislature to develop a system of health care delivery that ensures fair and adequate access for all Oklahomans. Further, it is the intent of the Legislature that this system promote the utilization of the most cost-effective health care services including, but not limited to, health care education and prevention and seek to utilize the most cost-effective administrative policies and procedures.

Added by Laws 1987, c. 192, § 2, eff. Nov. 1, 1987.

§56-58. Definitions.

As used in the Oklahoma Indigent Health Care Act:

1. "Department" means the Department of Human Services;
2. "Indigent" or "medically indigent" means a person or head of household:
 - a. (1) with an income less than or equal to the poverty level as designated by the latest decennial census and insufficient personal resources to provide for needed medical care for himself or his dependents, and
 - (2) who requires medically necessary hospital or primary health care services for himself or his

- dependents for which no public or private third-party coverage is available, and
- (3) who has made no assignment, transfer, or encumbrance of property for the purpose of establishing eligibility for services pursuant to a state or federal medical program or the Oklahoma Indigent Health Care Act at any time within the last twenty-four (24) months, or
 - b. with an occurrence of a catastrophic injury or illness to himself or a dependent resulting in noncovered incurred medical debt for hospital services or for physician and drug costs related to a hospital stay which exceed fifty percent (50%) of the gross annual income of a person or head of household. Insurance benefits for the medical debt shall be first exhausted;

3. "Hospital" means "hospital" as that term is defined in Section 1-701 of Title 63 of the Oklahoma Statutes;

4. "Clinic" means a health care facility separate from a hospital which provides outpatient medical services to patients and has a patient mix of at least fifty-one percent (51%) indigent persons;

5. "Patient mix" means the composition of the patient population based on information regarding the payor source.

Added by Laws 1984, c. 294, § 2, eff. Nov. 1, 1984. Amended by Laws 1985, c. 255, § 2, eff. Nov. 1, 1985; Laws 1987, c. 192, § 3, eff. Nov. 1, 1987.

§56-59. Repealed by Laws 1987, c. 192, § 12, eff. Nov. 1, 1987.

§56-59.1. Income tax check-off for indigent health care - Indigent Health Care Revolving Fund.

A. The Oklahoma Tax Commission shall include on each state individual income tax return form for tax years beginning after December 31, 2001, an opportunity for the taxpayer to donate from a tax refund for the benefit of the Oklahoma Indigent Health Care Fund.

B. There is hereby created in the State Treasury a revolving fund for the Department of Human Services, to be designated the "Indigent Health Care Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the Department of Human Services from:

1. Any state monies appropriated for the purpose of implementing the provisions of the Oklahoma Indigent Health Care Act; and

2. Any monies collected pursuant to this section or any other monies available to the Department of Human Services to implement the provisions of the Oklahoma Indigent Health Care Act.

C. All monies accruing to the credit of the fund are hereby appropriated and shall be budgeted and expended directly to eligible clinics by the Department for the purpose of implementing the Oklahoma Indigent Health Care Act. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment. Added by Laws 1985, c. 255, § 1, eff. Nov. 1, 1985. Amended by Laws 1987, c. 192, § 4, eff. Nov. 1, 1987; Laws 2001, c. 358, § 25, eff. July 1, 2001; Laws 2012, c. 304, § 231.

§56-60. Repealed by Laws 1987, c. 192, § 12, eff. Nov. 1, 1987.

§56-61. Repealed by Laws 1985, c. 255, § 5, eff. Nov. 1, 1985.

§56-62. Repealed by Laws 1987, c. 192, § 12, eff. Nov. 1, 1987.

§56-63. Department of Human Services - Responsibilities and duties.

A. The Department of Human Services shall have the following responsibilities:

1. Establish and review the eligibility standards and criteria for:

- a. participation by hospitals and clinics pursuant to the Indigent Health Care Act, and
- b. reimbursement to clinics for services through the Indigent Health Care Fund;

2. Establish and review the screening criteria and procedures for persons receiving services through participating hospitals and clinics in order to determine which persons are eligible for reimbursement pursuant to existing state and federal medical programs and which persons are eligible for reimbursement pursuant to the Oklahoma Indigent Health Care Act;

3. Review the documentation provided by participating hospitals and clinics;

4. Determine the types of services offered by participating hospitals and clinics that shall be eligible for reimbursement or the allocation of funds pursuant to state or federal medical programs and the Oklahoma Indigent Health Care Act and that such services have been approved by the proper regulatory agencies; and

5. Disburse state monies to hospitals and clinics meeting requirements of the Oklahoma Indigent Health Care Act as provided by Section 66 of this title.

B. The Commission for Human Services shall promulgate rules and regulations, as necessary and appropriate, to implement the provisions of the Indigent Health Care Act.

Added by Laws 1984, c. 294, § 7, eff. Nov. 1, 1984. Amended by Laws 1987, c. 192, § 5, eff. Nov. 1, 1987.

§56-64. Exemptions from act - Duties of hospitals and clinics - Reports and documentation.

A. The Oklahoma Indigent Health Care Act shall not apply to state or federally operated medical institutions except the State of Oklahoma Medical Center and the George Nigh Rehabilitation Institute of the Oklahoma Department of Veterans Affairs.

Hospitals and clinics participating in the Oklahoma Indigent Health Care Act shall have the following responsibilities:

1. Implement the screening criteria and procedures and comply with such other eligibility criteria for participation in the Oklahoma Indigent Health Care Act established pursuant to the provisions of Section 63 of this title.

2. In addition to or as part of other reports required by law or by the rules and regulations of the State Board of Health, annually submit to the State Department of Health reports and data documenting:

- a. the total amount of health care costs incurred by the hospital or clinic for medical indigents,
- b. total patient charges by the hospital or clinic for medical indigents,
- c. the patient mix including, but not limited to, the number of indigent persons served as measured by hospital patient days or clinic encounters as appropriate, and
- d. such other information and in such form as may be required by the State Department of Health pursuant to the Oklahoma Indigent Health Care Act.

Such documentation shall indicate that the person served or the party responsible for such person meets the criteria established by the Oklahoma Indigent Health Care Act. Such documentation shall also be specific as to the county of residence of the person served. These records shall be available to the public upon request.

B. Clinics shall submit to the Department of Human Services necessary information to certify eligible clinic status pursuant to Section 58 of this title.

C. The State Department of Health shall forward copies of such documentation to the Department of Human Services as necessary for use by the Department in determining the eligibility of a hospital or a clinic for reimbursement pursuant to the provisions of the Oklahoma Indigent Health Care Act. The State Department of Health and the Department of Human Services shall cooperate for the purpose

of coordinating the reports and documentation required by the Oklahoma Indigent Health Care Act, and ensuring the timely transmission of said reports and documentation between, said agencies.

D. The State Department of Health may expand or modify the reporting requirements of hospitals and establish reporting requirements for clinics as necessary to complete the study required by Section 66.2 of this title.

Added by Laws 1984, c. 294, § 8, eff. Nov. 1, 1984. Amended by Laws 1987, c. 192, § 6, eff. Nov. 1, 1987; Laws 1988, c. 15, § 1, emerg. eff. March 15, 1988; Laws 1988, c. 326, § 7, emerg. eff. July 13, 1988; Laws 1989, c. 227, § 4; Laws 1992, c. 312, § 1, eff. Sept. 1, 1992.

§56-65. Screening of persons requesting assistance.

Any person requesting assistance pursuant to the Oklahoma Indigent Health Care Act and who meets the criteria specified in paragraph 2 of Section 58 of this title shall be required to go through a screening process established by the Department of Human Services as follows:

1. A determination shall be made as to whether the person is eligible for any existing state or federal health care program; and

2. If the person is ineligible for existing state or federal programs, said person's account shall be placed in the indigent health care account of the hospital or clinic's records.

Added by Laws 1984, c. 294, § 9, eff. Nov. 1, 1984. Amended by Laws 1987, c. 192, § 7, eff. Nov. 1, 1987.

§56-66. Reimbursements and payments to hospitals and clinics - Disbursement of state monies.

A. The Department of Human Services, from all monies deposited into the Indigent Health Care Revolving Fund for the purpose of implementing the provisions of the Oklahoma Indigent Health Care Act, shall reimburse clinics which meet the requirements of Section 64 of this title and elect to participate in the Oklahoma Indigent Health Care Act.

B. Disbursements of state monies from the Indigent Health Care Revolving Fund to eligible clinics shall be as follows:

1. Following certification and approval by the Department of Human Services of the accuracy of reports submitted pursuant to Section 64 of this title the Department shall determine the amount of state monies available to the clinics; and

2. The Department shall make payments from state monies available to all participating clinics in the state pursuant to provisions of the Oklahoma Indigent Health Care Act. Payment rates shall be determined by the Department of Human Services following consultation with provider groups. The Department of Human Services

shall determine the amount due each clinic according to available monies. The rate of clinic reimbursement shall not exceed the individual clinic's reimbursement rate established by the Department of Human Services for Medicaid patients.

C. The Department, from sources other than the Indigent Health Care Revolving Fund, shall make payments from available state and federal monies to all participating hospitals and clinics in the state pursuant to provisions of the Oklahoma Indigent Health Care Act. Payment rates shall be determined by the Department of Human Services following consultation with provider groups. The Department of Human Services shall determine the amount due each hospital and clinic according to available monies. The per diem payments to participating hospitals shall not exceed the individual hospital's per diem rate established by the Department of Human Services for Medicaid patients. The rate of clinic reimbursement shall not exceed the individual clinic's reimbursement rate established by the Department of Human Services for Medicaid patients.

Added by Laws 1984, c. 294, § 10, eff. Nov. 1, 1984. Amended by Laws 1987, c. 192, § 8, eff. Nov. 1, 1987; Laws 1988, c. 15, § 2, emerg. eff. March 15, 1988.

§56-66.2. Repealed by Laws 1993, c. 155, § 4, eff. July 1, 1993.

§56-67. Repealed by Laws 1985, c. 255, § 5, eff. Nov. 1, 1985.

§56-71. Verification of lawful presence of applicants for public benefits - Exceptions - Affidavit - Fraudulent representations - Annual report.

A. Except as provided in subsection C of this section or where exempted by federal law, every agency or a political subdivision of this state shall verify the lawful presence in the United States of any natural person fourteen (14) years of age or older who has applied for state or local public benefits, as defined in 8 U.S.C., Section 1621, or for federal public benefits, as defined in 8 U.S.C., Section 1611, that is administered by an agency or a political subdivision of this state.

B. The provisions of this section shall be enforced without regard to race, religion, gender, ethnicity, or national origin.

C. Verification of lawful presence under the provisions of this section shall not be required:

1. For any purpose for which lawful presence in the United States is not restricted by law, ordinance, or regulation;

2. For assistance for health care items and services that are necessary for the treatment of an emergency medical condition, as defined in 42 U.S.C., Section 1396b(v)(3), of the alien involved and are not related to an organ transplant procedure;

3. For short-term, noncash, in-kind emergency disaster relief;

4. For public health assistance for immunizations with respect to diseases and for testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease;

5. For application of special volunteer health care licenses that specify the eligible volunteer shall be either retired from practice in this state or actively licensed with a clean record in another state and that such eligible volunteer shall not receive or have the expectation to receive any payment or compensation, either direct or indirect, for any services rendered in this state under the special volunteer license; or

6. For programs, services, or assistance such as soup kitchens, crisis counseling and intervention, and short-term shelter specified by the United States Attorney General, in the sole and unreviewable discretion of the United States Attorney General after consultation with appropriate federal agencies and departments which:

- a. deliver in-kind services at the community level, including through public or private nonprofit agencies,
- b. do not condition the provision of assistance, the amount of assistance provided, or the cost of assistance provided on the income or resources of the individual recipient, and
- c. are necessary for the protection of life or safety.

D. Verification of lawful presence in the United States by the agency or political subdivision required to make such verification shall require that the applicant execute an affidavit under penalty of perjury that:

1. He or she is a United States citizen; or
2. He or she is a qualified alien under the federal Immigration and Nationality Act and is lawfully present in the United States.

The agency or political subdivision providing the state or local public benefits shall provide notary public services at no cost to the applicant.

E. For any applicant who has executed the affidavit described in paragraph 2 of subsection D of this section, eligibility for benefits shall be verified through the Systematic Alien Verification for Entitlements (SAVE) Program operated by the United States Department of Homeland Security or an equivalent program designated by the United States Department of Homeland Security. Until such eligibility verification is made, the affidavit may be presumed to be proof of lawful presence for the purposes of this section.

F. Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to subsection D of this section shall be subject to criminal penalties applicable in this state for

fraudulently obtaining public assistance program benefits. If the affidavit constitutes a false claim of U.S. citizenship under 18 U.S.C., Section 911, a complaint shall be filed by the agency requiring the affidavit with the United States Attorney General for the applicable district based upon the venue in which the affidavit was executed.

G. Agencies or political subdivisions of this state may adopt variations to the requirements of the provisions of this section which demonstrably improve the efficiency or reduce delay in the verification process, or to provide for adjudication of unique individual circumstances where the verification procedures in this section would impose unusual hardship on a legal resident of Oklahoma.

H. It shall be unlawful for any agency or a political subdivision of this state to provide any state, local, or federal benefit, as defined in 8 U.S.C., Section 1621, or 8 U.S.C., Section 1611, in violation of the provisions of this section.

I. Each state agency or department which administers any program of state or local public benefits shall provide an annual report to the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives with respect to its compliance with the provisions of this section. Each agency or department shall monitor the Systematic Alien Verification for Entitlements Program for application verification errors and significant delays and shall provide an annual public report on such errors and significant delays and recommendations to ensure that the application of the Systematic Alien Verification of Entitlements Program is not erroneously denying benefits to legal residents of Oklahoma. Errors shall also be reported to the United States Department of Homeland Security by each agency or department. Added by Laws 2007, c. 112, § 8, eff. Nov. 1, 2007. Amended by Laws 2010, c. 102, § 1, emerg. eff. April 13, 2010.

§56-81. Repealed by Laws 1994, c. 87, § 31, eff. Sept. 1, 1994.

§56-82. Repealed by Laws 1994, c. 87, § 31, eff. Sept. 1, 1994.

§56-91. Issue of bonds authorized.

All counties in the State of Oklahoma are hereby authorized to issue bonds for the purpose of purchasing lands and making improvements thereon for the benefit of the poor in said counties. Added by Laws 1923, c. 138, p. 233, § 1.

§56-92. Election authorized - Manner of calling election.

The board of county commissioners in each county in the State of Oklahoma is hereby authorized and empowered to call any election for the purpose of issuing bonds to purchase lands, make improvement

thereon, or to make improvements upon lands already owned by such counties, for the use and benefit of the poor people of such counties. Said commissioners shall call said election by issuing a proclamation therefor and giving notice thereof in four consecutive issues of a weekly newspaper published in and of general circulation in such county proposing to issue said bonds. Provided, that no election shall be held until the expiration of thirty (30) days following the date of the first publication of said notice.
Added by Laws 1923, c. 138, p. 233, § 2.

§56-93. Contents of proclamation.

The proclamation calling for said election shall name the amount of bonds to be issued, the time said bonds shall run, the interest said bonds shall bear, and the time for holding the election.
Added by Laws 1923, c. 138, p. 233, § 3.

§56-94. Conduct of election.

Said election shall be conducted by the duly qualified election officials of such county and the returns thereof made to the secretary of the county election board, in all things and respects as now provided by law for holding county elections.
Added by Laws 1923, c. 138, p. 234, § 4.

§56-95. Bonds - Sale.

If at said election the voters, voting thereon, shall vote in favor of the issuance of the bonds, the board of county commissioners shall at once proceed to issue the same and shall deposit the bonds in the treasury of the county, the treasurer being responsible and chargeable therefor on his official bond. The board of county commissioners shall proceed to sell said bonds and deposit the proceeds from the sale thereof in the county treasury, to be paid out by the treasurer upon orders of the board from time to time as the same shall be needed. Provided, said bonds shall not be sold for less than par and accrued interest.
Added by Laws 1923, c. 138, p. 234, § 5.

§56-96. Rate of interest - Payment - Signatures - Recording.

Bonds issued as herein provided shall bear interest at a rate not to exceed the maximum rate provided by Section 498.1 of Title 62 of the Oklahoma Statutes, payable semiannually, and of denominations of not less than One Hundred Dollars (\$100.00), nor more than One Thousand Dollars (\$1,000.00) each. The entire amount shall be payable within twenty-five (25) years. They shall be signed by the chairman of the board of county commissioners, and countersigned by the county clerk. They shall be recorded by the county clerk and by the State Auditor and Inspector, both of whom shall endorse the same

on the back thereof. Facsimile signatures may be used as provided by the Registered Public Obligations Act of Oklahoma.

Added by Laws 1923, c. 138, p. 234, § 6. Amended by Laws 1979, c. 30, § 15, emerg. eff. April 6, 1979; Laws 1983, c. 170, § 39, eff. July 1, 1983.

§56-97. Taxes - Levy.

It shall be the duty of the officers charged by law with levying taxes for county purposes to levy annually an amount sufficient to pay the interest due each year on the bonds issued hereunder, and in addition thereto levy an amount sufficient to pay the principal as the same comes due.

Added by Laws 1923, c. 138, p. 234, § 7.

§56-98. Purchase of lands and buildings.

Out of the proceeds of the sale of bonds the board of county commissioners shall purchase lands or grounds for indigent care facility purposes, or erect buildings and make improvements thereon as the case may be. The board of county commissioners shall have the right to purchase the lands at private or public sale.

Added by Laws 1923, c. 138, p. 234, § 8. Amended by Laws 1994, c. 87, § 20, eff. Sept. 1, 1994.

§56-99. Persons admitted - Authority and supervision.

The board of county commissioners shall admit all indigent persons, who are legal residents of such county, to the indigent care facility, under such rules and regulations as may be prescribed by said commissioners. The board of county commissioners shall have complete authority and supervision over the facility and shall provide for managing and controlling the facility.

Added by Laws 1923, c. 138, p. 234, § 9. Amended by Laws 1994, c. 87, § 21, eff. Sept. 1, 1994.

§56-111. Erection of buildings - Care of patients.

The board of county commissioners of the counties throughout the state shall have power to erect buildings upon land occupied by county indigent care facilities for the isolation and treatment of all indigent persons who are afflicted with an illness or disease which makes it necessary that these measures be taken, and that the patients may, if the building is erected, be cared for out of the indigent care budget of the county of which the patients are residents.

Added by Laws 1923, c. 39, p. 52, § 1. Amended by Laws 1994, c. 87, § 22, eff. Sept. 1, 1994.

§56-112. Supervision of treatment of patients.

The board of county commissioners shall provide for and supervise the treatment of said patients residing in the indigent care facility in a manner provided by law and under such restrictions as the board of county commissioners shall consider most advantageous for the interests of their respective counties and the welfare of the people therein.

Added by Laws 1923, c. 39, p. 52, § 2. Amended by Laws 1994, c. 87, § 23, eff. Sept. 1, 1994.

§56-113. Public donations.

Said board of county commissioners shall be permitted to accept public donations in aid of the construction, upkeep and maintenance of said buildings and support of patients therein.

Added by Laws 1923, c. 39, p. 52, § 3.

§56-114. Employment of nurses, etc.

The board of county commissioners shall be authorized to employ a suitable person or persons to care for such patients and quarters, upon such terms and conditions as provided by law, and under such restrictions as the board of county commissioners shall consider most advantageous for the interests of their respective counties and the welfare of the people therein.

Added by Laws 1923, c. 39, p. 52, § 4. Amended by Laws 1994, c. 87, § 24, eff. Sept. 1, 1994.

§56-121. When commissioners may sell.

The board of county commissioners of any county of this state is hereby authorized and empowered to sell and convey any real estate deeded to or held by such county for the purpose of indigent care facilities, when in the opinion of the board of commissioners such real estate is not needed, is unsuitable or inconvenient for such purposes. Such sale shall be in the manner hereinafter provided.

Added by Laws 1910-11, c. 75, p. 172, § 1. Amended by Laws 1994, c. 87, § 25, eff. Sept. 1, 1994.

§56-122. Resolution of county commissioners - Appraisement.

Before any such sale or conveyance shall be made, the board of county commissioners, in regular or special session, shall adopt a resolution declaring that said real estate is not needed for indigent care facility purposes, or is unsuitable or inconvenient for such purpose, or that other or more suitable or convenient real property within the county is obtainable at a fair and reasonable value. The resolution shall be published with other proceedings of the board, and a copy of the resolution shall be certified by the county clerk to the judge of the district court of such county. The judge shall determine whether such sale is in the best interest of the county. The judge shall order and direct the board to sell the

real estate, as hereinafter provided, and he or she shall appoint three disinterested freeholders of the county to appraise the real estate. The appraisal is to be returned by the appraisers to the board of county commissioners.

Added by Laws 1910-11, c. 75, p. 172, § 2. Amended by Laws 1994, c. 87, § 26, eff. Sept. 1, 1994.

§56-123. Publication of notice.

Upon the return of the appraisement as provided for in Section 2 of this act, the board of county commissioners shall give notice of such sale by publication in some newspaper of general circulation in the county for a period of thirty (30) days.

Added by Laws 1910-11, c. 75, p. 172, § 3.

§56-124. Procedure - Bids - Report to district judge.

Bids for said real estate shall be in writing, sealed and delivered to the county clerk of such county and by him preserved unopened, until the next regular meeting of the board of county commissioners, at which time said board shall open such bids and award the said real estate to the highest and best bidder for the same and file a report of such sale with the judge of the district court for approval and confirmation; provided that such real estate shall not be sold for less than ninety percent (90%) of its appraised value, and the board of county commissioners shall have the power to reject any and all bids.

Added by Laws 1910-11, c. 75, p. 173, § 4.

§56-125. Deeds - Order for execution - Signing, acknowledging and attesting - Prima facie evidence.

If such sale be by the judge of the district court approved and confirmed, he shall direct and order the chairman of the board of county commissioners to execute a deed to the purchaser thereof, which shall be signed and acknowledged by the chairman of said board, and attested by the county clerk, which deed shall recite the several steps and proceeding had in such sale, and such recitals shall be prima facie evidence of the truth of the same.

Added by Laws 1910-11, c. 75, p. 173, § 5.

§56-126. Proceeds - Disposition.

Proceeds derived by a county from any sale of real estate deeded to it or held by it for use as indigent care facilities shall be credited to the county's building fund.

Added by Laws 1910-11, c. 75, p. 173, § 6. Amended by Laws 1969, c. 25, § 1, eff. Feb. 17, 1969; Laws 1994, c. 87, § 27, eff. Sept. 1, 1994.

§56-127. Authorization to use or lease realty held for indigent care facilities - Sales not restricted.

The board of county commissioners of any county in this state is hereby authorized and empowered to hold, own, or use for any other lawful county purpose, or lease for any other lawful purpose, any real estate deeded to or held by such county for the purpose of county indigent care facilities, when, in the opinion of the board of county commissioners, such real estate is not needed, is unsuitable, or inconvenient for the purpose of an indigent care facility; provided that nothing contained in this section shall prevent the said county from selling the said property as provided by law, and the power to hold, own, or use said property for any lawful county purpose, or lease said property for any lawful purpose, shall be in addition to the power to sell said property as provided in Sections 121 through 126 of this title.

Added by Laws 1959, p. 92, § 1. Amended by Laws 1971, c. 235, § 1, emerg. eff. June 12, 1971; Laws 1994, c. 87, § 28, eff. Sept. 1, 1994.

§56-128. Resolution.

Before any real estate deeded to or held by any such county for the purpose of county indigent care facilities shall be held, owned, or used for any other lawful county purpose, or leased for any other lawful purpose, the board of county commissioners in regular or special session shall adopt a resolution declaring that said real estate is not needed for county indigent care facility purposes, or is unsuitable or inconvenient for such purposes, or that other or more suitable or convenient real property within the county is obtainable at a fair and reasonable value, such resolution to be published with other proceedings of the county commissioners.

Added by Laws 1959, p. 92, § 2. Amended by Laws 1971, c. 235, § 2, emerg. eff. June 12, 1971; Laws 1994, c. 87, § 29, eff. Sept. 1, 1994.

§56-131. Repealed by Laws 1986, c. 69, § 1, emerg. eff. April 1, 1986.

§56-141. Repealed by Laws 1994, c. 87, § 31, eff. Sept. 1, 1994.

§56-142. Amount of allowance.

The allowance to each of such women shall not exceed Ten Dollars (\$10.00) a month when she has but one child under the age of fourteen (14) years, and if she has more than one child under the age of fourteen (14) years, it shall not exceed the sum of Ten Dollars (\$10.00) a month for the first child and Five Dollars (\$5.00) a month for each of the other children under the age of fourteen (14) years.

Added by Laws 1915, c. 183, § 2.

§56-143. Conditions of allowance.

Such allowance shall be made by the county court and only upon the following conditions:

(1) The child or children for whose benefit the allowance is made must be living with the mother of such child or children; (2) The allowance shall be made only when in the absence of such allowance the mother would be required to work regularly away from her home and children, and when by means of such allowance she will be able to remain at home with her children; (3) The mother must, in the judgment of the county court, be a proper person, morally, physically and mentally, for the bringing up of her children; (4) Such allowance shall, in the judgment of the court, be necessary to save the child or children from neglect; (5) No person shall receive the benefit of this act who shall not have been a resident of the county in which such application is made for at least one (1) year next before the making of such application for such allowance.

Added by Laws 1915, c. 183, § 3. Amended by Laws 1921, c. 19, p. 26, § 1.

§56-144. Termination or modification of allowance.

Whenever any child shall reach the age of fourteen (14) years any allowance made to the mother of such child for the benefit of such child shall cease. The county court may, at its discretion, at any time before such child reaches the age of fourteen (14) years, discontinue or modify the allowance to any mother and for any child.

Added by Laws 1915, c. 183, § 4.

§56-145. Provisions when fund is insufficient.

Should the fund herein authorized be sufficient to permit an allowance to only a part of the persons coming within the provisions of this law, the county court shall select those cases in most urgent need of such allowance.

Added by Laws 1915, c. 183, § 5.

§56-146. Class of widows entitled.

The provisions of this law shall not apply to any woman whose husband is not dead or who is not confined in the Oklahoma State Penitentiary or other prison in this state, or is in a state institution for the insane in this state, and in the two latter cases it shall not apply unless such prisoner is the lawful husband of the woman seeking such allowance.

Added by Laws 1915, c. 183, § 6.

§56-147. Unlawful procurement - Penalty for attempt.

Any person procuring or attempting to procure any allowance for a person not entitled thereto shall be deemed guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not less than One Hundred Dollars (\$100.00), nor more than Five Hundred Dollars (\$500.00) or by imprisonment in the county jail for a period of not more than one (1) year, or by both such fine and imprisonment.

Added by Laws 1915, c. 183, § 7.

§56-148. Judgments for allowance - Citizens may petition rehearing.

In each case where an allowance is made to any woman under the provisions of this act, a judgment entry to that effect shall be entered upon the records of the county court making such allowance, and it shall be the right of any taxpaying citizen at any time to file a motion to set aside such judgment; and on such motion the county court, or the court to whom such motion may be taken on a change of venue, shall hear evidence, either with or without a jury, as either side may demand, and may make a new order granting or refusing such allowance, and from such order so made an appeal shall lie as in ordinary civil cases. If the judgment making such allowance is not appealed from, or is affirmed on appeal, the person filing such motion shall pay all the costs of such motion and the proceedings subsequent thereto. Such motion may be renewed from time to time, but not oftener than once in any calendar year.

Added by Laws 1915, c. 183, § 8.

§56-161. Definitions.

(a) When used herein, the term "State Department" shall mean the State Department of Public Welfare;

(b) The term "Commission" shall mean the Oklahoma Public Welfare Commission;

(c) The term "county board" shall mean the county board of public welfare;

(d) The term "Director" shall mean the Director of Public Welfare;

(e) The term "applicant" shall mean a person who has applied for assistance under this act;

(f) The term "recipient" shall mean any person who is receiving assistance under the terms of this act;

(g) The term "assistance" shall mean money payments to, medical care in behalf of, or any other kind of benefit to or for recipients who receive aid under the provisions of this act.

(h) The singular shall include the plural and the masculine shall include the feminine;

(i) The term "county department" shall mean the county board of public welfare, a county director of public welfare and such other

personnel as may be necessary for the efficient performance of the duties of the county department;

(j) The term "Department" shall mean the State Department of Public Welfare and the county department of public welfare.

Added by State Question No. 226, Initiative Petition No. 155, § 1, adopted July 7, 1936. Amended by Laws 1939, p. 85, § 1, emerg. eff. May 9, 1939; Laws 1951, p. 156, § 1, emerg. eff. June 1, 1951.

§56-162. Duties and powers of the Director.

A. The Governor shall have the power and duty to select a Director of Human Services who shall serve as executive and administrative officer of the Department of Human Services. The Director shall be appointed wholly on the basis of ability, training and experience qualifying him or her for public welfare administration. The Director shall serve, subject to the confirmation of the Senate, at the pleasure of the Governor. The salary of the Director shall be fixed by the Governor.

B. The Director shall formulate the policies and adopt rules and regulations for the effective administration of the duties of the Department.

C. 1. The Director shall take the appropriate steps to ensure rules and policies are promulgated to conduct appropriate background searches of individuals both prior to and, if necessary, during their employment with the Department. The job categories within the Department that are subject to background searches prior to employment shall be determined at the Director's discretion. Such background checks shall include, but not be limited to:

- a. a search of the Oklahoma State Courts Network, including Oklahoma District Court records,
- b. a search of the Restricted Registry maintained by the Department pursuant to Section 405.3 of Title 10 of the Oklahoma Statutes,
- c. a search of the Department of Corrections files maintained by the Department pursuant to the Sex Offender Registration Act,
- d. a search of the Department of Corrections Violent Offender Registry, also known as the Mary Rippey Violent Crime Offender Registry,
- e. a search of all applicable out-of-state child abuse and neglect registries if the subject of the search has not lived continuously in Oklahoma for the past five (5) years,
- f. a search of the community services worker registry maintained by the Department pursuant to Section 1025.3 of this title; and
- g. a fingerprint-based national criminal history record check. The Department may directly request a national

criminal history record check as defined by Section 150.9 of Title 74 of the Oklahoma Statutes from the Oklahoma State Bureau of Investigation for the purpose of investigating the criminal history of any employee or applicant of the Department.

2. In addition, the Director shall ensure rules and policies are promulgated to conduct a search of the Department's records of abuse and neglect both prior to and, if necessary, during the employment of any person with the Department and whose scope of employment will bring that individual into direct contact with any vulnerable population.

D. The Director shall require and set the amount of the bond for employees.

E. The Director shall cooperate with the federal Department of Health and Human Services, or other similar agencies created by Congress, in any reasonable manner as may be necessary to qualify for federal aid to states in providing assistance to needy persons in conformity with the provisions of this title, including the making of reports in the form and containing information as a federal agency may from time to time require, and comply with any other similar federal agency requirements necessary to ensure the correctness and verification of the reports.

F. The Director shall publish an annual report, not later than four (4) months after the close of each fiscal year. The report shall be presented to the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate. Annual reports shall provide information about the operations and programs administered by the Department and shall include, but shall not be limited to:

1. Statistical information regarding services provided and the number of persons served by Department programs;

2. Financial data including a reasonable amount of detailed information regarding revenues and expenditures and a breakdown and comparison of the Department budget with actual expenditures;

3. Status of the workforce and productivity of the Department;

4. Information about Department efforts to ensure program accountability and service delivery quality and integrity;

5. Demographic data and trends and their anticipated impact on demand for services; and

6. Information regarding public and private institution-based services.

G. The Director shall assume the statutory duties of the Commission for Human Services.

Added by State Question No. 226, Initiative Petition No. 155, § 2, adopted at election held July 7, 1936. Amended by Laws 1939, p. 86, § 2, emerg. eff. May 9, 1939; Laws 2012, c. 344, § 1, eff. Nov. 7,

2012; Laws 2018, c. 30, § 1, eff. Nov. 1, 2018; Laws 2021, c. 43, § 1, eff. Nov. 1, 2021.

§56-162.1. Additional names for Department of Public Welfare, Welfare Commission and Director.

(a) The Department of Public Welfare shall also be known as, and may perform official acts and transact official business in the name of, Department of Human Services.

(b) The Oklahoma Public Welfare Commission shall also be known as, and may perform official acts and transact official business in the name of, the Commission for Human Services.

(c) The Director of Public Welfare shall also be known as, and may perform official acts and transact official business in the name of, the Director of Human Services.

Added by Laws 1968, p. 816, H.J.R. No. 561, § 1, emerg. eff. April 15, 1968. Amended by Laws 1980, S.J.R. No. 46, § 1, emerg. eff. Feb. 6, 1980.

§56-162.1a. Additional names for Department of Human Services and Director of Human Services.

Whenever the name of Department of Institutions, Social and Rehabilitative Services appears in any law contract or other document it shall be deemed to refer to the Department of Human Services. Whenever the name of the Commission for Institutions, Social and Rehabilitative Services, or Director of Institutions, Social and Rehabilitative Services appears in any law, contract or other document, it shall be deemed to refer to the Director of Human Services.

Added by Laws 1980, S.J.R. No. 46, § 2, emerg. eff. Feb. 6, 1980. Amended by Laws 2012, c. 344, § 2, eff. Nov. 7, 2012.

§56-162.1b. Citizens Advisory Panels - Family issues - Aging issues - Disability issues - Administration.

A. There are hereby created four Department of Human Services Citizens Advisory Panels to evaluate core program and administrative areas of the Department and to develop recommendations to improve the programs and administration of the Department. These Panels are for Children and Family Issues, Aging Issues, Disability Issues and Administration. Each Panel shall be composed of five (5) members. Each appointee shall demonstrate an interest or expertise in the area of responsibility of the Panel to which the member is appointed. The Panels shall be established as follows:

1. The Citizens Advisory Panel for Children and Family Issues shall be composed of:

- a. one member to be appointed by the Governor,
- b. one member to be appointed by the Speaker of the House,

- c. one member to be appointed by the President Pro Tempore of the Senate,
- d. one member to be appointed by the minority leader of the House of Representatives, and
- e. one member to be appointed by the minority leader of the Senate;

2. The Citizens Advisory Panel for Aging Issues shall be composed of:

- a. one member to be appointed by the Governor,
- b. one member to be appointed by the Speaker of the House of Representatives,
- c. one member to be appointed by the President Pro Tempore of the Senate,
- d. one member to be appointed by the minority leader of the House of Representatives, and
- e. one member to be appointed by the minority leader of the Senate;

3. The Citizens Advisory Panel for Disability Issues shall be composed of:

- a. one member to be appointed by the Governor,
- b. one member to be appointed by the Speaker of the House of Representatives,
- c. one member to be appointed by the President Pro Tempore of the Senate,
- d. one member to be appointed by the minority leader of the House of Representatives, and
- e. one member to be appointed by the minority leader of the Senate; and

4. The Citizens Advisory Panel for Administration shall be composed of:

- a. one member to be appointed by the Governor,
- b. one member to be appointed by the Speaker of the House of Representatives,
- c. one member to be appointed by the President Pro Tempore of the Senate,
- d. one member to be appointed by the minority leader of the House of Representatives, and
- e. one member to be appointed by the minority leader of the Senate.

B. Appointing authorities shall appoint members from diverse backgrounds with specialized interests in public welfare, human services and the specific area of expertise relevant to the Panel to which the member is appointed. Appointees shall not be members of the Oklahoma Legislature. Panels may meet at their discretion anywhere in the state for the purposes of soliciting input from any interested party including but not limited to employees of the Department, persons receiving services from the Department and

community stakeholders. Members shall be reimbursed for travel expenses in accordance with the provisions of the State Travel Reimbursement Act. Each respective panel shall also conduct meetings open to the public at least four (4) times per year but not more than six (6) times per year without prior approval from the Director of Human Services. The dates, times and locations of public meetings shall be filed with the Secretary of State on or before December 15th of the preceding calendar year. An agenda for each public meeting shall be posted in prominent public view at the location at least twenty-four (24) hours in advance and identify all items of business to be transacted. Before any Panel member or members initiate efforts to informally solicit input on behalf of a Panel, such action must first be listed on a public meeting agenda and approved by a vote of the respective Panel. All Panels shall meet together at least one time per year in a Joint Citizens Advisory Panel meeting open to the public to be called by the Director of Human Services. The Governor shall appoint one of the members of each Panel as Chair until each Panel has an organizational meeting and elects a chair. Each Panel chair shall be selected by a majority of each respective Panel to serve a one (1) year term with no prohibition on serving consecutive terms.

C. The Department shall provide administrative support for the Panels and the Attorney General shall provide the Panels with general counsel. The Panels shall have reasonable access to Department records and personnel necessary to examine Department policies, practices and outcomes. The members shall operate under the same confidentiality restrictions as any employee or agent of the Department.

D. The Panels shall function as Advisory Panels to provide advice, information and analysis to the Director on the programs and services of the Department and their impact on outcomes. Each panel shall identify programs and services which could be improved or enhanced and report these recommendations in writing to the Director. Recommendations made to the Director shall be discussed and agreed upon by a vote of the respective Panel during a public meeting. The appropriate Panels shall also offer recommendations for the implementation of the Pinnacle Plan. Each Panel, including the Joint Citizens Advisory Panel, shall make recommendations to improve the services and efficiency of the Department in their specific area and report on such recommendations to the Governor, Speaker of the House of Representatives, the President Pro Tempore of the Senate and the Director by December 31 of each year.

E. The panels shall sunset July 1, 2016.

Added by Laws 2012, c. 344, § 3, eff. Nov. 7, 2012. Amended by Laws 2014, c. 366, § 1.

§56-162.2. Campus police and juvenile officers - Appointment - Powers.

The Department of Human Services shall have the authority to appoint campus police for institutions, county office buildings and any other buildings and their adjacent grounds under the jurisdiction of the Department, in the same manner and with the same powers as campus police appointed by governing boards of state institutions for higher education under the provisions of Sections 360.11 through 360.14 of Title 74 of the Oklahoma Statutes. The Department may also appoint and commission juvenile officers to assist it in maintaining custody of children committed to the Department, and in making investigations and in prosecuting court proceedings under the provisions of Sections 233 through 236 of this title, relating to child support enforcement. Such officers shall have the powers of peace officers, including the authority to serve and execute process, bench warrants and other court orders in cases in which the Department is a party or a participant. Each juvenile officer shall be required to execute a bond in such form and amount as may be approved by the Department, the cost thereof to be paid by the Department.

Added by Laws 1971, c. 124, § 1, emerg. eff. May 4, 1971. Amended by Laws 1985, c. 68, § 1, emerg. eff. May 16, 1985; Laws 1988, c. 326, § 9, emerg. eff. July 13, 1988; Laws 1993, c. 330, § 23, eff. July 1, 1993.

§56-162.3. Police officers - Certification.

Employees of the Department of Human Services serving as police officers shall obtain a certificate as provided for in Section 3311 of Title 70 of the Oklahoma Statutes.

Added by Laws 1985, c. 68, § 2, emerg. eff. May 16, 1985.

§56-162.4. Peace officers for Commission.

The Director of the Department of Human Services shall have the authority to commission certified employees within the Office of the Inspector General of the Department as peace officers. The authority of employees so commissioned shall include the authority to investigate crimes committed against the Department or crimes committed in the course of any program administered by the Department and the authority to investigate cases of Medicaid recipient fraud. Employees so commissioned shall also have the authority to serve and execute process, bench warrants and other court orders in any judicial or administrative proceeding in which the Department is a party or participant. Use and possession of firearms shall be at the discretion of the Director of the Department of Human Services, for the fraud unit only. To become qualified as peace officers for the commission, employees shall

first obtain a certificate as provided for in Section 3311 of Title 70 of the Oklahoma Statutes.

Added by Laws 1993, c. 272, § 1, emerg. eff. May 27, 1993. Amended by Laws 2011, c. 134, § 1, eff. Nov. 1, 2011.

§56-162.5. Institutional Maintenance and Construction Unit and Architecture and Engineering Planning Unit - Authority to contract with Oklahoma Medical Center.

The Institutional Maintenance and Construction Unit and the Architecture and Engineering Planning Unit of the Department of Human Services, or its successors, shall have authority to submit bids and enter into contracts with and to perform services for the Oklahoma Medical Center for construction and remodeling projects that fall within the scope of services of the Unit or its successors.

Added by Laws 1997, c. 174, § 7, emerg. eff. May 8, 1997.

§56-162.6. Renumbered as § 4122 of Title 74 by Laws 2001, c. 348, § 5, eff. Nov. 1, 2001.

§56-163. County boards - Appointment - Duties.

The Commission may appoint in each county a county board consisting of either three, five, or seven members, the majority of whom shall constitute a quorum. These members shall serve without salary at the pleasure of the Commission. No candidate for office nor any elective officer shall serve as a member of the county board. Members of the Legislature and any elective official of the State of Oklahoma shall be disqualified to recommend for appointment any member of the county board.

It shall be the duty of the county departments to:

(a) Administer the provision of this act within their respective counties, subject to the rules and regulations prescribed by the Commission pursuant to the provisions of this act;

(b) Report to the Commission at such times and in such manner and form as the Commission may from time to time direct.

Added by State Question No. 226, Initiative Petition No. 155, § 3, adopted July 7, 1936. Amended by Laws 1939, p. 87, § 3, emerg. eff. May 9, 1939; Laws 1947, p. 342, § 1, emerg. eff. May 23, 1947.

§56-163.1. Satellite meal sites.

The Department of Human Services shall authorize the establishment of local satellite meal sites for the purpose of encouraging older Oklahomans to congregate in order to eat meals prepared at another location and delivered to the local satellite meal site.

The Department of Human Services with the cooperation of the State Fire Marshal and the Oklahoma State Department of Health shall

adopt and promulgate standards for the establishment of such satellite meal sites so as to comply with any applicable fire and health code based on occupancy and use of the site. It is the intention of the Legislature that such standards shall be adequate to protect the health and safety of the persons congregating at satellite meal sites but also which will authorize and allow the establishment of the satellite meal sites by the Department, and which will encourage the use of the satellite meal sites for meal delivery services to older Oklahomans.

Added by Laws 1992, c. 277, § 10, eff. July 1, 1992.

§56-163.2. Josephine Meade Anti-Hunger Act.

This section and Sections 2 and 3 of this act shall be known and may be cited as the "Josephine Meade Anti-Hunger Act".

Added by Laws 2013, c. 339, § 1, emerg. eff. May 29, 2013.

§56-163.3. Leftover food - Prevention of waste.

The Department of Human Services shall promulgate rules authorizing the patrons of senior nutrition project sites to take home leftover food. The Department may also seek ways to receive for distribution to patrons donated packaged or nonperishable food as well as natural fresh foods such as fruits and vegetables with no requirements for sites to provide overnight storage.

The State Department of Education shall promulgate rules to prevent food waste in public school cafeterias and shall develop policies for redistributing leftover foods to students in need. The Department may seek ways to receive for distribution to needy students packaged or nonperishable food as well as natural fresh foods such as fruits and vegetables with no requirements for school cafeterias to provide overnight storage.

Added by Laws 2013, c. 339, § 2, emerg. eff. May 29, 2013.

§56-164. Eligibility for assistance.

A. Assistance shall be given under this act:

1. To any needy person who has attained the age of sixty-five (65) years; provided, however, that when authorized by federal law or regulations, and in conformity therewith, the age requirement for needy persons under this act shall be sixty-two (62) years. In addition to the above age requirements, said needy person shall possess the following qualifications:

- a. shall be residing in this state with intent to remain in the state at the time assistance is received,
- b. has not sufficient income or other resources to provide for himself or herself,
- c. is not an inmate of a public institution as defined by the Oklahoma Commission for Human Services, and

- d. has not made an assignment, transfer or encumbrance of property for the purpose of rendering himself or herself eligible for assistance under this act, at any time within five (5) years immediately preceding the filing of an application for assistance;

2. To any needy person who is blind and who possesses the following qualifications:

- a. shall be residing in this state with intent to remain in this state at the time assistance is received,
- b. has not sufficient income or other resources to provide for himself or herself,
- c. is not an inmate of a public institution as defined by the Oklahoma Commission for Human Services,
- d. has not made an assignment, transfer or encumbrance of property so as to render himself or herself eligible for assistance under this act at any time within five (5) years immediately preceding the filing of an application for assistance, and
- e. shall not, during the period of receiving assistance, solicit alms;

3. To any child possessing the following qualifications:

- a. is crippled or is suffering from conditions which may lead to crippling,
- b. is in need of medical, surgical, corrective or other services and care,
- c. has not sufficient income or other resources to provide such medical, surgical, corrective or other services and care,
- d. has no relatives who are financially able and who are required by law to provide such services and care,
- e. shall be residing in this state with intent to remain in the state at the time assistance is received, and
- f. who is not receiving adequate aid under other provisions of law;

4. To or on behalf of any dependent child who is under the age of eighteen (18) years of age or will graduate from high school prior to reaching nineteen (19) years of age and who possesses the following qualifications:

- a. shall be residing in this state with intent to remain in the state at the time assistance is received,
- b. has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, and who is living with a relative of the proper degree as designated by the Commission for Human Services in a place of residence maintained by one or more of such relatives as his or their own home,

- c. has not sufficient income or other resources to provide for himself, and
- d. is a resident of the state at the time of receiving assistance.

As an incentive to accept employment, an amount as established by the Commission for Human Services may be disregarded in the determination of the amount of earned income to be considered against the grant of aid to families with dependent children.

Incapacitated parents of dependent children and all other disabled persons receiving public assistance from the Department of Human Services, who, considering age, degree of incapacity, and ability to work, appear to be able to return to a status of self-support through surgery, medical treatment, vocational training, and selective placement, or any one or any combination of these services, shall be referred to the State Department of Rehabilitation Services, and encouraged to accept such rehabilitation services as may be available to them. The Department of Human Services and the State Department of Rehabilitation Services are directed to jointly formulate an agreement for the orderly referral of such cases, and the prevention of duplication of effort and expense, and the full implementation of this policy, such agreement to become effective when approved by the Oklahoma Public Welfare Commission and the Commission for Rehabilitation Services; provided that, in cases where either parent would be required to support such child or children except for his or her physical incapacity, it is the duty of the Director of the Department of Human Services to furnish the name of such parent to the State Department of Rehabilitation Services. The State Department of Rehabilitation Services shall review the available medical and social information and shall contact such parent, if it can be ascertained that he or she can be rehabilitated. If such parent refuses to allow an examination by the State Department of Rehabilitation Services, the State Department of Rehabilitation Services shall so notify the Director of the Department of Human Services and the children of such parent may be immediately removed from the welfare rolls. If said parent submits to examination and it is found that he or she can be rehabilitated, the State Department of Rehabilitation Services shall proceed to rehabilitate him or her. If said parent refuses to submit himself or herself for rehabilitation, whether by medical treatment or otherwise, said service shall so certify to the Director of the Department of Human Services who may immediately order the children of said parent removed from the welfare rolls; and

5. To any needy person who is permanently and totally disabled and who possesses the following qualifications:

- a. shall be residing in this state with intent to remain in the state at the time assistance is received,

- b. has not sufficient income or other resources to provide for himself or herself; provided, that the resources or income of a person's parents shall be considered in determining his or her eligibility for assistance for persons under eighteen (18) years of age; provided further, that no person shall be eligible to receive assistance under this subsection for any period of time with respect to which he or she receives assistance under any other provision of the section of which this subsection is a part,
- c. is not an inmate of a public institution as defined by the Oklahoma Commission for Human Services, and
- d. has not made an assignment, transfer or encumbrance of property so as to render himself or herself eligible for assistance under this act, at any time within five (5) years immediately preceding the filing of an application for assistance.

B. Eligibility for assistance under provisions of this subsection shall be determined under rules promulgated, from time to time, by the Department of Human Services as provided by law. Added by State Question No. 226, Initiative Petition No. 155, § 4, adopted July 7, 1936. Amended by Laws 1939, p. 89, § 4, emerg. eff. May 9, 1939; Laws 1945, p. 182, § 1, emerg. eff. April 17, 1945; Laws 1949, p. 380, § 1, emerg. eff. April 21, 1949; Laws 1951, p. 156, § 2, emerg. eff. June 1, 1951; Laws 1953, p. 230, §§ 1, 2, emerg. eff. June 9, 1953; Laws 1957, p. 456, § 1, emerg. eff. June 6, 1957; Laws 1957, p. 458, § 1, emerg. eff. May 31, 1957; Laws 1961, p. 437, § 1, emerg. eff. July 12, 1961; Laws 1961, p. 434, § 1, emerg. eff. July 11, 1961; Laws 1973, c. 38, § 1, emerg. eff. April 24, 1973; Laws 1985, c. 29, § 1, eff. Nov. 1, 1985; Laws 1993, c. 364, § 11, emerg. eff. June 11, 1993.

§56-165. Amount of assistance.

A. 1. The amount of assistance which any person shall receive under the provisions of this act shall be determined with due regard to the resources, to income and need of the individual and other conditions existing in each case and in accordance with funds available and rules of the Commission for Human Services, but in no case shall it be an amount which, when added to the income of the applicant from all other sources, is more than necessary to provide such person with reasonable subsistence compatible with decency and health.

2. The cash or loan value of all life insurance policies, and all revocable and irrevocable contracts for prepaid funeral benefits, as defined by Sections 6121 through 6135 of Title 36 of the Oklahoma Statutes, and all monies set aside in a separate account and specifically designated for funeral expenses of an

applicant for and recipient of public assistance shall be considered as a resource available to meet the needs of the applicant.

However, the following accruals by the applicant for and recipient of public assistance shall not be considered:

- a. One Thousand Five Hundred Dollars (\$1,500.00) cash value of the policies or revocable contracts or designated accounts or any combination thereof, provided the cash value does not exceed One Thousand Five Hundred Dollars (\$1,500.00), or
- b. Ten Thousand Dollars (\$10,000.00) plus accrued interest in an irrevocable contract, designated account or cash value in insurance policies, or Ten Thousand Dollars (\$10,000.00) plus accrued interest in any combination of irrevocable account, designated account, or cash value in insurance policies.

3. If the recipient receives any money from the policies or revocable contracts or designated accounts before the recipient's death, the amount received shall be considered as a resource available to meet the recipient's needs, provided, that an amount not to exceed One Thousand Five Hundred Dollars (\$1,500.00) from all policies may be used for prepaid burial expenses of the recipient.

B. It shall be the duty of the Commission for Human Services, in conformity with the Federal Social Security Laws and in regard to funds available, to revise and liberalize the budget as now used in ascertaining the need of any person eligible to receive assistance, and, in so doing, the increased cost of living and condition of health of such person shall be given due consideration.

C. 1. Except as otherwise provided in this subsection, the limitations specified pursuant to paragraph 2 of subsection A of this section shall apply to the cash or loan value of all life insurance policies and all revocable and irrevocable contracts for prepaid funeral benefits and all monies set aside in a separate account and specifically designated for funeral expenses of an applicant for or recipient of public assistance which were entered into or created prior to July 1, 1986, and on and after July 1, 1985.

2. Any person who entered into an irrevocable life insurance policy or irrevocable contract for prepaid funeral expenses prior to July 1, 1986, which exceeds the maximum limitation specified by paragraph 2 of subsection A of this section, and who is receiving assistance on July 1, 1986, is eligible to continue to receive such assistance provided such recipient does not add to or otherwise increase such irrevocable policy or contract.

Added by State Question No. 226, Initiative Petition No. 155, § 5, adopted July 7, 1936. Amended by Laws 1939, p. 89, § 5, emerg. eff. May 9, 1939; Laws 1945, p. 180, § 1, emerg. eff. May 7, 1945; Laws 1951, p. 158, § 3, emerg. eff. June 1, 1951; Laws 1957, p. 456, § 1,

emerg. eff. April 9, 1957; Laws 1971, c. 178, § 1, emerg. eff. May 28, 1971; Laws 1976, c. 290, § 1, emerg. eff. June 17, 1976; Laws 1986, c. 139, § 1, operative July 1, 1986; Laws 1998, c. 231, § 1, emerg. eff. May 20, 1998; Laws 2009, c. 286, § 1, eff. Nov. 1, 2009.

§56-166. Application for assistance.

Application for assistance under this act shall be made to the county department of the county in which the applicant resides. The application shall be in writing, signed by the applicant or legal guardian and shall be in a manner and upon the form prescribed by the State Department.

Added by State Question No. 226, Initiative Petition No. 155, § 6, adopted July 7, 1936. Amended by Laws 1939, p. 89, § 6, emerg. eff. May 9, 1939.

§56-166.1. Application for assistance resulting from birth of child.

Any person who makes application with the Department of Human Services for medical assistance resulting from the birth of any child shall provide the name of the person or persons legally responsible for the support of such child prior to receipt of any such medical assistance.

Added by Laws 1994, c. 356, § 18, eff. Sept. 1, 1994.

§56-166.2. Concurrent applications by active duty military members.

If a person who is on active duty with the United States Armed Forces makes an application to the Department of Human Services to receive any type of state or federal assistance, either for himself or herself or for an immediate family member, and the person has previously made the same or a substantially similar application in another state which was pending at the time the person became a resident of this state, the Department shall consider the application as if it had been made in this state at the time it was originally made in the other state.

Added by Laws 2015, c. 66, § 1, eff. Nov. 1, 2015.

§56-167. Investigation of applications.

The Department shall promptly investigate all applications for assistance, and shall determine whether the applicant is eligible for assistance under the provisions of this act, the amount of assistance, if any, and the date such assistance shall begin. The applicant shall be notified in writing of the decision.

Added by State Question No. 226, Initiative Petition No. 155, § 7, adopted July 7, 1936. Amended by Laws 1939, p. 90, § 7, emerg. eff. May 9, 1939.

§56-167.1. Request for financial records - Consent.

The Department of Human Services, with the written consent of the client, may request a copy of the financial records or any other records specified in said written consent from a financial institution or other agency regulated by federal or state law. The request shall be for the purpose of investigating the eligibility of the client for assistance or service from the Department. Said financial institution or agency shall furnish said records at no cost to the client or the Department. If the client refuses to sign said written consent, then the Department shall refuse the client assistance or service.

Added by Laws 1984, c. 84, § 1, emerg. eff. April 4, 1984.

§56-167.2. Subpoena power of the Inspector General.

A. In any investigation relating to crimes committed against the Department of Human Services or crimes committed in the course of any program administered by the Department, or in investigations of Medicaid recipient fraud, the Inspector General of the Department, if approved by the legal counsel of the Department, may require, by subpoena, the production of any records, including books, papers, documents and other tangible things which constitute or contain evidence, which the Inspector General or agent finds relevant or material to the investigation. The production of records may be required from any place in the state to be forwarded to the Inspector General.

B. Compliance with the subpoena may be accomplished by:

1. Producing documents, as requested; or
2. Notifying the Department, in writing, of refusal to produce documents, within ten (10) days of the date of service.

C. The subpoena shall specify a date for production that is at least fifteen (15) days after the date that the subpoena is served upon the person named therein. The subpoena form shall clearly set forth the optional means of compliance including instructions for sending written notice of refusal.

D. A subpoena issued to a financial institution pursuant to subsection A of this section shall comply with Section 2204 of Title 6 of the Oklahoma Statutes. A subpoena to a financial institution may be enforced under the provisions of subsection G of this section in lieu of enforcement pursuant to Section 315 of Title 75 of the Oklahoma Statutes.

E. A subpoena issued pursuant to this section may be served by any person designated in the subpoena to serve it. Service of a subpoena upon a person named therein shall be made by delivering or mailing a copy of the subpoena to such person. Service may be made upon a domestic or foreign corporation or upon a partnership or other unincorporated association which is subject to suit under a common name, by delivering or mailing the subpoena to an officer, to a managing or general agent, or to any other agent authorized by

appointment or by law to receive service of process. The affidavit of the person serving the subpoena entered on a true copy thereof by the person serving it shall be proof of service.

F. Service of a subpoena by mail may be accomplished by mailing a copy thereof by certified mail with return receipt requested and delivery restricted to the person named in the subpoena. The person serving the subpoena shall make proof of service thereof to the Inspector General. If service is by mail, the person serving the subpoena shall show in the proof of service the date and place of mailing and attach a copy of the return receipt showing that the mailing was accepted. Service of a subpoena by mail shall not be effective if the mailing was not accepted by the person named in the subpoena.

G. In the case of refusal to obey a subpoena issued to any person, the Inspector General may invoke the aid of any district court of the state within the jurisdiction of which the investigation is conducted or of which the subpoenaed person is an inhabitant, or in which the person carries on business or may be found, to compel compliance with the subpoena. The court may issue an order requiring the subpoenaed person to appear before the Inspector General to produce records, if so ordered. Any failure to obey the order of the court may be punished by the court as an indirect contempt thereof. All process in any such case may be served in any judicial district in which such person may be found.

H. The district court of the county wherein the subpoena is served may quash a subpoena issued pursuant to this section, upon a motion to quash the subpoena filed with the court by the party to whom the subpoena is issued.

Added by Laws 2017, c. 195, § 1, eff. Nov. 1, 2017.

§56-168. Appeal by applicant - Procedure - Review.

A. Any applicant or recipient adversely affected by a decision of the Department of Human Services on benefits or services provided pursuant to the provisions of this title, shall be afforded an opportunity for a hearing pursuant to the provisions of subsection B of this section after such applicant or recipient has been notified of the adverse decision of the Department.

B. 1. Upon timely receipt of a request for a hearing as specified in the notice of adverse decision, the Department shall hold a hearing pursuant to the provisions of Section 310 of Title 75 of the Oklahoma Statutes.

2. The record of the hearing shall include but shall not be limited to:

- a. all pleadings, motions, and intermediate rulings,
- b. evidence received or considered,
- c. any decision, opinion, or report by the officer presiding at the hearing, and

d. all staff memoranda or data submitted to the hearing officer or members of the agency in connection with their consideration of the case.

3. Oral proceedings shall be electronically recorded by the Department. Any party may request a copy of the tape recording of their administrative hearing or may request a transcription of the tape recording to comply with any federal or state law.

4. The decision issued pursuant to this subsection shall be the final decision of the Department unless appealed pursuant to subsection C of this section.

C. Any decision of the Department after such a hearing pursuant to subsection B of this section shall be subject to review by the Director of Human Services or a designee of the Director upon a timely request for review by the applicant, recipient or Department staff. The Director or a designee of the Director shall issue a decision after review or may refer review of the hearing decision to the Commission for Human Services. The referral shall be based on criteria established by the Commission. The decision of the Director or a designee of the Director shall be final unless appealed as provided by the provisions of subsection D of this section.

D. Any applicant or recipient under this title aggrieved by a decision of the Director or a designee of the Director rendered pursuant to this section may petition the district court in which the applicant or recipient resides for a judicial review of the decision pursuant to the provisions of Sections 318 through 323 of Title 75 of the Oklahoma Statutes. A copy of the petition shall be served by mail upon the General Counsel of the Department.

Added by State Question No. 226, Initiative Petition No. 155, § 8, adopted July 7, 1936. Amended by Laws 1939, p. 90, § 8, emerg. eff. May 9, 1939; Laws 1985, c. 11, § 1, eff. Nov. 1, 1985; Laws 1993, c. 7, § 1, eff. July 1, 1993; Laws 1994, c. 233, § 1, eff. Sept. 1, 1994; Laws 1995, c. 170, § 1, emerg. eff. May 8, 1995; Laws 2001, c. 415, § 17, emerg. eff. June 5, 2001; Laws 2012, c. 253, § 3, eff. Nov. 1, 2012.

§56-169. Reinvestigation of assistance grants.

All assistance grants made under this act shall be reinvestigated by the Department as frequently as may be required by the Commission. In all cases, the Department shall have the power to modify or revoke its former grant. The same right of hearing shall be accorded an aggrieved recipient as provided in Section 8 thereof. Provided, that on and after June 1st, 1957, it shall be the duty of the Oklahoma Public Welfare Commission in conformity with the Federal Social Security Laws and in regard to funds available to revise and liberalize the budget as now used in ascertaining the need of any person eligible to receive old age assistance, and in so

doing the increased cost of living and condition of health shall be given due consideration (and excepting earned and/or inconsequential resources and casual irregular or unpredictable wages or salary in an amount of an average of \$50.00 or a greater amount per month). Provided further, that the Commission shall immediately direct the reinvestigation and revision of the budget of each and every recipient and the payment of assistance thereafter shall be made on such basis.

Added by State Question No. 226, Initiative Petition No. 155, § 9, adopted July 7, 1936. Amended by Laws 1939, p. 90, § 9, emerg. eff. May 9, 1939; Laws 1945, p. 181, § 2, emerg. eff. May 7, 1945; Laws 1957, p. 457, § 2, emerg. eff. April 9, 1957.

§56-170. Repealed by Laws 1939, p. 93, § 19, emerg. eff. May 9, 1939.

§56-171. Disclosure of property and income - Overpayments or payments resulting from misrepresentation or concealment - Notice of sale or encumbrance.

Any applicant for assistance under this act shall set forth upon the form prescribed by the Department of Human Services all his real and personal property and income from whatever sources. If the recipient of assistance under this act thereafter becomes possessed of real property, or if such recipient comes into possession of personal property or money in excess of that given in the application for assistance and in such amount as would materially affect his right to assistance, it shall be the duty of the recipient immediately to notify the Department of the receipt and possession of such property, real or personal, or money. Provided, however, when assistance grants available are insufficient to meet the needs of a recipient as determined by the Department, such recipient may earn or receive the difference between such assistance grant and the budgetary needs of the recipient subject to availability of funds appropriated for this purpose. If any recipient receives overpayment of assistance under this act, or receives assistance while ineligible therefor under this act, through misrepresentation or concealment of material facts, either in his original application or thereafter, materially affecting the amount of assistance, the Department may, upon investigation, either cancel the assistance or reduce the amount thereof in accordance with the circumstances.

If any recipient conceals any resource, either in his original application or thereafter, which would render the recipient ineligible for public assistance, such recipient shall be liable for the entire amount of assistance paid during the period of ineligibility. If, during the continuance of assistance, a recipient comes into possession of any money or resource which does

not render him completely ineligible for assistance but which, if reported, would have reduced the amount of his assistance grant, such recipient shall be liable for the excess paid by the Department over the amount which the Department would have paid had the money or resources been reported. The Department may bring an action in a court of competent jurisdiction for the amount paid an ineligible recipient or the amount of the overpayment, as the case may be, unless the recipient voluntarily acknowledges the indebtedness, voluntarily gives a lien upon his property or voluntarily makes repayment. Providing, however, that the Department of Human Services shall credit any recipient who has received assistance while ineligible by reason of such fraud, misrepresentation and concealment of facts for the time he has been held off the rolls according to the budgetary requirements in effect during the time he has remained off the rolls and such amount shall be deducted from the amount found to have been received ineligibly, by means of such fraud and misrepresentation. After the fact and amount of indebtedness has been established by a court of competent jurisdiction, the Department shall proceed to collect said judgment as other judgments for money are collected and all sums recovered under such judgments shall be paid into the State Treasury to the credit of the Human Services Medical and Assistance Fund; provided, however, that an action to establish the fact and amount of overpayment under the provisions of this act must be brought within one (1) year from the date of the discovery of the overpayment, misrepresentation or concealment of material facts by the recipient. Such judgment shall be a lien upon all assets, except the homestead and exempt personal property of such recipient, while the same are exempt from execution under the laws of the State of Oklahoma. Any funds received through the voluntary action of the recipient shall be paid into the State Treasury to the credit of the Human Services Medical and Assistance Fund.

Any recipient hereunder who sells, conveys or encumbers any real property belonging to him, or any interest therein, shall immediately notify the Department of same, giving the legal description of said property and nature and amount of consideration. Failure to make the report shall be cause for forfeiture of a recipient's right to assistance, in the discretion of the Department.

Added by State Question No. 226, Initiative Petition No. 155, § 11, adopted July 7, 1936. Amended by Laws 1939, p. 90, § 10, emerg. eff. May 9, 1939; Laws 1951, p. 158, § 4, emerg. eff. June 1, 1951; Laws 1953, p. 228, § 1, emerg. eff. May 27, 1953; Laws 1988, c. 326, § 10, emerg. eff. July 13, 1988; Laws 1992, c. 277, § 9, eff. July 1, 1992.

§56-172. Assistance to incompetent to be paid to guardian.

A grant of assistance to any recipient of Old-Age Assistance or Aid to the Blind, found to be incompetent, may be paid to a guardian appointed by a court of competent jurisdiction. Added by State Question No. 226, Initiative Petition No. 155, § 12, adopted July 7, 1936. Amended by Laws 1939, p. 91, § 11, emerg. eff. May 9, 1939.

§56-173. Assistance inalienable.

All rights to assistance under this act shall be inalienable by any assignment, sale or transfer; and said assistance shall not be subject to execution, attachment, garnishment or other process, and in the case of bankruptcy, the assistance shall not pass to or through any trustee or any other person acting on behalf of creditors. Any contract or transfer or assignment or sale made contrary to the provisions of this act shall be void. Added by State Question No. 226, Initiative Petition No. 155, § 13, adopted July 7, 1936.

§56-174. Change of residence.

Any recipient who moves to another county in this state shall be entitled to receive assistance in the county in which he has moved and the county department of the county from which he has moved shall transfer with due dispatch all necessary records relating to the recipient to the county department of the county to which he has moved. Added by State Question No. 226, Initiative Petition No. 155, § 14, adopted July 7, 1936. Amended by Laws 1939, p. 91, § 12, emerg. eff. May 9, 1939.

§56-175. Assistance to crippled children.

It shall be the duty of the county department in the several respective counties in accordance with the rules and regulations of the Commission to take the initiative in ascertaining the need for assistance of persons eligible for assistance under the provisions of subsection (c) of Section 164 of this title and report in writing on forms furnished by the Department its recommendations showing the nature of the need for assistance, the kind and amount of assistance needed in each case. The Department shall have authority to enter into agreements with physicians, nurses, hospitals, agencies and individuals for the purpose of carrying into effect the provisions of subsection (c) of Section 164 of this title. All claims approved for payment under this section shall be drawn against the Human Services Medical and Assistance Fund and paid in the same manner as other expenditures. Added by State Question No. 226, Initiative Petition No. 155, § 15, adopted July 7, 1936. Amended by Laws 1939, p. 91, § 13, emerg.

eff. May 9, 1939; Laws 1943, p. 129, § 1, emerg. eff. April 12, 1943; Laws 1988, c. 326, § 11, emerg. eff. July 13, 1988.

§56-176. Homeless and neglected children.

The Commission is authorized to set up a division for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent and to provide an adequate child welfare service to accomplish the purposes herein set forth.

Added by State Question No. 226, Initiative Petition No. 155, § 16, adopted July 7, 1936. Amended by Laws 1939, p. 92, § 14, emerg. eff. May 9, 1939; Laws 1988, c. 326, § 12, emerg. eff. July 13, 1988.

§56-176.1. Investigation or study involving custody, placement or adoption of children - Fee.

If the district court requests or orders the Department of Human Services to perform any investigation or study involving the custody, placement, adoption, or other pertinent matter, with regard to a child or children with whom the Department is not otherwise involved, the Department may charge a reasonable sliding scale fee, subject to standards promulgated by the Commission for Human Services. The court shall specify the party or parties responsible for payment of such a fee. Failure to obey the order to pay the fee may be punished as contempt. The Department may also recover the fee as is provided by law for the recovery of a debt. The investigation, or study filed with the court, is subject to the sovereign immunity of the state and its employees.

Added by Laws 1986, c. 247, § 25, operative July 1, 1986.

§56-176a. Repealed by Laws 1982, c. 80, § 13, emerg. eff. April 1, 1982.

§56-176b. Repealed by Laws 1982, c. 80, § 13, emerg. eff. April 1, 1982.

§56-176c. Repealed by Laws 1982, c. 80, § 13, emerg. eff. April 1, 1982.

§56-177. Assent to provisions of federal law.

The Commission shall have the authority to accept grants from the federal government of money or services for the purpose of augmenting assistance granted hereunder or to reimburse the state for assistance granted hereunder and to conform to the requirements of any federal agency or agencies governing said federal grants in any manner not inconsistent with the constitution and laws of the State of Oklahoma.

The Commission shall have the authority to make apportionments in advance of funds under its control in accordance with the requirements of the federal government where such funds are to be matched in whole or in part by federal funds.
Added by State Question No. 226, Initiative Petition No. 155, § 17, adopted July 7, 1936.

§56-178. Repealed by Laws 1988, c. 326, § 45, emerg. eff. July 13, 1988.

§56-179. Repealed by Laws 1986, c. 247, § 34, emerg. eff. June 13, 1986.

§56-180. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-181. Repealed by Laws 1941, p. 467, § 17.

§56-181a. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-182. Charging fees for representing applicant prohibited.

It shall be unlawful for any person to charge or receive any fee for representing an applicant for or recipient of assistance under the provisions of this act, except as to criminal proceedings brought against an applicant or recipient under the penal provisions of this act, with respect to any application or proceedings before the Department or the Commission, whether such fee or charge be paid by the applicant or recipient or any other person.

Added by State Question No. 226, Initiative Petition No. 155, § 23, adopted July 7, 1936. Amended by Laws 1939, p. 92, § 15, emerg. eff. May 9, 1939.

§56-183. Confidentiality of applications, information and records - Misuse of information.

A. This section shall be known and may be cited as "Kelley's Law".

B. All applications, information and records concerning any applicant or recipient obtained pursuant to law or as authorized by law by the Department of Human Services or any other public or private entity shall be confidential and shall be open to inspection only:

1. To persons duly authorized by the Department of Human Services pursuant to rule promulgated in compliance with Article I of the Administrative Procedures Act or by the United States in connection with the performance of their official duties; or

2. As otherwise authorized by law.

Provided, however, the Department of Human Services shall maintain a process to allow an authorized representative of a client of the Department of Human Services to have access to confidential information when necessary for eligibility determination and the appeals process. For purposes of this section, "authorized representative" shall mean any person designated by a client of the Department of Human Services to review confidential information about the client pertinent to eligibility determination and the appeals process.

C. The Developmental Disabilities Services Division of the Department of Human Services shall require all authorized persons accessing service recipient information within a home record to sign a form certifying that they have been informed and understand the penalties for misuse of confidential and protected information within the home record. The form shall include criminal penalties related to identity theft.

D. It shall be unlawful and a misdemeanor for any public officer or employee, to furnish or permit to be taken off of the records any information therein contained for commercial or political purposes.

E. It shall also be a felony, punishable by imprisonment in the custody of the Department of Corrections for not to exceed two (2) years, for any person, firm or corporation to publish, or to use for commercial or political purposes, any list or names obtained through access to such information or records.

Added by State Question No. 226, Initiative Petition No. 155, § 24, adopted July 7, 1936. Amended by Laws 1939, p. 92, § 16, emerg. eff. May 9, 1939; Laws 1951, p. 159, § 6, emerg. eff. June 1, 1951; Laws 1953, p. 504, § 1, emerg. eff. June 4, 1953; Laws 1967, c. 85, § 1, emerg. eff. April 18, 1967; Laws 1979, c. 30, § 16, emerg. eff. April 6, 1979; Laws 1994, c. 16, § 1, eff. Sept. 1, 1994; Laws 1995, c. 170, § 2, emerg. eff. May 8, 1995; Laws 1997, c. 133, § 498, eff. July 1, 1999; Laws 1999, 1st Ex. Sess., c. 5, § 363, eff. July 1, 1999; Laws 2010, c. 88, § 1, eff. Nov. 1, 2010.

NOTE: Laws 1998, 1st Ex. Sess., c. 2, § 23 amended the effective date of Laws 1997, c. 133, § 498 from July 1, 1998, to July 1, 1999.

§56-183.1. Repealed by Laws 1967, c. 85, § 2, eff. April 18, 1967.

§56-184. Repealed by Laws 1980, c. 159, § 40, emerg. eff. April 2, 1980.

§56-185. Fraud in obtaining assistance - Penalties - Signage.

A. Any person who:

1. Obtains or attempts to obtain, or aids, abets or assists any person to obtain, by means of a false statement or representation, by false impersonation, by a fictitious transfer, conveyance or

encumbrance of property or income, by a knowing and willful failure to report to the Department of Human Services income, personal property, real property, household members, or other material eligibility factors at the time of application or during the receipt of assistance, or by other fraudulent device, assistance to which an applicant is not entitled or assistance greater than that to which an applicant is justly entitled; or

2. By sale, barter, purchase, theft, acquisition, possession or use of any electronic benefits or debit card or any other device authorizing participation in the Temporary Assistance for Needy Families or other program of the Department, knowingly obtains, aids, abets or assists any person to obtain or attempt to obtain assistance to which a person is not entitled, shall be guilty of a misdemeanor, if the aggregate amount of assistance received as a result thereof is Five Hundred Dollars (\$500.00) or less. Upon conviction thereof, such person shall be fined not more than Five Hundred Dollars (\$500.00) or be imprisoned for not more than three (3) months or be both so fined and imprisoned in the discretion of the court; provided, however, if the aggregate amount of assistance received as a result thereof is in excess of Five Hundred Dollars (\$500.00), such person shall be guilty of a felony and, upon conviction thereof, shall be fined not more than Five Thousand Dollars (\$5,000.00) or be imprisoned in the State Penitentiary for a term of not more than two (2) years, or be subject to both such fine and imprisonment in the discretion of the court.

B. Every county Department of Human Services office in this state shall conspicuously post a sign in an area clearly visible to all visitors of the county office which shall provide information about how to report individuals who have obtained public assistance through fraudulent means or who have used public assistance in a manner not consistent with its intended use. The sign shall make reference to the Department of Human Services fraud hotline and provide the current phone number for the hotline. The sign shall also contain notification that all reports to the hotline may be filed anonymously by persons suspecting fraudulent activity.

C. Notwithstanding any other provision of law, the identity of any person making a report on another individual who may have obtained public assistance through fraudulent means, or an individual using public assistance in a manner not consistent with its intended use, shall not be revealed without the permission of the person making the report.

Added by State Question No. 226, Initiative Petition No. 155, § 26, adopted July 7, 1936. Amended by Laws 1973, c. 60, § 1, emerg. eff. April 27, 1973; Laws 1985, c. 58, § 1, eff. Nov. 1, 1985; Laws 1997, c. 133, § 499, eff. July 1, 1999; Laws 1999, c. 17, § 2, emerg. eff.

April 5, 1999; Laws 1999, 1st Ex.Sess., c. 5, § 364, eff. July 1, 1999; Laws 2013, c. 67, § 1, eff. Nov. 1, 2013.

NOTE: Laws 1998, 1st Ex.Sess., c. 2, § 23 amended the effective date of Laws 1997, c. 133, § 499 from July 1, 1998, to July 1, 1999.

§56-186. Violations of the provisions of this act a misdemeanor.

Any person who violates any provision of this act for which no penalty is specifically provided shall be guilty of a misdemeanor. Added by State Question No. 226, Initiative Petition No. 155, § 27, adopted July 7, 1936.

§56-187. Repealed by Laws 1978, c. 244, § 42, eff. July 1, 1978.

§56-187.1. Renumbered as § 5009.2 of Title 63 by Laws 1996, c. 213, § 2, eff. Nov. 1, 1996.

§56-188. Provisions severable.

The provisions of this act are severable, and if any section, paragraph, sentence or provision hereof be held to be void by any court of competent jurisdiction, the decision of the court shall not affect the validity of this act as a whole, or any part thereof, other than the portion so held to be invalid.

Added by State Question No. 226, Initiative Petition No. 155, § 29, adopted July 7, 1936.

§56-189. Short title.

This act may be cited as the "Oklahoma Social Security Act." Added by State Question No. 226, Initiative Petition No. 155, § 30, adopted July 7, 1936.

§56-189a. Board of county commissioners to furnish adequate quarters - Construction or rental agreements - Lease or lease-purchase of private space and facilities.

A. 1. The board of county commissioners in each county shall furnish quarters for the local units of the Department of Human Services. Such quarters shall be located in the county courthouse or other suitable building in the county seat and shall be furnished with light, heat and water and adequate toilet facilities. The county excise board shall provide adequate appropriations to enable the county commissioners to comply with the provisions of this subsection.

2. If no suitable quarters or adequate facilities are available in the county courthouse or in the county seat, facilities shall be furnished and supplied in the city or town in the county, but not the county seat thereof, having the greatest population.

3. The Department may enter into an agreement with the board of county commissioners for financial participation, by the Department,

in the payment of rent on space leased for use by the Department, or in the cost of repairs of buildings or space used by the Department, or the cost of janitorial services and utility services, if the Commission for Human Services determines that such payment is necessary for adequate space for units of the Department and that monies for such purpose are available without detriment to programs administered by the Department.

B. 1. If the Commission for Human Services determines that adequate or suitable quarters, office space or facilities for the local units of the Department are not obtainable, the Department may enter into an agreement with the board of county commissioners of the county, or with any state agency or public trust, for the construction or renovation of a building or buildings where local units of the Department may have quarters, office space or facilities; or may enter into a lease agreement for the rental of space and facilities in a building or buildings constructed or renovated by the county, or a state agency, public trust or building authority, for the purpose of providing office space to the Department or any other public agency or agencies.

2. The Department shall not enter into any agreement under the provisions of this subsection unless federal financial participation is obtainable. All such agreements shall contain provisions as to financial participation therein by the parties to the agreement, payments to be made for the use or occupancy of the office space and facilities, and ownership of the building or buildings after payment of the cost of construction or renovation thereof has been completed, consistent with the requirements necessary for the Department to obtain or receive federal funds for such purpose.

C. If the Commission for Human Services determines that adequate or suitable quarters, office space or facilities for local units of the Department are not obtainable from the board of county commissioners of the county, or from any state agency or public trust or building authority pursuant to the provisions of subsection B of this section, the Commission may enter into a lease agreement for the rental of space and facilities in a building or buildings owned or operated by a private vendor for the purpose of providing such quarters, office space or facilities.

D. The Commission for Human Services is authorized to enter into agreements necessary to establish and determine the location of a North Tulsa field office if the Commission determines that state office space available through the Office of Management and Enterprise Services in Tulsa County is not appropriate and adequate to offer accessible and comprehensive services to clients of the Department of Human Services from North Tulsa County and Southern Osage County communities.

E. If the Commission for Human Services determines that adequate or suitable quarters, office space or facilities for local

units of the Department are not obtainable by lease agreement from the board of county commissioners of the county, from any state agency or public trust or building authority, or from a private vendor, the Commission for Human Services may acquire real property for such local units by lease-purchase agreement. The Department is further authorized to enter into lease-purchase agreements to construct or renovate adequate or suitable quarters, office space or facilities needed by the Department. Local units of the Department shall be exempt from the provisions of the Oklahoma Art in Public Places Act.

Added by Laws 1939, p. 93, § 17, emerg. eff. May 9, 1939. Amended by Laws 1953, p. 230, § 1, emerg. eff. June 9, 1953; Laws 1967, c. 202, § 1, emerg. eff. May 1, 1967; Laws 1976, c. 290, § 2, emerg. eff. June 17, 1976; Laws 1980, c. 24, § 1, eff. July 1, 1980; Laws 1988, c. 326, § 13, emerg. eff. July 13, 1988; Laws 1989, c. 373, § 19, operative July 1, 1989; Laws 1993, c. 177, § 2, emerg. eff. May 13, 1993; Laws 2001, c. 278, § 2, emerg. eff. May 31, 2001; Laws 2005, c. 440, § 1, eff. Nov. 1, 2005; Laws 2012, c. 304, § 232.

§56-189b. Partial invalidity.

The provisions of this act are severable, and if any section, paragraph, sentence or provision hereof be held to be void by any court of competent jurisdiction, the decision of the court shall not effect the validity of this act as a whole, or any part thereof, other than the portion so held to be invalid.

Added by Laws 1939, p. 93, § 18, emerg. eff. May 9, 1939.

§56-190. Payment of checks or vouchers to recipients of assistance, relief or welfare, upon death of the beneficiary after issuance.

Whenever any qualified recipient or beneficiary of old-age assistance, aid to the blind, or aid to the permanently and totally disabled, or of other relief or welfare, under the laws of the State of Oklahoma, shall have died after the issuance of assistance checks or vouchers to him, or on or after the due date of said checks or vouchers and before the same is endorsed or presented for payment by the recipient or beneficiary, the judge of the district court of the county in which said recipient resided at the time of his death shall by the filing of an affidavit by one of the next of kin or next friend of said deceased recipient make an order authorizing and directing such next of kin or next friend, or some other reputable person, to endorse said checks or vouchers which shall be paid upon presentation, and it shall not be necessary that an administrator be appointed for the estate of said decedent in order to collect said checks or vouchers. No costs shall be charged in said proceedings. This act shall apply to checks and vouchers heretofore issued as well as to those hereafter issued.

Added by Laws 1937, p. 7, § 1. Amended by Laws 1953, p. 231, § 1; Laws 1957, p. 457, § 1; Laws 1961, p. 438, § 1.

§56-191. Contents of affidavit.

Such affidavit filed by one of the next of kin or next friend shall state the name of the recipient, the date of his death, and the amount and number of such assistance checks or vouchers.

Added by Laws 1937, p. 8, § 2, emerg. eff. May 22, 1937. Amended by Laws 1961, p. 438, § 2.

§56-192. Exemption from costs in guardianship cases.

No costs shall be charged whatsoever either by the court clerk or by the county judge of the district court in cases involving the guardianship of persons who are applicants for, or who are receiving Social Security benefits or assistance or veterans disability compensation or pension.

Added by Laws 1937, p. 7, § 1, emerg. eff. May 22, 1937. Amended by Laws 2019, c. 23, § 11, emerg. eff. April 4, 2019.

§56-193. Release of liens - Filing.

The Director of the State Department of Public Welfare is hereby authorized to execute a written release, in such form as may be required to meet the recording laws of the State of Oklahoma, of any liens now held or which may be obtained, as provided by law, when such liens have been paid or otherwise satisfied, as provided by law and in accordance with the rules and regulations of the Oklahoma Public Welfare Commission. Any such releases shall be filed and indexed in the Mechanic's Lien Docket, where such lien is required to be filed, in the office of the court clerk in the county where the property involved is located.

Added by Laws 1959, p. 221, § 1, emerg. eff. April 15, 1959.

§56-194. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-195. Increase of grants.

The Oklahoma Department of Public Welfare is hereby authorized and directed, subject to the approval of the Oklahoma Public Welfare Commission, to increase grants in the old-age assistance category, aid to blind category, and aid to permanently and totally disabled category when, in its judgment, sufficient funds are accumulated to maintain a one month's surplus in each of the accounts of the department and when sufficient funds are available to maintain the increase for a biennium, in order to guarantee a continuity of dependable payments to the recipients of public assistance.

Added by Laws 1961, p. 728, § 2, emerg. eff. March 22, 1961.

- §56-196. Repealed by Laws 1985, c. 178, § 81, operative July 1, 1985.
- §56-197.1. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-197.2. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-197.3. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-198.1. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1980.
- §56-198.2. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-198.3. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-198.4. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-198.5. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-198.6. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-198.7. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-198.8. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.
- §56-198.9. Increase in assistance payments.

The Oklahoma Public Welfare Commission shall cause, at as early a date as practicable and not later than April 1, 1975, the Schedule of Standard Money Payments for Assistance Plans in the categories of needy aged persons, aid to families with dependent children, needy blind persons and needy totally and permanently disabled persons, to be raised Seven Dollars (\$7.00) per person per month subject to a finding by the Commission that the increase will not cause a reduction in services or benefits under any program administered by the Department of Institutions, Social and Rehabilitative Services.

Added by Laws 1975, p. 738, H.J.R. No. 1012, § 1, emerg. eff. March 14, 1975.

§56-198.10. Increase in assistance payments.

The Oklahoma Public Welfare Commission shall cause, at as early a date as practicable and not later than April 1, 1976, the Schedule of Standard Money Payments for Assistance Plans in the categories of needy aged persons, aid to families with dependent children, needy blind persons and needy totally and permanently disabled persons to be raised Five Dollars (\$5.00) per person per month subject to a finding by the Commission that the increase will not cause a reduction in services or benefits under any program administered by the Department of Institutions, Social and Rehabilitative Services. Added by Laws 1976, p. 598, H.J.R. No. 1043, § 1, emerg. eff. March 4, 1976.

§56-198.11. Oklahoma Consumer-Directed Personal Assistance and Support Services (Oklahoma CD-PASS) Act - Purposes - Legislative findings.

A. Sections 1 and 2 of this act shall be known and may be cited as the "Oklahoma Consumer-Directed Personal Assistance and Support Services (Oklahoma CD-PASS) Act".

B. The purposes of the Oklahoma Consumer-Directed Personal Assistance and Support Services Act are to:

1. Provide assistance, on a voluntary basis, to families with a Medicaid-eligible member who requires long-term support services, or to provide assistance to Medicaid-eligible individuals who require long-term support services, so that such persons may remain in their family residence or in their own home; and

2. Afford, on a voluntary basis, frail elderly individuals and adults with disabilities who are Medicaid-eligible and who need basic assistance with mobility, self-care and health maintenance, the ability to have maximum control over the selection of persons working on their behalf and over the manner in which personal assistance services are to be provided to them.

C. The Oklahoma Legislature finds that:

1. Providing services to individuals needing in-home and community-based care, as well as providing assistance to their family members, should be supported;

2. Giving recipients of in-home and community-based services and their family members a choice in the selection of services needed and providers to be utilized enhances a sense of dignity and autonomy for those individuals receiving care; and

3. Providing consumers and their families with choice and control over their lives is a goal that should be supported.

D. The Oklahoma Legislature further recognizes the importance of providing options and alternatives to persons receiving in-home

and community-based services, and as such, supports demonstration programs that result in positive outcomes.

Added by Laws 2004, c. 285, § 1, eff. July 1, 2004.

§56-198.11a. Oklahoma Consumer-Directed Personal Assistance and Support Services (Oklahoma CD-PASS) Act - Oklahoma Consumer-Directed Personal Assistance and Support Services Demonstration Program - Services included - Duties of Aging Services Division.

A. The Aging Services Division within the Department of Human Services, upon the approval of the Centers for Medicare and Medicaid Services, shall establish the Oklahoma Consumer-Directed Personal Assistance and Support Services (Oklahoma CD-PASS) Demonstration Program. The purpose of the Oklahoma Consumer-Directed Personal Assistance and Support Services Demonstration Program shall be to enhance the range of choices and options for Medicaid-eligible consumers, on a voluntary basis, who require long-term care support services, and to assist families with a Medicaid-eligible member who requires long-term care support services to arrange and purchase their own personal care and related services.

B. The Oklahoma Consumer-Directed Personal Assistance and Support Services Demonstration Program includes, but is not limited to, the following types of services:

1. a. Basic services, such as getting a recipient in and out of a bed or in or out of a wheelchair or motorized chair, or both,
 - b. Assisting with certain bodily functions, such as bathing and personal hygiene, dressing and grooming, and feeding including preparation and cleanup;
2. Ancillary services such as shopping and cleaning;
3. Companion-type services such as transportation, letter writing and reading; and
4. Any other service requested by the eligible recipient needing care and services.

C. 1. In developing the Oklahoma Consumer-Directed Personal Assistance and Support Services Demonstration Program, the Aging Services Division shall develop guidelines, eligibility criteria, program performance standards, and techniques to evaluate the outcomes of the Oklahoma Consumer-Directed Personal Assistance and Support Services Demonstration Program.

2. The Demonstration Program, at a minimum, shall have the following requirements:

- a. the cost in the aggregate of the services offered through the CD-PASS Program care plan shall be equal to or less than the average cost of the Advantage Waiver Program service or personal care plan as applicable,

- b. the baseline level of consumer satisfaction shall be measured by an independent third party prior to initiation of the Demonstration Program,
- c. the scope of services offered within the CD-PASS Program shall comply with current state statutes and rules, and federal regulations, and
- d. program evaluation which shall include an indication of whether:
 - (1) consumer satisfaction for CD-PASS Program participants is higher than or equal to consumer satisfaction for Advantage Waiver Program clients, as measured by an independent third party, and
 - (2) the percentage of delivered hours of the CD-PASS Program client care plan are greater than or equal to the percentage of delivered hours of the Advantage Waiver Program service or personal care plan.

D. The Aging Services Division may:

- 1. Consult with various federal, state and local entities in order to fulfill the purposes of the Oklahoma Consumer-Directed Personal Assistance and Support Services Demonstration Program;
- 2. Contract with entities in fulfilling the purposes of the Oklahoma Consumer-Directed Personal Assistance and Support Services Demonstration Program; and
- 3. Upon the approval of the Centers for Medicare and Medicaid Services and the availability of funds, expand the Oklahoma Consumer-Directed Personal Assistance and Support Services Demonstration Program statewide if the evaluation provided for in subsection C of this section demonstrates consumer satisfaction with and cost effectiveness in the delivery of the Program.

E. The Commission for Human Services and the Oklahoma Health Care Authority Board shall promulgate any rules necessary to implement the provisions of the Oklahoma Consumer-Directed Personal Assistance and Support Services Act.

Added by Laws 2004, c. 285, 2, eff. July 1, 2004.

§56-198.11b. Public policy - Strategic Planning Committee on the Olmstead Decision.

A. It is the public policy of the State of Oklahoma to:

- 1. Recognize and support individuals with disabilities by treating them with dignity and respect as productive members of our society in Oklahoma;
- 2. Acknowledge their contributions as productive and independent citizens in the state and the useful work they perform in their local communities;

3. Support a service delivery system for individuals with disabilities ensuring that the individuals, their families, or guardians are well informed as to the types of services and resources available to such individuals in order to encourage their independence, self-esteem, and self-worth, regardless of the severity of the disability; and

4. Recognize that self-choice on the part of individuals with disabilities is critical and that the most appropriate setting for meeting their needs should be a paramount consideration when determining appropriate placement of such individuals in community-based programs, residential care facilities, or any other placement or service that benefits the needs and well-being of individuals with disabilities.

B. There is hereby created the Strategic Planning Committee on the Olmstead Decision to continue until July 1, 2010. The purpose of the Committee is to monitor the implementation of the comprehensive, strategic plan for the State of Oklahoma regarding the Olmstead Decision.

C. The Strategic Planning Committee on the Olmstead Decision shall be composed of fifteen (15) appointed members, eighteen (18) ex officio members, and representatives from disability-related organizations, all of whom shall be voting members, as follows:

1. a. The Governor shall appoint:
 - (1) one person who is a community placement service provider for persons with disabilities,
 - (2) one person who is an advocate for persons with disabilities,
 - (3) one parent or personal representative of a person with disabilities,
 - (4) one member from an organization that provides direct care services within the Advantage Waiver Program, and
 - (5) one member who is a consumer of disability services.
- b. The President Pro Tempore of the Senate shall appoint:
 - (1) two members of the State Senate,
 - (2) two members who are consumers of disability services, and
 - (3) one member with a disability who has moved from an institutional setting into the community.
- c. The Speaker of the House of Representatives shall appoint:
 - (1) two members of the House of Representatives,
 - (2) one parent or personal representative of a person with disabilities,
 - (3) one member who is a consumer of disability services, and

- (4) one member with a disability who has moved from an institutional setting into the community;
2. The ex officio voting members shall be:
- a. the Attorney General, or designee,
 - b. the Director of the Department of Human Services, or designee,
 - c. the Division Director of the Developmental Disabilities Division of the Department of Human Services, if not the designee of the Director of Human Services,
 - d. the State Commissioner of Health, or designee,
 - e. the Commissioner of the Department of Mental Health and Substance Abuse Services, or designee,
 - f. the Administrator of the Oklahoma Health Care Authority, or designee,
 - g. the Director of the Office of Management and Enterprise Services, or designee,
 - h. the Director of the State Department of Rehabilitation Services, or designee,
 - i. the Director of the Office of Disability Concerns, or designee,
 - j. the Director of the Oklahoma Employment Security Commission, or designee,
 - k. the state coordinator for the federal Ticket To Work and Work Incentive Act, if not the designee of the Oklahoma Employment Security Director,
 - l. the Executive Director of a local housing authority, or designee,
 - m. the Executive Director of the Oklahoma Housing Finance Agency, or designee,
 - n. the State Superintendent of Public Instruction, or designee,
 - o. the Director of the Department of Transportation, or designee,
 - p. the Commissioner of Labor, or designee,
 - q. a representative from a local transit authority, or from a Community Action Agency, that provides transportation services to individuals with disabilities, and
 - r. the Director of the Oklahoma Commission on Children and Youth, or designee; and
3. The membership shall also include as voting members:
- a. one representative from the Developmental Disabilities Council,
 - b. one representative from the Statewide Independent Living Council,

- c. two representatives from the Centers for Independent Living,
- d. one representative from the Center for Learning and Leadership,
- e. one representative from the Oklahoma Disability Law Center,
- f. one representative from ABLE-Tech,
- g. one representative from the Oklahoma Mental Health Consumer Council, and
- h. a representative of a nonprofit agency, in a county of five hundred thousand (500,000) or more population, that collaborates on programs and services for persons with disabilities.

D. 1. Members shall serve at the pleasure of their appointing authorities. A vacancy on the Committee shall be filled by the original appointing authority.

2. A majority of the members of the Committee shall constitute a quorum. A majority of the members present at a meeting may act for the Committee.

3. The President Pro Tempore and the Speaker shall each designate a cochair from among the members of the Committee.

4. The cochairs of the Committee shall annually establish a schedule of each year's meetings. The Committee shall meet at least four times annually.

5. Proceedings of all meetings of the Committee shall comply with the provisions of the Oklahoma Open Meeting Act.

6. The Committee may divide into subcommittees in furtherance of its purpose.

E. 1. The Department of Human Services and the Office of the Attorney General shall serve as lead agencies and as such shall provide primary staffing for the Committee. Appropriate personnel from the Oklahoma Health Care Authority and the Department of Mental Health and Substance Abuse Services shall also assist with the work of the Committee.

2. The Committee may use the expertise and services of the staffs of the State Senate and the House of Representatives and may, as necessary, employ and contract for the advice and services of experts in the field as well as other necessary professional and clerical staff.

F. All departments, officers, agencies, and employees of this state shall cooperate with the Committee in fulfilling its duties and responsibilities including, but not limited to, providing any information, records, or reports requested by the Committee.

G. Members of the Committee shall receive no compensation for their service, but shall receive travel reimbursement as follows:

1. Legislative members of the Committee shall be reimbursed for necessary travel expenses incurred in the performance of their

duties in accordance with the provisions of Section 456 of Title 74 of the Oklahoma Statutes; and

2. Nonlegislative members of the Committee shall be reimbursed by their appointing authorities or respective agencies for necessary travel expenses incurred in the performance of their duties in accordance with the State Travel Reimbursement Act.

H. The duties and responsibilities of the Strategic Planning Committee on the Olmstead Decision shall include, but need not be limited to:

- a. monitoring the implementation of the comprehensive, strategic plan for Oklahomans with disabilities, pursuant to the Olmstead Decision,
- b. reviewing the service delivery system within the state and the way in which persons with disabilities currently access the services,
- c. reviewing existing statutes, policies, programs, services and funding sources that affect Oklahomans with disabilities, including, but not limited to, identifying unique approaches and strategies to funding,
- d. identifying and reviewing funding and resource information available to persons with disabilities and their families in this state,
- e. identifying gaps and barriers in programs and services to individuals with disabilities and making any recommendations to enhance programs and the delivery system for persons with disabilities in Oklahoma,
- f. examining the feasibility of expanding the eligibility criteria for people served by the Developmental Disabilities Services Division of the Department of Human Services to include people with disabilities who are not eligible for the Advantage Waiver program through the Aging Services Division and those with other diagnoses who are at risk of out-of-home placement,
- g. studying the feasibility and impact of requiring that assistive technology suppliers in this state meet national certification requirements, and
- h. taking all other actions necessary to monitor and assist with the implementation of the comprehensive strategic plan.

I. The Committee shall prepare and submit a report of its findings and recommendations to the Legislature and Governor by July 15, 2007, and each July 15 thereafter, and shall submit a final report by July 1, 2010.

Added by Laws 2005, c. 434, § 6, eff. July 1, 2005. Amended by Laws 2006, c. 296, § 1, eff. Nov. 1, 2006; Laws 2007, c. 98, § 1, eff.

Nov. 1, 2007; Laws 2007, c. 270, § 1, emerg. eff. June 4, 2007; Laws 2012, c. 304, § 233.

§56-198.11c. Short title - Opportunities for Independent Living Act - Legislative findings and intent - Pilot program - Duties of Authority.

A. This act shall be known and may be cited as the "Opportunities for Independent Living Act".

B. The Legislature finds that:

1. In the landmark *Olmstead v. L.C.* decision, the Supreme Court interpreted Title II of the Americans with Disabilities Act to require states to administer programs in the most integrated setting appropriate to meet the needs of qualified persons with disabilities;

2. Medicaid is presently structured to provide care to persons with disabilities in institutional settings such as skilled nursing facilities and private intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), and in community-based settings such as group homes and waiver programs; and

3. Persons with disabilities living in institutional settings must meet certain low-income standards to become eligible for institutional care. Therefore, when a person with disabilities wishes to move into the community, he or she has little or no resources to pay for rent and utility deposits or purchase basic household items.

C. It is the intent of the Legislature to establish a three-year pilot program that:

1. Is consistent with and implements the *Olmstead* Decision;

2. Develops eligibility criteria for the pilot program;

3. In coordination with the Oklahoma Health Care Authority and the Department of Human Services Aging Division, utilizes the Centers for Medicare and Medicaid Services Minimum Data Set (MDS) information to identify thirty people who have requested to receive their services in a community setting;

4. Identifies barriers to moving into the community;

5. Works with nurses and case managers to coordinate services for eligible participants within the pilot program to ensure the health and safety of each consumer;

6. Establishes an infrastructure to allow for an effective system that allows money to follow the person from Medicaid programs into the community settings;

7. Increases the availability of safe, affordable and accessible housing;

8. Establishes a presence within local hospitals to reduce the number of inappropriate placements within institutional settings;

9. Develops benefits counseling options; and

10. Allows qualified persons with disabilities the opportunity to transition from institutions into the community.

D. Subject to the availability of funding, the Oklahoma Health Care Authority shall establish and maintain a three-year pilot program to assist qualified individuals with disabilities living in institutions to transition into the community. The Authority shall act as the lead agency and is authorized to consult and cooperate with the Department of Human Services as necessary to carry out the provisions of the Opportunities for Independent Living Act.

E. The Authority shall enter into contracts to carry out the provisions of the Opportunities for Independent Living Act. Such contracted entities shall be consumer-controlled, non-residence-based, community-based, nonprofit organizations with experience in transitioning persons with disabilities into community settings.

F. The Authority through its duly contracted entities shall:

1. Utilize MDS data to identify participants who prefer to receive services within the community;
2. Develop eligibility criteria for pilot program participants;
3. Provide ongoing assistance to further develop assessment criteria for pilot program participants;
4. Work in conjunction with health care providers and case managers to coordinate services for pilot program participants;
5. Establish an effective system that allows money to follow pilot program participants from the institutional setting to the community;
6. Increase pilot program participant access to safe and affordable housing;
7. Offer follow-up services such as training, technical assistance and support for pilot program participants; and
8. Develop curriculum and marketing materials to train future service providers.

G. The Authority through its duly contracted entities is authorized to use available funding to assist eligible persons under the Opportunities for Independent Living Act to:

1. Pay rent deposits;
2. Pay utility deposits;
3. Purchase initial household supplies;
4. Purchase basic initial household appliances; and
5. Purchase initial furniture and pay moving expenses.

H. The Authority shall promulgate rules as necessary to carry out the provisions of the Opportunities for Independent Living Act. Such rules shall include but are not limited to:

1. Eligibility criteria for services;
2. Assessment protocols to identify persons in need of services; and
3. Funding to assist eligible persons.

I. The Authority and the Department of Human Services shall evaluate the implementation of the pilot program and annually make recommendations to the Legislature regarding its effectiveness. Added by Laws 2006, c. 296, § 2, eff. Nov. 1, 2006. Amended by Laws 2019, c. 475, § 33, eff. Nov. 1, 2019.

§56-198.12. Short title.

This act shall be known and may be cited as the "Oklahoma Self-Directed Care Act".

Added by Laws 2005, c. 434, § 1, eff. July 1, 2005.

§56-198.13. Legislative findings and intent.

The Legislature finds that it recognizes the need to nurture the autonomy of citizens of this state who have disabilities by providing home- and community-based care services in the least restrictive and most appropriate setting possible. The Legislature hereby intends to provide such individuals with more choices in and greater control over the purchase of the home- and community-based care services they receive.

Added by Laws 2005, c. 434, § 2, eff. July 1, 2005.

§56-198.14. Definitions.

As used in the Oklahoma Self-Directed Care Act:

1. "Ancillary services" means services in addition to basic services provided to a consumer and includes the following:
 - a. housekeeping chores which are incidental to the basic services furnished, or which are essential to the health and welfare of the consumer, and
 - b. transportation services to enable the consumer to gain access to waiver services and other community services, activities and resources;
2. "Basic services" shall include, but not be limited to:
 - a. getting in and out of bed, wheelchair or motor vehicle,
 - b. assistance with routine bodily functions including bathing and personal hygiene, dressing and grooming, and eating,
 - c. assistance in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in a home- and community-based setting,
 - d. respite services for non-paid caregivers, which may include services consisting of general household activities such as meal preparation and routine household care, and
 - e. health maintenance activities including, but not limited to, administration of medications by oral,

rectal, vaginal, otic, ophthalmic, nasal, skin, topical, transdermal and gastrostomy tube routes, feedings through a tube, surface care of stoma sites, irrigation of catheter, and wound care if such activities in the opinion of the attending physician or licensed registered nurse may be performed safely in the home or community by a consumer-employed caregiver who has successfully completed competency-based training approved by the Department of Human Services;

3. "Budget allowance" means the amount of money made available each month to a consumer to purchase needed home- and community-based care services, based on the results of a functional needs assessment to be developed pursuant to the provisions of this act;

4. "Consumer" means a person who has chosen to participate in the program, has met the enrollment requirements, and has received an approved budget allowance;

5. "Fiscal intermediary" means an entity approved by the Oklahoma Health Care Authority that helps a consumer manage the budget allowance of the consumer, retains the funds, and processes employment information, processes tax information, processes workers' compensation insurance premiums, reviews records to ensure correctness, writes paychecks to providers, and delivers paychecks to the consumer for distribution to providers and caregivers;

6. "Legal representative" means a person who is a legal guardian or conservator or who holds a durable power of attorney authorizing the making of health and medical care decisions as required by this section for a consumer;

7. "Personal care services" means those basic and ancillary services which enable the consumer in need of in-home care to live in the home and community of the consumer rather than in an institution and to carry out functions of daily living, self-care and mobility;

8. "Program" means the Self-Directed Care Pilot Program;

9. "Provider" means:

- a. a person licensed to render services that are eligible for reimbursement under this program, for whom the consumer is not the employer of record, or
- b. a consumer-employed caregiver for whom the consumer is the employer of record; and

10. "Representative" means an uncompensated individual designated by the consumer to assist in managing the budget allowance and needed services of the consumer.

Added by Laws 2005, c. 434, § 3, eff. July 1, 2005.

§56-198.15. Self-Directed Care Option.

A. 1. The Oklahoma Health Care Authority and the Department of Human Services, hereinafter referred to as the Authority and the Department, respectively, are hereby directed to operate the Self-Directed Care Option for the citizens of the state who have disabilities and are currently served by a home- and community-based waiver with a Centers for Medicare and Medicaid Services approved self-directed option which shall be based on the principles of consumer choice and control.

2. The Department of Human Services shall implement the program upon federal approval.

3. The Authority and the Department shall further establish interagency cooperative agreements to implement and administer the program.

4. Persons enrolled in the Self-Directed Care Option shall be authorized to choose the providers of services and to direct the delivery of services to best meet their long-term care needs.

5. The Self-Directed Care Option shall operate within funds appropriated by the Legislature.

B. Any person currently receiving waiver services in a home- and community-based waiver program as amended to include the Self-Directed Care Option and who is determined through the Department's assessment process to be able to direct their own care or to designate an eligible representative to assist the person in directing care may choose to participate in the Self-Directed Care Option. For purposes of this section, a legal representative acts on behalf of the consumer.

C. 1. A consumer enrolled in the program shall be given a budget allowance based on the results of the functional needs assessment for the consumer.

2. The Department of Human Services shall develop purchasing guidelines, approved by the Authority, to assist a consumer in using the budget allowance to purchase needed, cost-effective services.

D. A consumer shall use the budget allowance only to pay for home- and community-based services that meet the long-term needs of the consumer and are a cost-efficient use of funds including, but not limited to:

1. Ancillary services as defined in Section 198.14 of this title;

2. Basic services as defined in Section 198.14 of this title;

3. Homemaking and chores, including housework, meals, shopping and transportation;

4. Day care and respite care services provided by adult day care facilities;

5. Personal care and support services provided in an assisted living facility should the facilities be subsequently approved for reimbursement under the state Medicaid program;

6. Durable medical equipment and supplies; and

7. Adaptive equipment.

E. A consumer shall be allowed to choose providers of services, as well as when and how services will be provided. A qualified consumer-employed caregiver is a person who is not legally responsible for the consumer's care, who is eighteen (18) years of age or older, has passed a criminal background check and a registry check pursuant to Sections 1025.2 and 1025.3 of this title, and has the training necessary to meet the needs of the consumer. When the consumer is the employer of record, the consumer's roles and responsibilities include, but are not limited to, the following:

1. Developing a job description;
2. Selecting caregivers and submitting information for a criminal history background check;
3. Establishing and communicating needs, preferences and expectations about services being purchased;
4. Providing payments and tax requirements;
5. Being considered employer of record for purposes of the Workers' Compensation Act and paying premiums for workers' compensation insurance from the budget allowance or being self-insured pursuant to the Workers' Compensation Act;
6. Directing and supervising consumer-employed caregivers;
7. Ensuring the accuracy and timely submission of records required by the fiscal intermediary; and
8. Terminating the employment of an unsatisfactory caregiver.

F. The roles and responsibilities of the Department include, but are not limited to:

1. Assessing the functional needs of each consumer to determine eligibility, developing a service plan, and establishing a budget allowance based on the needs assessment;
2. Offering or contracting for services which shall provide training, technical assistance, and support to the consumer;
3. Approving fiscal intermediaries;
4. Establishing minimum qualifications and training for all caregivers and providers;
5. Serving as the final arbiter of the fitness of any individual to be a caregiver or provider; and
6. Developing and implementing a quality assurance plan.

G. The responsibilities of the fiscal intermediary include, but are not limited to:

1. Providing recordkeeping services;
2. Retaining the budget allowance;
3. Processing employment information;
4. Processing federal and state tax, unemployment and FICA;
5. Processing workers' compensation insurance premiums or payments for self-insurance pursuant to the Workers' Compensation Act;
6. Reviewing records to ensure correctness;

7. Writing paychecks to providers;
8. Completing criminal history background check and registry check for consumer-employed caregivers pursuant to Sections 1025.2 and 1025.3 of this title; and
9. Delivering paychecks to the consumer for distribution to providers and caregivers.

Added by Laws 2005, c. 434, § 4, eff. July 1, 2005. Amended by Laws 2010, c. 309, § 1, eff. Nov. 1, 2010.

§56-198.16. Implementation - Requirements - Feasibility of expansion - Review.

A. In order to implement the Oklahoma Self-Directed Care Act:

1. The Oklahoma Health Care Authority Board and the Commission for Human Services are hereby authorized to promulgate rules necessary to enact the provisions of this act;

2. The Oklahoma Health Care Authority shall take all actions necessary to ensure state compliance with federal regulations;

3. The Authority shall apply for any necessary federal waivers or waiver amendments required to implement the program;

4. The Legislature intends that, as consumers relocate from institutional settings to community-based options, funds used to serve consumers in institutional settings shall follow consumers to cover the cost of community-based services; and

5. The Department of Human Services or other applicable state entity for the population served may develop an electronic benefit transfer feature for the provision of self-directed care services to consumers.

B. The Oklahoma Self-Directed Care Act, at a minimum, shall meet the following requirements:

1. The cost in the aggregate of the services offered through the self-directed care plan shall be equal to or less than the cost of a home- and community-based waiver or comparable waiver program;

2. The baseline level of consumer satisfaction shall be measured by a third party prior to initiation of the Oklahoma Self-Directed Care Act;

3. The scope of services offered within the Self-Directed Care Program shall comply with current state statutes and rules, and federal regulations; and

4. Program evaluation which shall include an indication of whether consumer satisfaction for Self-Directed Care Program consumers is higher than or equal to consumer satisfaction for home- and community-based waiver clients or other comparable waiver programs, as measured by a third party.

C. Upon the approval of the Centers for Medicare and Medicaid Services and the availability of funds, the Authority and the Department shall implement the Self-Directed Care Program statewide if the evaluation provided for in subsection B of this section

demonstrates consumer satisfaction with and cost-effectiveness in the delivery of the program.

D. The Authority and the Department shall conduct a feasibility study on the future design and implementation of expanding the home- and community-based waiver program to include additional people with developmental disabilities, spinal cord injury or traumatic brain injury; provided, however, before allocating any new monies to such program, the Department and the Authority shall prepare and submit to the Legislature the results of the feasibility study and a fiscal impact statement.

E. The Authority and the Department of Human Services shall each, on an ongoing basis, review and assess the implementation of the Self-Directed Care Program. By January 15 of each year, the Authority shall submit a written report to the Governor and Legislature that includes each agency's review of the program.

F. The Department of Human Services shall appoint a committee to assist the Department in the development of waivers and rules related to self-directed services, including the functional needs assessment used for determination of eligibility for the Self-Directed Services program. The committee shall be composed of two self advocates or adults with developmental disabilities; two parents or family members of consumers; two advocates; two representatives of an agency providing Developmental Disabilities Services Division waiver services; one representative from the Oklahoma Parent Center; and one representative from the University of Oklahoma Health Sciences Center for Learning and Leadership. The committee shall sunset no later than four (4) years after implementation of programs indicated in this act. The Governor, President Pro Tempore of the Senate and the Speaker of the House of Representatives shall each appoint an at-large representative to the Committee.

The Authority is hereby directed to modify the state Medicaid program Personal Care Program to allow any person to self-direct his or her own personal care services who:

1. Is eligible to receive Personal Care Program services;
2. Chooses to receive Personal Care Program services; and
3. Is able to direct his or her own care or to designate an eligible representative to assist in directing such care.

Added by Laws 2005, c. 434, § 5, eff. July 1, 2005. Amended by Laws 2010, c. 309, § 2, eff. Nov. 1, 2010.

§56-198.17. Nursing home prescreening process - Rules.

A. The Oklahoma Health Care Authority, the Department of Human Services and the Department of Mental Health and Substance Abuse Services, in cooperation with community stakeholders, shall develop a prescreening process to be utilized prior to an individual being admitted to a nursing facility or within twenty (20) days of

admission to such a facility. The purpose of the screening process shall be to ensure that individuals who wish to avoid placement in a nursing facility have access to supports necessary to remain in the community. The prescreening process shall include, but not be limited to, the use of the following tools:

1. Resident Assessment Instrument - Minimum Data Set (RAI-MDS), as designated by the Centers for Medicare and Medicaid Services;
2. Universal Comprehensive Assessment Tool (UCAT);
3. Preadmission Screening and Annual Resident Review (PASARR);
4. Inventory for Client and Agency Planning (ICAP); and
5. Uniform Case Assessment Protocol (UCAP).

B. The Oklahoma Health Care Authority Board shall promulgate rules necessary to implement the prescreening process developed pursuant to this section, provided funding is made available to implement the process.

Added by Laws 2007, c. 270, § 2, emerg. eff. June 4, 2007.

§56-199. Visual or optometric services - Free choice of practitioner and profession.

Whenever visual or optometric services within the lawful scope of practice of a duly licensed optometrist are included in any program financed with public funds or administered by any public agency, for aid to the indigent, the aged, the legally blind, or any other group or class, the recipient of such aid or his parent or guardian shall be entitled to choose whether such services are to be performed by a duly licensed optometrist or by a duly licensed physician who shall be equally compensated. Visual or optometric services as used herein shall include eye and/or visual examination or a correction of any vision or muscular anomaly and the supplying of ophthalmic materials, including contact lenses and subnormal vision aids. And in the expenditure of public funds for any purpose involving the care of human vision, or in the administration of any public program, the public agency and its employees including school districts and other state, county and municipal agencies or any subdivision of the State of Oklahoma and its employees and agents responsible for such expenditures or services shall not, under any circumstances, in informing a person requiring vision care, or for a correction of any vision or muscular anomaly, either directly or indirectly refer such person to any particular health discipline, but shall merely advise such person the need exists for professional services.

Added by Laws 1967, c. 17, § 2, emerg. eff. Feb. 21, 1967.

§56-199.1. Powers and duties.

A. The Commission for Rehabilitation Services shall:

1. Promote the coordination of efforts and services on behalf of the deaf and hard-of-hearing;

2. Inventory the various services available for meeting the problems of the deaf and hard-of-hearing and assist persons in locating and securing such services;

3. Collect studies, compile bibliographies, gather information and conduct research with respect to the education, training, counseling, placement and social and economic adjustment of the deaf and hard-of-hearing and with respect to the causes, diagnosis, treatment and methods of prevention of impaired hearing;

4. Keep informed of and cooperate with federal, state and local programs available for the improvement of the general welfare of deaf and hard-of-hearing persons;

5. Appoint advisory or special committees when appropriate for in-depth investigations and study of particular problems and to receive reports of findings and recommendations; and

6. Make recommendations to the Governor and the Legislature with respect to modifications in existing services or establishment of additional services for deaf or hard-of-hearing persons.

B. 1. Personal client information obtained or created in the course of providing services to persons who are deaf or hard-of-hearing pursuant to this section shall be confidential. Such information shall include, but is not limited to, the client's name; work or home address; work or home telephone number; and social security number.

2. Persons who are deaf or hard-of-hearing have the same legitimate expectations of privacy in the conduct of their daily lives as do persons who can hear. As a result, information obtained or created in the course of providing interpreter services pursuant to this section shall be confidential to the extent necessary to protect those expectations. Confidential information related to interpreter services shall include, but is not limited to, personal client information; the purpose for which the client requests interpretation; the entity with which the client communicates by way of an interpreter; the date, time, location and duration of the interpreted communication; and the name of the interpreter.

Added by Laws 1972, c. 110, § 4, emerg. eff. April 6, 1972. Amended by Laws 1986, c. 7, § 1, eff. July 1, 1986. Renumbered from § 2404 of Title 63 by Laws 1986, c. 7, § 6, eff. July 1, 1986. Amended by Laws 1993, c. 364, § 12, emerg. eff. June 11, 1993; Laws 1998, c. 246, § 21, eff. Nov. 1, 1998.

§56-199.2. Cooperation with commissions and state agencies - Interpreter services.

A. The Commission for Rehabilitation Services is hereby directed, in carrying out its functions, to cooperate with the appropriate commissions and state agencies having authority related to the problems of deaf and hard-of-hearing persons. These agencies

are likewise directed to cooperate with the Commission for Rehabilitation Services in carrying out its functions.

B. The State Department of Rehabilitation Services shall establish and operate a program to provide interpreter services to deaf and hard-of-hearing citizens of the state, under rules promulgated by the Commission for Rehabilitation Services.

C. The State Department of Rehabilitation Services shall establish policy and procedures for the evaluation and certification of interpreters for the deaf and hard-of-hearing. The Department may require a nominal fee to recoup costs incurred in testing and certifying such interpreters.

Added by Laws 1972, c. 110, § 6, emerg. eff. April 6, 1972. Amended by Laws 1980, c. 193, § 1, emerg. eff. May 12, 1980; Laws 1986, c. 7, § 2, eff. July 1, 1986. Renumbered from § 2406 of Title 63 by Laws 1986, c. 7, § 6, eff. July 1, 1986. Amended by Laws 1988, c. 326, § 14, emerg. eff. July 13, 1988; Laws 1993, c. 364, § 13, emerg. eff. June 11, 1993; Laws 1998, c. 246, § 22, eff. Nov. 1, 1998.

§56-199.3. Traumatic brain or spinal cord injury - Contracts for inpatient services - Study and recommendations - Service standards.

A. Subject to subsection C of this section, the Department of Human Services is authorized to enter into contracts for the provision of inpatient specialized rehabilitative and related services which qualify as medical assistance under Title XIX of the Social Security Act for eligible persons having a traumatic brain injury or spinal cord injury.

B. The Department of Human Services shall conduct a study in consultation with the Advisory Council on Traumatic Spinal Cord and Traumatic Brain Injury within the State Department of Health and then make recommendations to the Commission for Human Services for the establishment of a rate or other form of adequate payment for contracts with facilities, other than general acute care hospitals, providing inpatient specialized rehabilitative and related services for persons having a traumatic brain injury or spinal cord injury.

C. If the results of the study required by subsection B of this section demonstrate that making such services available to said persons would result in an overall lower cost for providing services to this population than current service delivery practices, the Department shall enter into contracts with specialized facilities that meet such standards as the Board of Health shall require for certificate of need and licensure under provisions of Title 63 of the Oklahoma Statutes, Section 1-850 et seq. and Section 1-1901 et seq., respectively. Standards for licensure promulgated by the Board of Health for specialized facilities serving persons with traumatic brain injury or spinal cord injury shall, to the maximum extent feasible, correspond substantially to the standards of the

Council on Accreditation of Rehabilitation Facilities for such or similar facilities and services.

Added by Laws 1993, c. 18, § 1, eff. Sept. 1, 1993.

§56-200. Renumbered as § 5051.1 of Title 63 by Laws 1996, c. 221, § 6, eff. Nov. 1, 1996.

§56-200.1. Payment of expenses for sterilization of male recipients of public assistance.

Services rendered by a licensed medical or osteopathic physician and surgeon in performing a sterilization operation on an adult male recipient of public assistance under age sixty-five (65) who voluntarily has submitted to such operation shall, within the scope of its medical programs, be paid for by the State Department of Public Welfare.

Added by Laws 1973, c. 4, § 1, emerg. eff. March 5, 1973.

§56-200.2. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-200.3. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-200.4. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-200.5. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-200.6. Renumbered as § 7302-4.1 of Title 10 by Laws 1995, c. 352, § 199, eff. July 1, 1995.

§56-200a. Renumbered as § 5051.2 of Title 63 by Laws 1996, c. 221, § 6, eff. Nov. 1, 1996.

§56-200b. Renumbered as § 5051.3 of Title 63 by Laws 1996, c. 221, § 6, eff. Nov. 1, 1996.

§56-200d. State Medicaid Plan provider contracts - Terms and conditions - Termination - Annual inspection of facilities.

A. Every contract pursuant to the State Medicaid Plan entered into between the Department of Human Services and facilities that provide inpatient or residential mental health services to persons eighteen (18) years of age or younger who are or may be eligible for assistance through Title XIX of the federal Social Security Act shall incorporate terms and conditions for the care, treatment and services to be provided.

B. Said terms and conditions shall be substantially the same as those included in placement agreements for acute or freestanding, as appropriate for the facility, psychiatric care for children and youth who are in the legal custody of the Department of Human Services and shall include, but not be limited to:

1. Primary care, treatment and counseling services;
2. Educational services;
3. Face-to-face visitation by the attending physician, treatment plans, discharge planning, reports on the progress of the child and other reports as necessary and appropriate;
4. Use of medications;
5. Communicable diseases;
6. Visitation and correspondence;
7. Use of restraints, seclusion, physical force and disciplinary measures; and
8. Inspections and reviews of the care, treatment and services provided.

C. The Department shall immediately initiate procedures for the termination of said contract when:

1. A contracting facility continually violates the terms and conditions required by this section; or
2. The conditions within the facility pose serious harm or a threat of serious harm to patients or residents who are eighteen (18) years of age or under and have been admitted for the purpose of mental health or chemical dependency treatment.

D. The Department shall coordinate with the State Department of Health and any other applicable licensing or certifying agency to ensure that, whenever possible and practicable, annual inspections of hospitals, related institutions and child care facilities required by state or federal law shall be conducted jointly.
Added by Laws 1992, c. 258, § 1, eff. Sept. 1, 1992.

§56-201. Group hospitalization insurance.

The Department of Public Welfare is hereby authorized to procure group hospitalization and medical care insurance in any of the forms customarily issued by any company or companies, association or associations authorized to do business in the State of Oklahoma for all persons eligible to receive old age assistance under the provisions of subsection (a) of Section 4 of the Oklahoma Social Security Act, at a rate not to exceed the amount of the actual costs.

Added by Laws 1949, p. 374, § 1.

§56-202. Payment of premiums.

Premiums on such insurance shall be paid from monies or funds appropriated for the payment of assistance to the needy aged persons qualifying for assistance under subsection A of Section 164 of this

title. Monthly claims for such premiums, certified by the Department of Human Services, shall be filed with the Director of the Office of Management and Enterprise Services for audit and settlement prior to being paid on warrants by the State Treasurer. Added by Laws 1949, p. 374, § 2, emerg. eff. May 20, 1949. Amended by Laws 1979, c. 47, § 30, emerg. eff. April 9, 1979; Laws 1988, c. 326, § 15, emerg. eff. July 13, 1988; Laws 2012, c. 304, § 234.

§56-203. Hospitalization and medical care system in the Department of Public Welfare.

In the event the Department of Public Welfare, after a thorough study of the needs, determines that the services provided for in Section 1 of this act can be more satisfactorily and economically performed by providing for its own system of hospitalization and medical care, the Department of Public Welfare is hereby authorized to establish and maintain such a system within said Department, under which such services as provided in Section 1 can be offered. Added by Laws 1949, p. 374, § 3.

§56-204. Vendor drug program - Exemption of certain drugs.

A. Except as otherwise provided, the Oklahoma Health Care Authority shall be authorized and directed to establish a vendor drug program to provide any drugs that have been approved and designated as safe and effective by the federal Food and Drug Administration, and that are prescribed by a licensed medical, dental, podiatric or osteopathic practitioner for eligible recipients of assistance payments suffering from painful or life-endangering diseases or other persons who are suffering from a catastrophic illness.

B. The Authority shall, in accordance with federal law, not be obligated to cover any outpatient drugs of a manufacturer which has not entered into or which does not have in effect a rebate agreement with the Secretary of Health and Human Services on behalf of the state.

C. Such program shall, to the fullest extent possible, be established and maintained in conjunction with existing federal programs of prescribed drugs so as to earn the maximum of federal financial participation. Exempt from the provisions of this section are the following drugs or classes of drugs, or their medical uses:

1. Agents when used for anorexia or weight gain;
2. Agents when used to promote fertility;
3. Agents when used for cosmetic purposes or hair growth;
4. Agents when used for the symptomatic relief of coughs and colds;
5. Agents when used to promote smoking cessation;
6. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations;

7. Nonprescription drugs;

8. Covered outpatient drugs when the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee;

9. Drugs described in paragraph 3 of subsection c of Section 107 of the Drug Amendments of 1962, 21 U.S.C., Section 107(c)(3), and identical, similar or related drugs, within the meaning of paragraph 1 of subsection b of Section 310.6 of Title 21 of the Code of Federal Regulations;

10. Barbiturates; or

11. Benzodiazepines;

provided, however, the Authority shall be authorized to include specific drugs within these categories for reimbursement based upon specific medical need.

D. The Authority shall be authorized to establish a prospective drug utilization review program for the H2 Antagonists; provided that such limitations are in compliance with federal Food and Drug Administration Agency-approved product labeling.

Added by Laws 1975, p. 737, S.J.R. No. 9, § 1, emerg. eff. March 10, 1975. Amended by Laws 1988, c. 326, § 16, emerg. eff. July 13, 1988; Laws 1990, c. 256, § 1, eff. Sept. 1, 1990; Laws 1991, c. 196, § 1, emerg. eff. May 16, 1991; Laws 1993, c. 142, § 1, emerg. eff. May 4, 1993; Laws 1995, c. 161, § 1, emerg. eff. May 2, 1995.

§56-204.1. Expansion of vendor drug program.

The Department of Human Services is authorized and directed to expand the vendor drug program in the categories of the Aged, Blind and Disabled, and to include those medically needy individuals suffering from catastrophic illnesses who meet requirements for medical assistance, to be administered to the fullest extent possible in conjunction with and subject to existing federal programs so as to earn the maximum of federal financial participation.

Added by Laws 1979, H.J.R. No. 1017, § 1, emerg. eff. May 9, 1979. Amended by Laws 1990, c. 256, § 2, eff. Sept. 1, 1990.

§56-205. Replacement or reimbursement for certain eyeglasses and contact lenses - Payment or reimbursement for certain eye examinations prohibited.

The Department of Human Services is authorized to replace or make reimbursement for the eyeglasses or contact lenses of any employee at the Northern Oklahoma Resource Center of Enid, Southern Oklahoma Resource Center of Pauls Valley, Hissom Memorial Center, and any other juvenile institution subject to the jurisdiction of the Department of Human Services, if said eyeglasses or contact lenses are damaged by a resident of said schools, center or

institutions while the employee is engaged in the performance of his duties. The Department of Mental Health and Substance Abuse Services is authorized to replace or make reimbursement for the eyeglasses or contact lenses of any employee at Central State Hospital, Eastern State Hospital, Western State Psychiatric Center, the Community Mental Health Centers and Substance Abuse Services if said eyeglasses or contact lenses are damaged by a resident of said facilities while the employee is engaged in the performance of his duties. The J.D. McCarty Center is authorized to replace or make reimbursement for the eyeglasses or contact lenses of any employee, if said eyeglasses or contact lenses are damaged by a resident of said facility while the employee is engaged in the performance of his duties. The eyeglasses or contact lenses shall be of comparable kind, quality and cost. The Department of Human Services, the Department of Mental Health and Substance Abuse Services and the J.D. McCarty Center are not authorized to make payment or reimbursement for eye examinations necessary for the replacement of or reimbursement for said eyeglasses or contact lenses.

Added by Laws 1984, c. 121, § 1, emerg. eff. April 10, 1984.

Amended by Laws 1990, c. 51, § 117, emerg. eff. April 9, 1990; Laws 1992, c. 307, § 7, eff. July 1, 1992; Laws 1993, c. 323, § 6, emerg. eff. June 7, 1993; Laws 1998, c. 268, § 16, eff. July 1, 1998.

§56-206. Repealed by Laws 2003, c. 464, § 13, eff. July 1, 2003.

§56-207. Repealed by Laws 2003, c. 464, § 13, eff. July 1, 2003.

§56-208. Repealed by Laws 2003, c. 464, § 13, eff. July 1, 2003.

§56-211. Jurisdiction of State Budget Director - Director of Old-Age and Survivors Insurance - Other personnel.

The State Budget Director in the Executive Department shall have jurisdiction over all matters pertaining to the accounting, reporting and collection of amounts due from state agencies, pursuant to the terms of this act and Title 2 of the Federal Social Security Act (Public Law 734 (HR 6000) - 81st Congress), as authorized by Title 56, Chapter 7, Oklahoma Session Laws 1949, and pursuant to the Federal-State agreement entered into under Section 218 of the Federal Social Security Act as amended (providing for coverage through Federal-State agreements), holding the state responsible for all aspects of conformance to the terms of the coverage agreement.

The State Budget Director, at the direction of the Governor, shall employ and fix the duties and compensation of a Director of Old-Age and Survivors Insurance and shall employ and fix the duties and compensation of such other personnel as he deems necessary to assist him in performing the duties and functions in connection with

the administration of the Old-Age and Survivors Insurance system as it pertains to state employees in the coverage group designated by law as the "State of Oklahoma".

Added by Laws 1951, p. 153, § 1, emerg. eff. Feb. 20, 1951.

§56-212. Matching contributions.

The State Budget Director shall prescribe the system and procedure for matching the contributions of officials and employees of the State of Oklahoma with state funds constituting the employer's share of the contributions, pursuant to Public Law 734 (HR 6000) - 81st Congress, as authorized by Title 56, Chapter 7, Oklahoma Session Laws 1949, for the coverage group designated as the "State of Oklahoma".

Added by Laws 1951, p. 154, § 2, emerg. eff. Feb. 20, 1951.

§56-213. Reservation of employer's share of contributions - Deduction of employees' share.

The employer's share of the contribution required to be paid by the state to the federal government under the provisions of Public Law 734 and applicable provisions of the Federal Internal Revenue Code, as authorized by Title 51 of the Oklahoma Statutes beginning at Section 121, shall be reserved out of funds available for salaries appropriated or dedicated to each state department, institution or agency at the time payrolls are prepared for payment and shall be set aside in a reserve account in the State Treasury to be paid to the federal government at such time or times as the Federal Security Administrator may by regulations require.

For the purposes of Sections 211 through 215 of this title "dedicated funds" shall include the State Highway Construction and Maintenance Fund, Employment Security Administration Fund, Department of Human Services Administration Fund, revolving funds of all state departments and institutions, Federal Grant-in-aid Funds, Trust and Agency Funds, and any other operating funds of state agencies through which public money is disbursed for specific purposes which do not require specific legislative appropriations to be made.

State agencies making payment of salaries or wages to state employees, independent of the Office of Management and Enterprise Services, shall deduct the employees' share of the contribution at the time payments are made and shall at the same time set up a reserve out of the same fund for the employer's share to guarantee the availability of funds when the social security report is required to be made. Any funds received for per diem, travel reimbursement, or expenses incurred while in the performance of official duties and specified statutory amounts received by board or commission members shall not be considered compensation.

Added by Laws 1951, p. 154, § 3, emerg. eff. Feb. 20, 1951. Amended by Laws 1978, c. 93, § 1, eff. July 1, 1978; Laws 1983, c. 334, § 1, emerg. eff. June 30, 1983; Laws 2012, c. 304, § 235.

§56-214. Reports - Duties of Director.

State departments, institutions and agencies shall file with the State Budget Director such reports as are required by the Federal Security Administrator (Public Law 734 (HR 6000) - 81st Congress, as authorized by Title 56, Chapter 7, Oklahoma Session Laws 1949) at such time or times as the Federal Security Administrator may by regulations require. The Director of Old-Age and Survivors Insurance, under the administrative direction of the State Budget Director, shall verify extensions and totals and require state agencies to pay amounts due from nontreasury funds which when added to OASI payroll reserves from treasury funds will be the amount due the federal government for each reporting period.

The State Budget Director shall consolidate the reports of all state departments, institutions and agencies and shall file a consolidated report representing the State of Oklahoma as a coverage group, with the Department of Public Welfare.

Nothing in this act shall be construed to require the reports of political subdivisions of the state (counties, cities and towns) or instrumentalities of either, to be channeled through the State Budget Office. Such reports shall be made to the Department of Public Welfare, which has been designated to administer the Old-Age and Survivors Insurance program on behalf of the state and its political subdivisions, pursuant to the provisions of Article 25, Section 2, Oklahoma Constitution.

Added by Laws 1951, p. 154, § 4, emerg. eff. Feb. 20, 1951.

§56-215. State Budget Director OASI fund.

There is hereby created in the State Treasury a special fund to be known as the "State Budget Director OASI Fund" into which fund the State Budget Director shall deposit all monies received from state agencies constituting amounts due from funds not on deposit in the State Treasury. The State Budget Director may make disbursements from said funds to pay amounts due the Department of Public Welfare at such time as the report is required to be made for the coverage group designated as the "State of Oklahoma". Refunds may be made to state agencies by the State Budget Director in the event of overpayment or error made in the calculation of amount due.

Added by Laws 1951, p. 155, § 5, emerg. eff. Feb. 20, 1951.

§56-216. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-217. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-218. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-219. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-220. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-221. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-222. Audit of financial records of hospitals as to per diem costs.

Auditors from the Oklahoma Health Care Authority under the direction of the Chief Executive Officer of the Authority shall be authorized and empowered to conduct an audit of the financial records itemized in a hospital's reimbursable per diem cost records in order to determine whether or not the certified per diem cost is sustained by the detailed financial records of such hospital as to such per diem costs.

Added by Laws 1961, p. 729, § 1, emerg. eff. May 31, 1961. Amended by Laws 2003, c. 2, § 1, emerg. eff. March 17, 2003.

§56-223. Human Services Medical and Assistance Fund.

There is hereby created in the State Treasury a revolving fund for the Commission for Human Services, to be designated the "Human Services Medical and Assistance Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of receipts from the federal government, monies appropriated to the Department of Human Services by the State Legislature, and other receipts of the Department of Human Services as shall be directed by the Commission for Human Services. All monies accruing to the credit of said fund are hereby appropriated and may be budgeted and expended by the Commission of Human Services as may be necessary in order to carry out the duties imposed upon the said Commission pursuant to subsection D of Section 41.21 of Title 62 of the Oklahoma Statutes.

Added by Laws 1988, c. 326, § 43, emerg. eff. July 13, 1988.

§56-224. Human Services Disbursing Fund.

There is hereby created in the State Treasury a revolving fund for the Commission for Human Services, to be designated the "Human Services Disbursing Fund", provided that the fund may be designated

by fiscal year designations as the Commission may determine. The fund shall be a continuing fund, not subject to fiscal year limitations. The fund shall consist of receipts from the federal government, monies appropriated to the Department of Human Services by the State Legislature, and other receipts of the Department of Human Services as shall be directed by the Commission for Human Services. All monies accruing to the credit of said fund are hereby appropriated and may be budgeted and expended by the Commission for Human Services as may be necessary in order to carry out the duties imposed upon the said Commission by law, provided that expenditures shall not be made from the Human Services Disbursing Fund to pay any obligation for which there exists authorization for payment from the Oklahoma Medical Center Disbursing Fund or the Human Services Medical and Assistance Fund. Expenditures from the Human Services Disbursing Fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

Added by Laws 1988, c. 326, § 44, emerg. eff. July 13, 1988.

Amended by Laws 2012, c. 304, § 236.

§56-225. Repealed by Laws 2006, c. 219, § 6.

§56-225.1. Records regarding agreements or authorization to settle claim for reconciliation purposes for contracts or purchases.

A. The Department of Human Services shall maintain detailed records regarding any agreements or authorizations to settle a claim made for reconciliation purposes for any contract or purchase of materials, items, supplies or services. Such records shall include but not be limited to identification of parties involved in the reconciliation, identification of materials, items, equipment or services at issue, among originally due and owing and amount of settlement.

B. Any settlement made for purposes of reconciliation for any contract or purchase of any materials, items, equipment or settlement shall be approved in writing by the administrative head of the division making such settlement and by the Director of the Department of Human Services.

Added by Laws 1992, c. 53, § 1, emerg. eff. April 11, 1992.

§56-226. Department of Human Services Federal Disallowance Fund.

There is hereby created in the State Treasury a fund for the Department of Human Services to be designated the "Department of Human Services Federal Disallowance Fund". The fund shall be a continuing fund, not subject to fiscal year limitations. It shall consist of monies received by the Department of Human Services which, in the opinion of the Commission for Human Services, may be

subject to federal disallowances and interest which may accrue on said receipts. All monies accruing to the credit of said fund are hereby appropriated and may be budgeted and expended by the Department of Human Services at the discretion of the Commission for Human Services for eventual settlement of the appropriate pending disallowances. Expenditures from said fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

The Director of Human Services may request the Director of the Office of Management and Enterprise Services to transfer monies between the Department of Human Services Federal Disallowance Fund and the Human Services Disbursing Fund or the Department of Human Services Medical and Assistance Fund, as needed for the expenditure of funds.

Added by Laws 1989, c. 373, § 22, operative July 1, 1989. Amended by Laws 2012, c. 304, § 237.

§56-227. Provision of residential or vocational services to developmentally disabled - Preference to corporations within state.

A. The Developmental Disabilities Services Division within the Department of Human Services is hereby directed to offer a preference to qualified corporations within the state to provide residential or vocational services to residents of this state who have developmental disabilities. The Commission for Human Services is hereby authorized to promulgate rules to implement the provisions of this act, provided such rules shall not unduly interfere with interstate commerce or discriminate against out-of-state corporations.

B. A qualified corporation shall:

1. Conduct at least fifty-one percent (51%) of its financial business within the State of Oklahoma, including both receipt and disbursement transactions;

2. Have its principal place of business within the State of Oklahoma and have on file in the Office of the Secretary of State of Oklahoma a certificate of incorporation or a certificate of qualification of foreign incorporation;

3. Provide residential or vocational services, or both, as determined by the Department of Human Services to the residents of this state who have developmental disabilities;

4. Be identified on a list maintained by the Developmental Disabilities Services Division of the Department of Human Services. This list shall include those corporations which demonstrate the capacity to maintain fiscal solvency, as determined by the Department of Human Services, and, if the corporation has been in existence for two or more years, the corporation's capacity to maintain fiscal solvency must be verified by two (2) or more annual

financial audits, conducted by an independent certified public accountant;

5. Have a history of ethical business practices as established by a peer review panel, if prior business operations have been conducted. Complaints relating to ethical practices shall be reviewed by a peer review panel of five (5) members, to be appointed annually by the Administrator of the Developmental Disabilities Services Division. Members of the panel may be reappointed. The panel shall:

- a. develop criteria to determine ethical business practices for qualified corporations,
- b. determine compliance of qualified corporations with such criteria,
- c. make recommendations to the Administrator of the Developmental Disabilities Services Division, who shall take appropriate action to remedy any unethical behavior, and
- d. maintain confidentiality in the review of complaints relating to ethical practices in determining qualified corporations throughout the review process, except to:
 - (1) employees of other state and federal agencies in the course of their official duties pertaining or relating to such review process, services, or residents,
 - (2) the members of the Legislature or its staff, and
 - (3) the office of the Governor; and

6. Be in full compliance with all assurances and monitoring standards required by the Department of Human Services or other relevant state and federal licensing and certification requirements.

C. The Department of Human Services shall be allowed discretion in its choice of providers for residential or vocational services, or both, when none of the qualified corporations can or are willing to provide such services.

D. The Developmental Disabilities Services Division shall not be prohibited from contracting with any new community-based nonprofit corporation to provide residential or vocational services in an unserved community.

E. The Developmental Disabilities Services Division shall be authorized to provide technical assistance, either directly or through the use of qualified consultants, to enhance the ability of Oklahoma-based corporations to provide new, innovative and effective services to residents of this state who have developmental disabilities.

Added by Laws 1992, c. 291, § 2, eff. Sept. 1, 1992. Amended by Laws 1997, c. 407, § 8, eff. Nov. 1, 1997.

§56-228. Guardianship voucher program.

A. In addition to any other form of assistance provided for under subsection E of Section 1415 of Title 10 of the Oklahoma Statutes, the Department of Human Services is authorized to pay a voucher to a relative or certified volunteer for the sole purpose of acquiring legal representation to initiate guardianship proceedings on behalf of any person who receives Title XIX Home and Community-Based Waiver-funded services from the Developmental Disabilities Services Division, or who is a resident of an institution specified in Section 1406 of Title 10 of the Oklahoma Statutes.

B. Administration of the guardianship voucher program, including, but not limited to, establishing financial eligibility criteria and volunteer training and certification requirements, shall be established by rules promulgated by the Commission for Human Services.

Added by Laws 1997, c. 407, § 9, eff. Nov. 1, 1997.

§56-229. OK Benefits Revolving Fund.

There is hereby created in the State Treasury a revolving fund for the Department of Human Services to be designated the "OK Benefits Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies designated to the fund by law. The Director of the Department of Human Services shall, at the end of each month, provide a current balance and statement of encumbrances of the fund to the Chair of the Senate Appropriations Committee and the Chair of the House of Representatives Committee on Appropriations and Budget. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department of Human Services for the sole purpose of the acquisition, operation, maintenance, repair and replacement of the OK Benefits system at the Department of Human Services. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

Added by Laws 2019, c. 514, § 1, emerg. eff. May 29, 2019.

§56-230.1. Renumbered as § 230.50 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.2. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-230.3. Renumbered as § 230.53 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.4. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-230.5. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-230.6. Renumbered as § 230.61 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.7. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-230.8. Renumbered as § 230.56 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.9. Renumbered as § 230.55 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.10. Renumbered as § 230.58 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.11. Renumbered as § 230.60 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.12. Renumbered as § 230.57 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.13. Renumbered as § 230.67 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.14. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-230.15. Renumbered as § 230.68 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.16. Renumbered as § 230.63 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.17. Renumbered as § 230.64 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.18. Renumbered as § 230.65 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.50. Short title - Establishment of program - Responsibilities of Department of Human Services - Interagency collaboration - Block grant funding - Rulemaking - Federal waiver applications - Report to Legislature and Governor.

A. Sections 230.50 through 230.73 and 241.1 through 241.3 of this title shall be known and may be cited as the "Statewide Temporary Assistance Responsibility System (STARS)".

B. 1. There is hereby established the Statewide Temporary Assistance Responsibility System (STARS) which shall consist of programs and services to be offered by the state with funds provided by the temporary assistance for needy families block grant authorized by Section 103 of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193, in addition to other monies appropriated by law.

2. The STARS shall consist of integrated and coordinated programs and services that will provide recipients with the necessary tools to enable them to make the transition from reliance on public assistance programs to becoming independent, self-sufficient citizens who are capable of supporting themselves and their families. Such programs and services include but are not limited to: career guidance and employment preparation, job referral, vocational and technical training, child care initiatives, literacy development, adult basic education, and medical assistance.

3. The Oklahoma Legislature further recognizes the importance of encouraging establishment of statewide, One-stop Career/Employment Centers that would link existing resources and federal and state programs for utilization by persons receiving temporary assistance, and underemployed and unemployed persons.

C. The Department of Human Services shall be responsible for:

1. Implementing the federal Temporary Assistance for Needy Families Act (TANF);

2. Carrying out the projects and programs specified in the STARS. The Department shall implement the provisions of the STARS to the fullest extent permitted by law and in accordance with the terms and conditions specified by the federal government;

3. Expediting the acquisition of any federal waivers necessary to implement the provisions of STARS through amendments, combined waivers, requests and in any other such manner authorized by federal law and regulations;

4. Working in close and continuous coordination with appropriate federal officials and preparing and submitting completely and in a timely manner all forms and data required by federal officials to implement STARS; and

5. Continuing to explore and expand opportunities for the state to pursue agreements with additional service providers including but not limited to community colleges, technology centers and community resources in order to provide direct referral and link recipients with career and technology education and training programs.

D. In administering the STARS, the Department shall collaborate with the Oklahoma Employment Security Commission, the Department of Commerce, the State Department of Health and the State Department of Education and any other state or federal agency necessary to implement the provisions of the STARS.

E. In submitting any state plan or amendments to the state plan to the federal government in order to obtain a temporary assistance for needy families block grant or child care and development block grant, the Department shall seek the maximum block grant funding and federal contingency fund allocations that are available pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.

F. The Department for Human Services shall promulgate rules for developing any projects and programs to implement the STARS.

G. 1. The Department of Human Services is directed to file with the Speaker of the House of Representatives and the President Pro Tempore of the Senate a copy of any waiver application or request for amendment or exemption filed with the federal government, copies of correspondence to and from the federal government explaining and elaborating upon said applications, and final documentation of any waivers, amendments, and exemptions granted by the federal government pursuant to the STARS.

2. On or before February 1, 1998, for the previous six-month period, and on or before February 1 of each year, for the previous fiscal year, the Department shall provide a written report on each project and program specified in the STARS to the Legislature and the Governor which identifies:

- a. total number of new applications received by the Department for TANF, food stamps and child care, and the number of cases actually certified,
- b. number of recipients who signed a personal responsibility agreement pursuant to the TANF program,
- c. number of cases closed by the Department and the reasons for the case closures,
- d. the number of persons who reapplied for benefits pursuant to the TANF program after a case had been closed,
- e. number of recipients who completed an employability assessment by level of education,
- f. the total number of recipients who completed an employability assessment, and the number who were initially referred for:
 - (1) literacy assessment,
 - (2) adult basic education or remediation classes,
 - (3) job skills development or vocational training,
 - (4) employment,
 - (5) other,
- g. of the total number of recipients assessed for literacy skills, the number who scored:
 - (1) at or below 6th grade level,
 - (2) at 7th or 8th grade level,
 - (3) at 9th or 10th grade level,

- (4) above 10th grade level,
- h. number of sanctions imposed for violations of the provisions of the STARS or rules promulgated pursuant thereto or any other provision of law or rule relating to receipt of benefits by a recipient and the reasons for imposing the sanction,
- i. percentage of recipients in allowable work activities,
- j. number of recipients in each allowable work activity and the length of time spent in that activity,
- k. number of recipients employed by state agencies and contract service providers,
- l. number of recipients entering the workforce by occupation types,
- m. estimated average monthly earnings for employed aid recipients,
- n. average monthly number of hours worked by recipients,
- o. number of qualified aliens applying for assistance pursuant to the STARS and number of applications certified by the Department, and
- p. such other information deemed necessary by the Department.

Added by Laws 1995, c. 346, § 1, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 1, eff. Sept. 1, 1997. Renumbered from § 230.1 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997. Amended by Laws 2018, c. 98, § 1, eff. Nov. 1, 2018.

§56-230.51. Program components.

The Statewide Temporary Assistance Responsibility System (STARS) shall, at a minimum, contain the following components:

1. The Temporary Assistance for Needy Families (TANF) program;
2. Child Care;
3. Food Stamps;
4. One-stop Career/Employment Centers;
5. Medicaid;
6. Assistance to Aliens; and
7. Supportive services.

Added by Laws 1997, c. 414, § 2, eff. Sept. 1, 1997.

§56-230.52. Minimum mandatory requirements for Temporary Assistance for Needy Families (TANF) program - Information management - Implementation guidelines - List of recipients - Grant diversion program and emergency assistance services authorized.

A. Except for specific exceptions, conditions or restrictions authorized by the Statewide Temporary Assistance Responsibility System (STARS) and rules promulgated by the Commission for Human Services pursuant thereto, the following are the minimum mandatory

requirements for the Temporary Assistance for Needy Families (TANF) program:

1. A recipient shall be eligible to receive assistance pursuant to the TANF program only for a lifetime total of five (5) years, subject to the exemptions allowed by federal law. Child-only cases are not subject to the five-year limitation;

2. Single parents receiving temporary assistance pursuant to the TANF program shall participate in work activities for a minimum of twenty (20) hours per week during the month. Two-parent families receiving temporary assistance pursuant to the TANF program shall participate in work activities for a minimum of thirty-five (35) hours per week during the month;

3. A recipient must be engaged in one or more of the work activities set out in paragraph 4 of this subsection as soon as required by the Department of Human Services pursuant to the TANF program, but not later than twenty-four (24) months after certification of the application for assistance, unless the person is exempt from work requirements under rules promulgated by the Department pursuant to the STARS;

4. The Department shall develop and describe categories of approved work activities for the TANF program recipients in accordance with this paragraph. Work activities that qualify in meeting the requirements include, but are not limited to:

- a. (1) unsubsidized employment which is full-time employment or part-time employment that is not directly supplemented by federal or state funds,
- (2) subsidized private sector employment which is employment in a private for-profit enterprise or a private not-for-profit enterprise that is directly supplemented by federal or state funds. Prior to receiving any subsidy or incentive, the employer shall enter into a written contract with the Department, and
- (3) subsidized public sector employment which is employment by an agency of a federal, state, or local governmental entity which is directly supplemented by federal or state funds. Prior to receiving any subsidy or incentive, the employer shall enter into a written contract with the Department.

Subsidized hourly employment or unsubsidized hourly employment pursuant to this subparagraph shall only be approved by the Department as work activity if such employment is subject to:

- (a) the federal minimum wage requirements pursuant to the Fair Labor Standards Act of 1938, as amended,

- (b) the federal Social Security tax and Medicare tax, and
 - (c) regulations promulgated pursuant to the federal Occupational Safety and Health Act of 1970 and rules promulgated by the State Department of Labor pursuant thereto,
- b. a program of work experience,
- c. on-the-job training,
- d. assisted job search which may include supervised or unsupervised job-seeking activities,
- e. job readiness assistance which may include, but is not limited to:
 - (1) orientation in the work environment and basic job-seeking and job retention skills,
 - (2) instruction in completing an application for employment and writing a resume,
 - (3) instruction in conducting oneself during a job interview, including appropriate dress, and
 - (4) substance abuse treatment and mental health counseling,
- f. job skills training which is directly related to employment in a specific occupation for which there is a written commitment by an employer to offer employment to a recipient who successfully completes the training. Job skills training includes, but is not limited to, customized training designed to meet the needs of a specific employer or a specific industry,
- g. community service programs which are job-training activities provided in areas where sufficient public or private sector employment is not available. Such activities are linked to both education or training and activities that substantially enhance a recipient's employability,
- h. literacy and adult basic education programs,
- i. vocational-educational programs, not to exceed twelve (12) months for any individual, which are directed toward vocational-educational training and education directly related to employment,
- j. education programs which are directly related to specific employment opportunities, if a recipient has not received a high school diploma or General Equivalency Degree, and
- k. child care for other STARS recipients. The recipient must meet training and licensing requirements for child care providers as required by the Oklahoma Child Care Facilities Licensing Act;

5. Single, custodial parents with a child up to one (1) year of age may be exempt from work activities for a lifetime total exemption of twelve (12) months;

6. In order to receive assistance, unmarried teen parents of a minor child at least twelve (12) weeks of age must participate in educational activities or work activities approved by the state;

7. For single-parent families, except for teen parents, educational activities, other than vocational-technical training, do not count toward meeting the required twenty (20) hours of work activity. For two-parent families, educational activities, except vocational-technical training, do not count toward meeting the required thirty-five (35) hours of work activity;

8. A teen parent must live at home or in an approved, adult-supervised setting as specified in Section 230.55 of this title to receive TANF assistance;

9. An applicant or recipient with an unborn child and who does not have children living in the home qualifies for TANF to the same extent as a parent with minor children living in the home;

10. A recipient must comply with immunization requirements established pursuant to the TANF program;

11. The following recipient resources are exempt from resource determination criteria:

- a. an automobile with an equity allowance of not more than Five Thousand Dollars (\$5,000.00) pursuant to Section 230.53 of this title,
- b. individual development accounts established pursuant to the Family Savings Initiative Act, or individual development accounts established prior to November 1, 1998, pursuant to the provisions of Section 230.54 of this title in an amount not to exceed Two Thousand Dollars (\$2,000.00),
- c. the equity value of funeral arrangements owned by a recipient that does not exceed the limitation specified by Section 165 of this title, and
- d. earned income disregards not to exceed One Hundred Twenty Dollars (\$120.00) and one-half (1/2) of the remainder of the earned income;

12. An applicant who applies and is otherwise eligible to receive TANF benefits but who has resided in this state less than twelve (12) months shall be subject to Section 230.57 of this title;

13. The recipient shall enter into a personal responsibility agreement with the Department for receipt of assistance pursuant to Section 230.65 of this title;

14. The Department shall, beginning November 1, 2023, screen all adult TANF recipients as part of the required TANF employability plan to determine if they are engaged in the illegal use of a controlled substance or substances. If the Department has made a

determination that the recipient is engaged in the illegal use of a controlled substance or substances, the recipient's TANF employability plan will include substance abuse treatment and/or mental health counseling as a part of the assigned work activities as set out in paragraph 4 of this subsection. The Department of Human Services shall adopt rules to implement the requirements of this paragraph consistent with the following:

- a. the Department shall create a controlled substance screening process to be administered during the assessment process that determines the TANF employability plan. The process shall, at a minimum, include a Substance Abuse Subtle Screening Inventory (SASSI) or other similar screening methods. If necessary to establish a reasonable expectation of certainty, the Department is authorized to use further screening methods, which may include, but are not limited to, a clinical interview and consideration of the Department's history with the applicant. If the Department has reasonable cause to believe that the recipient is engaged in the illegal use of a controlled substance or substances, the Department is authorized, though not required, to request administration of a chemical drug test. The cost of all such initial screenings shall not be borne by the recipient,
 - b. if at any time during the controlled substance screening process, the recipient refuses to participate without good cause, that refusal shall lead to a closure of TANF benefits;
15. a. As a condition of participating in the STARS, all recipients are deemed to have given authorization for the release of any and all information necessary to allow all state and federal agencies to meet the program needs of the recipient.
- b. The recipient shall be provided a release form to sign in order to obtain the required information. Failure to sign the release form may result in case closure; and

16. The recipient shall comply with all other conditions and requirements of the STARS, and rules of the Commission promulgated pursuant thereto.

B. 1. Agencies of this state involved in providing services to recipients pursuant to the STARS shall exchange information as necessary for each agency to accomplish objectives and fulfill obligations created or imposed by the STARS and rules promulgated pursuant thereto.

2. Information received pursuant to the STARS shall be maintained by the applicable agency and, except as otherwise provided by this subsection, shall be disclosed only in accordance with any confidentiality provisions applicable to the agency originating the information.

3. The various agencies of the state shall execute operating agreements to facilitate information exchanges pursuant to the STARS.

C. In implementing the TANF program, the Department shall:

1. Provide assistance to aliens pursuant to Section 230.73 of this title;

2. Provide for the closure of the TANF case when the adult recipient refuses to cooperate with agreed upon work activities or other case requirements pursuant to the TANF program;

3. Provide for the sanctioning of parents who do not require their minor children to attend school; and

4. Deny temporary assistance to fugitive felons.

D. In order to ensure that the needy citizens of this state are receiving necessary benefits, the Department shall maintain a listing of all recipients receiving public assistance. The listing shall reflect each recipient's income, social security number, and the programs in which the recipient is participating including, but not limited to, TANF, food stamps, child care, and medical assistance.

E. The Department is hereby authorized to establish a grant diversion program and emergency assistance services.

Added by Laws 1997, c. 414, § 3, eff. Sept. 1, 1997. Amended by Laws 1998, c. 429, § 12, eff. Nov. 1, 1998; Laws 1999, c. 1, § 16, emerg. eff. Feb. 24, 1999; Laws 2001, c. 415, § 18, emerg. eff. June 5, 2001; Laws 2012, c. 263, § 1, eff. Nov. 1, 2012; Laws 2023, c. 162, § 1, eff. Nov. 1, 2023; Laws 2024, c. 452, § 116, emerg. eff. June 14, 2024.

NOTE: Laws 1998, c. 133, § 1 repealed by Laws 1999, c. 1, § 45, emerg. eff. Feb. 24, 1999.

§56-230.52v1. Minimum mandatory requirements for Temporary Assistance for Needy Families (TANF) program - Information management - Implementation guidelines - List of recipients - Grant diversion program and emergency assistance services authorized.

A. Except for specific exceptions, conditions or restrictions authorized by the Statewide Temporary Assistance Responsibility System (STARS) and rules promulgated by the Commission for Human Services pursuant thereto, the following are the minimum mandatory requirements for the Temporary Assistance for Needy Families (TANF) program:

1. A recipient shall be eligible to receive assistance pursuant to the TANF program only for a lifetime total of five (5) years,

subject to the exemptions allowed by federal law. Child-only cases are not subject to the five-year limitation;

2. Single parents receiving temporary assistance pursuant to the TANF program shall participate in work activities for a minimum of twenty (20) hours per week during the month. Two-parent families receiving temporary assistance pursuant to the TANF program shall participate in work activities for a minimum of thirty-five (35) hours per week during the month;

3. A recipient must be engaged in one or more of the work activities set out in paragraph 4 of this subsection as soon as required by the Department of Human Services pursuant to the TANF program, but not later than twenty-four (24) months after certification of the application for assistance, unless the person is exempt from work requirements under rules promulgated by the Department pursuant to the STARS;

4. The Department shall develop and describe categories of approved work activities for the TANF program recipients in accordance with this paragraph. Work activities that qualify in meeting the requirements include, but are not limited to:

- a. (1) unsubsidized employment which is full-time employment or part-time employment that is not directly supplemented by federal or state funds,
- (2) subsidized private sector employment which is employment in a private for-profit enterprise or a private not-for-profit enterprise that is directly supplemented by federal or state funds. Prior to receiving any subsidy or incentive, the employer shall enter into a written contract with the Department, and
- (3) subsidized public sector employment which is employment by an agency of a federal, state, or local governmental entity which is directly supplemented by federal or state funds. Prior to receiving any subsidy or incentive, the employer shall enter into a written contract with the Department.

Subsidized hourly employment or unsubsidized hourly employment pursuant to this subparagraph shall only be approved by the Department as work activity if such employment is subject to:

- (a) the federal minimum wage requirements pursuant to the Fair Labor Standards Act of 1938, as amended,
- (b) the federal Social Security tax and Medicare tax, and
- (c) regulations promulgated pursuant to the federal Occupational Safety and Health Act

of 1970 and rules promulgated by the State Department of Labor pursuant thereto,

- b. a program of work experience,
- c. on-the-job training,
- d. assisted job search which may include supervised or unsupervised job-seeking activities,
- e. job readiness assistance which may include, but is not limited to:
 - (1) orientation in the work environment and basic job-seeking and job retention skills,
 - (2) instruction in completing an application for employment and writing a resume,
 - (3) instruction in conducting oneself during a job interview, including appropriate dress, and
 - (4) substance abuse treatment and mental health counseling,
- f. job skills training which is directly related to employment in a specific occupation for which there is a written commitment by an employer to offer employment to a recipient who successfully completes the training. Job skills training includes, but is not limited to, customized training designed to meet the needs of a specific employer or a specific industry,
- g. community service programs which are job-training activities provided in areas where sufficient public or private sector employment is not available. Such activities are linked to both education or training and activities that substantially enhance a recipient's employability,
- h. literacy and adult basic education programs,
- i. vocational-educational programs, not to exceed twelve (12) months for any individual, which are directed toward vocational-educational training and education directly related to employment,
- j. education programs which are directly related to specific employment opportunities, if a recipient has not received a high school diploma or General Equivalency Degree, and
- k. child care for other STARS recipients. The recipient must meet training and licensing requirements for child care providers as required by the Oklahoma Child Care Facilities Licensing Act;

5. Single, custodial parents with a child up to one (1) year of age may be exempt from work activities for a lifetime total exemption of twelve (12) months;

6. In order to receive assistance, unmarried teen parents of a minor child at least twelve (12) weeks of age must participate in educational activities or work activities approved by the state;

7. For single-parent families, except for teen parents, educational activities, other than vocational-technical training, do not count toward meeting the required twenty (20) hours of work activity. For two-parent families, educational activities, except vocational-technical training, do not count toward meeting the required thirty-five (35) hours of work activity;

8. A teen parent must live at home or in an approved, adult-supervised setting as specified in Section 230.55 of this title to receive TANF assistance;

9. A recipient must comply with immunization requirements established pursuant to the TANF program;

10. The following recipient resources are exempt from resource determination criteria:

- a. an automobile with an equity allowance of not more than Five Thousand Dollars (\$5,000.00) pursuant to Section 230.53 of this title,
- b. individual development accounts established pursuant to the Family Savings Initiative Act, or individual development accounts established prior to November 1, 1998, pursuant to the provisions of Section 230.54 of this title in an amount not to exceed Two Thousand Dollars (\$2,000.00),
- c. the equity value of funeral arrangements owned by a recipient that does not exceed the limitation specified by Section 165 of this title, and
- d. earned income disregards not to exceed One Hundred Twenty Dollars (\$120.00) and one-half (1/2) of the remainder of the earned income;

11. An applicant who applies and is otherwise eligible to receive TANF benefits but who has resided in this state less than twelve (12) months shall be subject to Section 230.57 of this title;

12. The recipient shall enter into a personal responsibility agreement with the Department for receipt of assistance pursuant to Section 230.65 of this title;

13. The Department shall, beginning November 1, 2023, screen all adult TANF recipients as part of the required TANF employability plan to determine if they are engaged in the illegal use of a controlled substance or substances. If the Department has made a determination that the recipient is engaged in the illegal use of a controlled substance or substances, the recipient's TANF employability plan will include substance abuse treatment and/or mental health counseling as a part of the assigned work activities as set out in paragraph 4 of this subsection. The Department of

Human Services shall adopt rules to implement the requirements of this paragraph consistent with the following:

- a. the Department shall create a controlled substance screening process to be administered during the assessment process that determines the TANF employability plan. The process shall, at a minimum, include a Substance Abuse Subtle Screening Inventory (SASSI) or other similar screening methods. If necessary to establish a reasonable expectation of certainty, the Department is authorized to use further screening methods, which may include, but are not limited to, a clinical interview and consideration of the Department's history with the applicant. If the Department has reasonable cause to believe that the recipient is engaged in the illegal use of a controlled substance or substances, the Department is authorized, though not required, to request administration of a chemical drug test. The cost of all such initial screenings shall not be borne by the recipient,
 - b. if at any time during the controlled substance screening process, the recipient refuses to participate without good cause, that refusal shall lead to a closure of TANF benefits;
14. a. As a condition of participating in the STARS, all recipients are deemed to have given authorization for the release of any and all information necessary to allow all state and federal agencies to meet the program needs of the recipient.
- b. The recipient shall be provided a release form to sign in order to obtain the required information. Failure to sign the release form may result in case closure; and

15. The recipient shall comply with all other conditions and requirements of the STARS, and rules of the Commission promulgated pursuant thereto.

B. 1. Agencies of this state involved in providing services to recipients pursuant to the STARS shall exchange information as necessary for each agency to accomplish objectives and fulfill obligations created or imposed by the STARS and rules promulgated pursuant thereto.

2. Information received pursuant to the STARS shall be maintained by the applicable agency and, except as otherwise provided by this subsection, shall be disclosed only in accordance with any confidentiality provisions applicable to the agency originating the information.

3. The various agencies of the state shall execute operating agreements to facilitate information exchanges pursuant to the STARS.

C. In implementing the TANF program, the Department shall:

1. Provide assistance to aliens pursuant to Section 230.73 of this title;

2. Provide for the closure of the TANF case when the adult recipient refuses to cooperate with agreed upon work activities or other case requirements pursuant to the TANF program;

3. Provide for the sanctioning of parents who do not require their minor children to attend school; and

4. Deny temporary assistance to fugitive felons.

D. In order to ensure that the needy citizens of this state are receiving necessary benefits, the Department shall maintain a listing of all recipients receiving public assistance. The listing shall reflect each recipient's income, social security number, and the programs in which the recipient is participating including, but not limited to, TANF, food stamps, child care, and medical assistance.

E. The Department is hereby authorized to establish a grant diversion program and emergency assistance services.

Added by Laws 1997, c. 414, § 3, eff. Sept. 1, 1997. Amended by Laws 1998, c. 429, § 12, eff. Nov. 1, 1998; Laws 1999, c. 1, § 16, emerg. eff. Feb. 24, 1999; Laws 2001, c. 415, § 18, emerg. eff. June 5, 2001; Laws 2012, c. 263, § 1, eff. Nov. 1, 2012; Laws 2023, c. 162, § 1, eff. Nov. 1, 2023.

NOTE: Laws 1998, c. 133, § 1 repealed by Laws 1999, c. 1, § 45, emerg. eff. Feb. 24, 1999.

§56-230.53. Exclusion of automobile from determination of applicant's resources.

The Department of Human Services shall exclude an automobile with an equity allowance of not more than Five Thousand Dollars (\$5,000.00) from the determination of resources available to meet the needs of an applicant for or recipient of benefits under the Temporary Assistance for Needy Families (TANF) program.

Added by Laws 1995, c. 346, § 3, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 4, eff. Sept. 1, 1997. Renumbered from § 230.3 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.54. Individual development accounts.

A. As used in the Temporary Assistance for Needy Families (TANF) program, an "individual development account" means an account established by a recipient under the TANF program pursuant to the provisions of the Family Savings Initiative Act or an account established prior to November 1, 1998, pursuant to the provisions of this section.

B. Funds deposited in an individual development account, in an amount not to exceed Two Thousand Dollars (\$2,000.00), shall not be counted as resources by the Department of Human Services in determining financial eligibility for assistance or services pursuant to the TANF program.

Added by Laws 1997, c. 414, § 5, eff. Sept. 1, 1997. Amended by Laws 1998, c. 429, § 12, eff. Nov. 1, 1998.

§56-230.55. Unmarried minor recipients - Adult supervised living arrangements.

A. Except as provided in subsection B of this section, if a person applying for benefits under the Temporary Assistance for Needy Families (TANF) program is a minor, has never married and is pregnant or has a dependent child in such minor's care, the minor shall not be eligible for benefits unless the minor lives in a supervised adult setting.

B. Subsection A of this section shall not apply if the minor person is legally emancipated pursuant to Chapter 4 of Title 10 of the Oklahoma Statutes.

C. The Department shall develop programs, in conjunction with the State Department of Health or any other appropriate federal, state or local entity, to encourage teens in Oklahoma to abstain from sexual activity.

Added by Laws 1995, c. 346, § 14, eff. July 1, 1995. Amended by Laws 1996, c. 353, § 27, eff. Nov. 1, 1996. Amended by Laws 1997, c. 414, § 6, eff. Sept. 1, 1997. Renumbered from § 230.9 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.56. Immunization incentive program.

In order to establish an incentive program for the immunization of minor children pursuant to the State Department of Health immunization schedule, the Department of Human Services shall eliminate benefits for recipients under the Temporary Assistance for Needy Families (TANF) program if, upon recertification of a recipient for the TANF program, the recipient fails to show proof of immunization for the recipient's minor children except for good cause established by rules promulgated by the Commission for Human Services. Proof of immunization shall be accomplished by presentation of the vaccination record by the recipient issued by the local health officer or a physician.

Added by Laws 1995, c. 346, § 10, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 7, eff. Sept. 1, 1997. Renumbered from § 230.8 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.57. Residency requirement.

The Department of Human Services shall study the feasibility of implementing a residency requirement, including a differential in

benefits for receipt of public assistance for persons who have resided in this state for less than one (1) year on a continuous basis.

Added by Laws 1995, c. 346, § 21, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 8, eff. Sept. 1, 1997. Renumbered from § 230.12 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.58. Repealed by Laws 2009, c. 130, § 2, eff. Nov. 1, 2009.

§56-230.59. Substance abuse study.

A. The Department of Human Services, working with the Department of Mental Health and Substance Abuse Services, shall conduct a study to determine the extent to which substance abuse interferes with the ability of recipients in the Temporary Assistance for Needy Families (TANF) program to secure and maintain employment leading to self sufficiency.

B. The study shall include, but not be limited to, an assessment of the extent of the substance abuse problem among public assistance recipients in this state, the availability of a range of treatment resources statewide, and consideration of the use of drug testing, sanctions, and other tools recognized in successful intervention models, as well as the safety of any children involved.

C. The Department shall issue a report of its findings and any recommendations to the Governor and the Legislature not later than June 1, 1998.

Added by Laws 1997, c. 414, § 10, eff. Sept. 1, 1997.

§56-230.60. Disclosure of persons responsible for child support as precondition to TANF benefits.

A. Except as otherwise provided in this section, any applicant who makes application with the Department of Human Services for benefits under the Temporary Assistance for Needy Families (TANF) program, in order to be eligible for such assistance, shall provide the name of the person or persons alleged to be legally responsible for the support of a child, and if known, the address and employer of the person or persons alleged to be legally responsible for the support of such child prior to receipt of any such assistance.

B. 1. If the specific person or persons legally responsible for the support of the child are unknown, the applicant for the TANF program shall submit with the application a list of names of persons alleged to be responsible for the support of the child to the Department of Human Services.

2. If the applicant does not provide the Department with the identity of the person or persons alleged to be legally responsible for the support of the child, the applicant shall be ineligible to continue to receive such assistance unless the Department determines that the applicant or recipient or a child of the applicant or

recipient would more likely than not be subject to abuse for identifying the person or persons alleged to be responsible for the support of the child.

3. The Commission shall promulgate rules which will standardize the decision process for determining eligibility pursuant to this paragraph.

C. The Department shall determine the father for each minor child for whom benefits are received under the TANF program. Added by Laws 1995, c. 346, § 18, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 11, eff. Sept. 1, 1997. Renumbered from § 230.11 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.61. Extension of transitional Medicaid, child care assistance and support services.

A. The Oklahoma Health Care Authority, in accordance with the terms and conditions of a waiver granted by the federal Department of Health and Human Services, shall conduct a demonstration project to revise applicable standards and rules which will allow a recipient of assistance under the Medicaid and Temporary Assistance for Needy Families (TANF) program, who becomes employed, to continue to receive transitional Medicaid and child care assistance for twenty-four (24) months following the initial date of employment unless:

1. The employer provides medical assistance or child care benefits; or

2. The monthly salary received from the employer exceeds the monthly allowance of assistance pursuant to the TANF program plus the cost of child care and medical insurance to which the recipient would be entitled.

B. The Commission for Human Services shall revise applicable standards and rules to allow a recipient under the TANF program, who becomes employed, to receive case management and transitional support services. Such services shall include, but not be limited to, transportation assistance, ensuring that the family receives transitional Medicaid and child care, ensuring that the family is familiar with and applies for the Earned Income Tax Credit, providing that the recipient is assessed for and referred to providers for any social or supportive service-related needs, and assistance with any other problems which emerge in the initial months of employment.

Added by Laws 1995, c. 346, § 6, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 12, eff. Sept. 1, 1997. Renumbered from § 230.6 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.62. Contracts for literacy remediation, work activities, training and other services.

A. The Department of Human Services shall, as appropriate, provide literacy remediation, English as a second language, work activities, training, and other services to recipients pursuant to the Temporary Assistance for Needy Families (TANF) program through contracts. In contracting for English as a second language, work activities, training, or other services, the following terms and conditions shall apply:

1. A contract shall be performance based. Whenever possible, payment shall be based on performance outcomes that include, but are not limited to, such factors as job entry, job entry at a target wage, and job retention. Payment shall not be based on completion of training, education, or any other phase of the program participation process;

2. A contract may include performance-based incentive payments that may vary according to the extent to which a recipient is more difficult to place. Contract payments may be weighted proportionally to reflect the extent to which a recipient has limitations associated with the long-term receipt of welfare and difficulty in maintaining employment. The factors may include the extent of a recipient's prior receipt of welfare, lack of employment experience, poor literacy skills, lack of education, lack of job skills, and any other factors determined appropriate by the Department; and

3. The Department is hereby authorized to contract with commercial, charitable, religious or faith-based organizations to provide the necessary services pursuant to the TANF program as provided in this section.

B. Subject to the availability of funds, the Department shall explore and recommend technological enhancements and funding necessary to support the work activities, training and other services provided to recipients as described in subsection A of this section. The enhancements may include creation of an online self-service portal allowing recipients to retain responsibility for periodically reporting on their employment, education, training and job activities.

Added by Laws 1997, c. 414, § 13, eff. Sept. 1, 1997. Amended by Laws 2002, c. 123, § 1, eff. Nov. 1, 2002; Laws 2018, c. 121, § 1, eff. Nov. 1, 2018.

§56-230.63. Failure to cooperate in approved work activities or child support enforcement programs - Fraud control program.

A. 1. If a recipient, without good cause, does not cooperate with the Department of Human Services in approved work activities as required by the Department pursuant to the Temporary Assistance for Needy Families (TANF) program, the Department shall close the case.

2. If a recipient, without good cause, does not cooperate with the Department in administering the child support enforcement

program relating to the establishment, modification, or enforcement of a support order, the Department shall reduce benefits to the recipient under the Temporary Assistance for Needy Families (TANF) program in an amount to be determined by the Department.

B. 1. The Department of Human Services shall establish and operate a fraud control program. The Department shall proceed against any individual member of a family, regardless of payment status under the TANF program, whom it believes to have committed an intentional program violation pursuant to federal law, through an administrative hearing or by referring the matter to the appropriate authorities for civil or criminal action in a state or federal court.

2. In proceeding against such an individual, the Department shall coordinate its actions with any corresponding actions being taken under Medicaid fraud programs where the factual issues arise from the same or related circumstances.

Added by Laws 1995, c. 346, § 25, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 14, eff. Sept. 1, 1997. Renumbered from § 230.16 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.64. Case management services.

A. The Department of Human Services shall provide case management services to recipients under the Temporary Assistance for Needy Families (TANF) program. Case management services shall include, but not be limited to:

1. Intensive and in-depth employability assessment of a recipient's education, training, skills, prior work experience and supportive service needs;

2. Development of an employability plan which incorporates the results of the assessment; and

3. Close follow-up of program implementation requirements and participation pursuant to a personal responsibility agreement as provided in Section 16 of this act.

B. The Department of Human Services is hereby directed to develop policy outlining procedural and educational expectations for recipients of benefits under the TANF program.

Added by Laws 1995, c. 346, § 26, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 15, eff. Sept. 1, 1997. Renumbered from § 230.17 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.65. Employability and literacy assessment - Personal responsibility agreements.

A. 1. The Department of Human Services shall conduct an employability assessment of the education, training, skills, prior work experience and supportive service needs of individuals applying for and receiving assistance pursuant to the Temporary Assistance for Needy Families (TANF) program.

2. The Department shall arrange for administration of a recognized literacy screening for individuals who have not obtained a high school diploma or General Educational Development (GED) credential and have exhibited a lack of literacy skills. If, in the opinion of the Department, the applicant or recipient who has obtained a high school diploma or GED lacks reading skills to the extent that such insufficiency limits the applicant's or recipient's ability to become self-supporting, the Department shall refer the individual for a literacy assessment.

3. The Department shall utilize existing community resources, including, but not limited to, volunteer literacy groups and adult basic education programs, when arranging for literacy assessments and remediation of clients who lack sufficient reading skills.

B. The Department of Human Services shall require services to be provided to each applicant or recipient of benefits in any program according to a written personal responsibility agreement. The agreement shall reflect the education, training, skills, prior work experience and supportive service needs of the applicant or recipient and shall be:

1. Written in English, or translated into Spanish or other language, according to the applicant's or recipient's needs;
2. Signed by the applicant or recipient;
3. Signed by the parent of the applicant or recipient if the applicant or recipient is under eighteen (18) years of age;
4. Signed by the case manager; and
5. Reviewed by both the applicant or recipient and the case manager at least once a year. The agreement may be revised from time to time according to the needs of the recipient, the recipient's family and the program.

C. The personal responsibility agreement shall set forth the specific responsibilities of the recipient, at a minimum, to:

1. Develop a detailed plan for achieving self-sufficiency;
2. Participate in any educational or training program required by the Department pursuant to the results of the employability and literacy assessments;
3. Participate in life-skills training including, but not limited to, financial management classes, conflict resolution training, and social skills development;
4. Be available for and actively seek and maintain employment, and accept any reasonable employment as soon as it becomes available as required by the TANF program;
5. Participate in a community service, public works or private sector job pursuant to the requirements of the Statewide Temporary Assistance Responsibility System and the results of the employability and literacy assessments;
6. If the recipient is a minor parent, live in a supervised adult setting;

7. Accept responsibility for ensuring that the recipient's child complies with the attendance requirements of the local school district and attends school until the child of the recipient either:

- a. graduates from high school or attains a high school equivalency certificate, or
- b. becomes nineteen (19) years of age,

whichever occurs first;

8. Accept responsibility for attending any classes required by a program at least ninety percent (90%) of the time;

9. Immunize the recipients' minor children pursuant to the State Department of Health's immunization schedule; and

10. a. Undergo a literacy skills assessment utilizing a testing instrument which measures whether such recipient is reading at a minimum of an eighth grade reading level, where the recipient has the capacity to read at such level or, regardless of reading level, which indicates that the recipient would benefit from compulsory participation in a literacy skills improvement program.

b. Based on the results of the assessment, the recipient shall agree to enroll and actively participate in a literacy skills improvement program and provide documentation of substantial quantifiable literacy improvement. Any recipient who is reading at less than an eighth grade level shall be required to continue to substantially and quantifiably improve his or her reading skills until such recipient demonstrates a level of reading proficiency that is at least equal to an eighth grade reading level.

c. On or before December 31 of each year, the Department of Human Services shall annually provide to the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives a written report outlining by age the number of recipients:

- (1) assessed for literacy skills,
- (2) who failed to demonstrate eighth grade reading level proficiency,
- (3) who agreed to enroll and participate in a literacy skills improvement program, and
- (4) who either provided documentation of substantial quantifiable literacy skills improvement or whose case was closed prior to completion.

D. The Department may sanction or impose financial penalties on a recipient for failure to comply with the provisions of the personal responsibility agreement.

Added by Laws 1995, c. 346, § 27, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 16, eff. Sept. 1, 1997. Renumbered from §

230.18 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997; Laws 1998, c. 5, § 16, emerg. eff. March 4, 1998; Laws 2009, c. 130, § 1, eff. Nov. 1, 2009.

NOTE: Laws 1997, c. 392, § 5 repealed by Laws 1998, c. 5, § 29, emerg. eff. March 4, 1998.

§56-230.66. Compulsory school attendance.

A. Compulsory school attendance for a child from the age at which the child is eligible to attend kindergarten to eighteen (18) years of age, unless the child is being home educated as per the Oklahoma Constitution and statutes, shall be a condition for participation in the Temporary Assistance for Needy Families (TANF) program.

B. The Commission for Human Services shall promulgate rules for implementing the provisions of this section which will authorize the Department to deny a recipient of benefits under the TANF program that portion of payments which relate to an individual who fails to comply with the requirements of this section.

Added by Laws 1992, c. 291, § 3, eff. Sept. 1, 1992. Amended by Laws 1995, c. 346, § 13, eff. July 1, 1995; Laws 1997, c. 414, § 17, eff. Sept. 1, 1997. Renumbered from § 234.1 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.67. Application for Earned Income Tax Credit - Assistance from Department of Human Services.

The Department of Human Services shall ensure, to the fullest extent possible, that any recipient of benefits under the Temporary Assistance for Needy Families (TANF) and the food stamp programs, who may qualify for receipt of the Earned Income Tax Credit (EITC), pursuant to 26 U.S.C., Section 32(a-j), applies for such credit. The Department shall have EITC forms readily available and shall provide assistance and encouragement to those wishing to apply for the EITC.

Added by Laws 1995, c. 346, § 22, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 18, eff. Sept. 1, 1997. Renumbered from § 230.13 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.68. Fraud hot line.

A. The Department of Human Services shall establish and maintain a statewide incoming areawide telephone service hot line for the purpose of reporting suspected cases of welfare eligibility fraud, Temporary Assistance for Needy Families (TANF) fraud and food stamp fraud.

B. The Commission for Human Services shall promulgate rules to enact the provisions of this section, and shall include in such rules procedures which address false reports and issues of confidentiality.

Added by Laws 1995, c. 346, § 24, eff. July 1, 1995. Amended by Laws 1997, c. 414, § 19, eff. Sept. 1, 1997. Renumbered from § 230.15 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-230.69. Child care resource and referral centers.

A. The Department of Human Services shall, as funds become available, work with local communities to establish a statewide system of child care resource and referral centers.

B. The child care resource and referral centers shall be responsible for:

1. Providing consumer education;
2. Maintaining child care databases and linking working families to relevant services available in their communities;
3. Developing child care supply and demand reports;
4. Fostering partnerships between Head Start programs, churches, schools, government and nonprofit agencies;
5. Providing information and technical assistance to individuals and groups wishing to develop or expand child care services;
6. Coordinating training programs and informing child care providers about available training; and
7. Working with the Department of Human Services on licensing and regulatory issues.

Added by Laws 1997, c. 414, § 20, eff. Sept. 1, 1997.

§56-230.70. One-stop Career/Employment Centers.

A. The Legislature hereby encourages the establishment of One-stop Career/Employment Centers that link federal, state and local resources and programs and that create collaborative and interorganizational partnerships between state governmental agencies and private and nonprofit entities. Such agencies and private and nonprofit entities shall include, but not be limited to:

1. The Department of Human Services;
2. The State Department of Education;
3. The Oklahoma Department of Career and Technology Education;
4. The Oklahoma Department of Commerce;
5. The Oklahoma Employment Security Commission;
6. The Oklahoma Health Care Authority;
7. The State Department of Health;
8. The State Department of Mental Health and Substance Abuse Services;
9. The Oklahoma Department of Corrections;
10. The Office of Management and Enterprise Services;
11. The Oklahoma State Regents for Higher Education;
12. Community action agencies;
13. Local and municipal groups;
14. Substate planning groups; and

15. Religious and charitable organizations.

B. 1. The purpose of the collaborative and interorganizational partnership shall be to assist persons receiving temporary assistance, persons who are employed in low-wage jobs, underemployed persons, and persons who are unemployed to obtain employment preparation; to explore career, employment and job referral opportunities; to improve skills through education and training; and to obtain information on various services and programs in the state.

2. Employment preparation includes, but is not limited to:

- a. education, training, or retraining for specified time limits,
- b. private and public work experience, and
- c. development of certain career/job training and retraining skills and apprenticeships.

C. The Oklahoma Employment Security Commission, in consultation with entities desiring to form such partnerships, shall develop a local implementation plan for use by all parties desiring to enter into a plan for a one-stop career and employment center. The plan shall be signed by all partnership entities and shall be submitted to the Oklahoma Employment Security Commission for review and recommendation.

D. The local implementation plan shall include, but not be limited to, the names, addresses, and phone numbers of parties and organizational entities; specific goals, objectives, and plans for implementation of the initiative; the signature of all parties agreeing to the initiative; and the beginning date of the initiative as agreed upon by the parties.

E. Until such time as the collaborative and interorganizational partnerships encouraged by this legislation are fully implemented, the state agencies listed in subsection A of this section which provide services shall each maintain an Internet web site upon which application forms for the services they provide may be accessed and downloaded by individuals wishing to make application for the services provided. Each agency shall also provide a link to the other agencies required by this legislation to provide their application forms on their websites.

Added by Laws 1997, c. 414, § 24, eff. Sept. 1, 1997. Amended by Laws 2001, c. 33, § 40, eff. July 1, 2001; Laws 2006, c. 220, § 1, eff. Nov. 1, 2006; Laws 2012, c. 304, § 238.

§56-230.72. Medicaid assistance.

The Department of Human Services and the Oklahoma Health Care Authority shall jointly establish eligibility criteria which ensure that recipients of assistance pursuant to the federal Temporary Assistance to Needy Families Program (TANF), who become employed or who are at risk of losing Medicaid because of earned income disregards or other excluded resources pursuant to the

Statewide Temporary Assistance Responsibility System (STARS), will continue to receive Medicaid assistance as otherwise specified by state or federal law.

Added by Laws 1997, c. 414, § 25, eff. Sept. 1, 1997. Amended by Laws 2004, c. 378, § 1, emerg. eff. June 3, 2004.

§56-230.73. Qualified aliens.

A. As used in this section:

1. "Legal immigrant" means an individual not born in the United States and not a citizen of the United States whose entrance into the United States has been approved by the Immigration and Naturalization Service; and

2. "Qualified alien" shall have the same meaning as such term is defined by Section 431(b) of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193, as amended.

B. 1. The Legislature hereby finds and declares that passage of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193, requires the states to make certain decisions concerning legal immigrants and their eligibility for certain types of public assistance.

2. The goal of this section is to recognize that foreign-born legal residents of the State of Oklahoma contribute to our society by working in our communities, supporting local businesses, and paying taxes and should be eligible to receive certain types of public assistance under certain conditions. Moreover, the state goal is to provide the types of assistance that will enhance the state's ability to receive federal financial participation, thereby reducing the ultimate burden on the state and local government for emergency health and welfare needs.

3. This section is also intended to encourage and support efforts to help foreign-born legal residents of the State of Oklahoma to become citizens of the United States.

C. 1. A qualified alien who entered the United States before August 22, 1996, shall be eligible to receive benefits under a state program funded by Temporary Assistance for Needy Families Block Grant Funds pursuant to Part A of Title IV of the federal Social Security Act.

2. A qualified alien who entered the United States on or after August 22, 1996, shall be barred from receiving the benefits described in paragraph 1 of this subsection for a period of five (5) years after the date of entry into the United States, unless such alien meets the exceptions set forth in the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193, as amended. After five (5) years, the qualified alien shall be eligible for benefits pursuant to the Statewide Temporary Assistance Responsibility System (STARS), but shall have sponsor

income deemed to the individual or family pursuant to rules promulgated by the Commission for Human Services.

D. 1. A qualified alien who entered the United States before August 22, 1996, shall be eligible to receive benefits under the Old Age Pension, the Aid to the Needy Disabled, and the Aid to the Blind programs if such qualified alien meets the eligibility criteria for such programs, other than citizen status.

2. A qualified alien who entered the United States on or after August 22, 1996, shall be barred from receiving benefits under the programs described in paragraph 1 of this subsection for a period of five (5) years after the date of entry into the United States, unless the alien meets the exceptions set forth in the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193, as amended. After five (5) years, the qualified alien shall be eligible for benefits pursuant to such programs but shall have sponsor income deemed to the person or family pursuant to rules promulgated by the Commission for Human Services.

E. The Commission for Human Services shall encourage a qualified alien who is eligible to submit an application for citizenship to submit such an application.

F. 1. The Commission shall promulgate rules for the delivery of emergency assistance to a person who:

- a. is a legal immigrant and a resident of the State of Oklahoma,
- b. is not a citizen of the United States, and
- c. meets the eligibility requirements for assistance pursuant to the Statewide Temporary Assistance Responsibility System (STARS) program other than citizen status and is not receiving any other public assistance as specified by the Commission.

2. Such emergency assistance may include, but need not be limited to, the following forms of assistance:

- a. housing,
- b. food,
- c. short-term cash assistance, and
- d. clothing and social services for children.

G. 1. Sponsors shall be expected to meet their financial commitments to the immigrants whom they sponsor and for whom they sign affidavits of support.

2. The Commission shall also promulgate rules consistent with this section and federal law to enforce sponsor commitments for noncitizen applicants for or recipients of public assistance or medical assistance.

H. In the event that after passage of this act federal law authorizes extended benefits to aliens, the provision of this section shall be modified and made consistent with the provisions of federal law.

Added by Laws 1997, c. 414, § 26, eff. Sept. 1, 1997.

§56-230.75. Task Force on State Plan Options for the Temporary Assistance to Needy Families Program (TANF Options Task Force).

A. There is hereby created until June 1, 2000, the "Task Force on State Plan Options for the Temporary Assistance to Needy Families Program". The Task Force may be referred to as the "TANF Options Task Force".

B. The Task Force on State Plan Options for the Temporary Assistance to Needy Families Program shall:

1. Review:

- a. the options available to Oklahoma under the federal Personal Responsibility and Work Opportunities Reconciliation Act related to the eligibility of persons who are victims of domestic abuse or who are receiving or in need of treatment for substance abuse under the State Plan for Temporary Assistance to Needy Families pursuant to the federal Personal Responsibility and Work Opportunities Reconciliation Act, and
- b. the effects or potential effects of adopting such options; and

2. Make recommendations to the Legislature on or before January 1, 1999, concerning legislation or other state action which the Task Force deems necessary or desirable.

Added by § 1 of Enrolled House Joint Resolution No. 1025 of the 2nd Session of the 46th Oklahoma Legislature. Codified by Laws 1998, c. 414, § 21, emerg. eff. June 11, 1998.

§56-230.76. TANF Options Task Force – Membership.

A. The Task Force on State Plan Options for the Temporary Assistance to Needy Families Program shall consist of thirteen (13) members and shall be composed as follows:

1. The Speaker of the House of Representatives shall appoint three members of the House of Representatives, one member who shall represent a statewide domestic violence association, and one member who at the time of appointment is a TANF participant;

2. The President Pro Tempore of the Senate shall appoint three members of the State Senate, one member who shall represent a statewide association of substance abuse treatment providers, and one member who at the time of appointment is a TANF participant;

3. The Director of the Department of Human Services or the designee of the Director;

4. The Commissioner of the Department of Mental Health and Substance Abuse Services or the designee of the Commissioner; and

5. The Administrator of the Oklahoma Health Care Authority or the designee of the Administrator.

B. The Speaker shall appoint the chair of the Task Force and the President Pro Tempore shall appoint the vice-chair from their appointees.

C. Nonlegislative members of the Task Force shall be reimbursed by their appointing authority for necessary travel expenses incurred in the performance of their duties in accordance with the State Travel Reimbursement Act. Legislative members shall be reimbursed pursuant to the provisions of Section 456 of Title 74 of the Oklahoma Statutes.

D. The House of Representatives and Senate shall provide staff support as required by the Task Force. The Department of Human Services, Department of Mental Health and Substance Abuse Services and the Oklahoma Health Care Authority shall provide the Task Force with information and assistance as requested by the Task Force. Added by § 2 of Enrolled House Joint Resolution No. 1025 of the 2nd Session of the 46th Oklahoma Legislature. Codified by Laws 1998, c. 414, § 21, emerg. eff. June 11, 1998.

§56-230.77. Delivery system for redemption of vouchers for services from faith-based providers.

A. The Department of Human Services shall establish a service delivery system under the Temporary Assistance for Needy Families (TANF) Program that provides for redemption of vouchers for TANF services at participating private faith-based providers and federally recognized Indian tribes if they are effective and competitively priced for the results achieved.

B. The vouchers shall be made payable, on behalf of the TANF recipient, for the provision of TANF services that include, but are not limited to, subsidized and unsubsidized hourly employment, work experience, on-the-job training, assisted job search, job readiness assistance, job skills training, community service, substance abuse treatment, literacy and adult basic education, vocational-educational programs and child care.

C. The Department shall establish a procedure whereby a qualified private faith-based provider that wishes to provide services to TANF recipients may register with the Department.

D. The Commission for Human Services shall promulgate rules to implement the provisions of this act. Added by Laws 2002, c. 272, § 1, eff. Nov 1, 2002.

§56-230.78. Oklahoma Marriage Initiative public service announcement campaign.

There shall be created a statewide public service announcement campaign, under the Oklahoma Marriage Initiative, promoting marriage as a tool against poverty and targeting all members of the public. No person appointed or elected to any public office in this state shall appear in the public service announcement campaign described

in this section. No person, persons, or business entities employed in political consulting or receiving payment through funds related to any campaign for public office in this state shall be contracted to produce, develop, or otherwise provide any services related to any provision of this act.

Added by Laws 2013, c. 231, § 1, eff. Nov. 1, 2013.

§56-231. Applicant for assistance to request filing of criminal charges.

Any person who shall make application for aid for dependent children with the Department of Public Welfare, or any of its county offices or other subagencies, must, in order to be eligible for further assistance payments, where the person or persons legally responsible for such support is willfully and without lawful excuse failing to furnish necessary food, clothing, shelter or medical attendance for such child or children, within three (3) months from the day of application request the district attorney of the county where such applicant resides to file criminal charges against the person or persons legally responsible for the support of such child or children, and cooperate fully in prosecuting such charges to completion when filed by the district attorney.

Added by Laws 1951, p. 14, § 1.

§56-232. Public Welfare Commission - Notice and information to district attorney.

It shall be the duty of the Oklahoma Public Welfare Commission, its director, its agents and employees, in all cases where application is made for aid for neglected and dependent children to ascertain as to whether or not the need for such aid arises from the willful desertion or abandonment of said children by the person or persons obligated by law to provide for said children, and if said children are willfully abandoned or neglected by the person or persons required by law to support said children, to report the same to the district attorney of the county in which said children reside, and to furnish the district attorney with the names of witnesses and all information which they may have that the district attorney may require for the purpose of prosecuting the person or persons obligated by law to support such children under the criminal statutes of this state, and to require the applicant to request the district attorney of the county to file criminal charges against the person or persons legally responsible for the support of such child or children, and cooperate fully in prosecuting such charges to completion when filed by the district attorney, within three (3) months from the day of application in order to be eligible for further assistance payments.

Added by Laws 1951, p. 14, § 2.

§56-233. Referral of willfully delinquent parents to district attorney for prosecution.

A. If any parent of a child is determined by the Department of Human Services to be willfully violating the provisions of Section 852 of Title 21 of the Oklahoma Statutes, the Department may refer the case to the proper district attorney for prosecution.

B. The Department shall provide assistance to the district attorneys in such prosecutions.

Added by Laws 1968, c. 165, § 1, emerg. eff. April 11, 1968.

Amended by Laws 1975, c. 102, § 1, emerg. eff. May 2, 1975; Laws 1995, c. 346, § 16, eff. July 1, 1995; Laws 2008, c. 407, § 16, eff. Nov. 1, 2008.

§56-233.1. Repealed by Laws 2008, c. 407, § 19, eff. Nov. 1, 2008.

§56-234. Actions to secure compliance with court's support or maintenance orders.

A. If a party in a divorce action or other civil case has disobeyed or failed to comply with an order of the court to make payments for the support or maintenance of a child for whom the Department of Human Services thereafter makes payments in its program for Temporary Aid to Needy Families (TANF), the Department may file and prosecute in such action or civil case an application to have a party cited and punished for contempt of court, or any other pleading to secure compliance with the court's order.

B. The Department of Human Services, in coordination with district attorneys, is authorized to periodically offer an amnesty program for those who owe past-due child support. The Department, in coordination with district attorneys, may announce and publicize a program that offers those who owe past-due child support an opportunity to pay off the past-due support by a certain date. If payment in full is made, the Department, in coordination with district attorneys, may forego the use of other enforcement remedies for support past-due and accrued interest on that amount owed to the state up to that date. For accrued interest owed to a parent, the parent may, by affidavit, waive the past-due interest.

Added by Laws 1968, c. 165, § 2, emerg. eff. April 11, 1968.

Amended by Laws 1999, c. 422, § 5, eff. Nov. 1, 1999.

§56-234.1. Renumbered as § 230.66 of this title by Laws 1997, c. 414, § 32, eff. Sept. 1, 1997.

§56-234.2. Repealed by Laws 1995, c. 246, § 7, eff. Nov. 1, 1995.

§56-235. Payments to Department of Human Services.

Any court ordering a party in a civil case to make payments for the support or maintenance of a child may direct, and upon

application of the Director of the Department of Human Services, the court shall direct, that such payments be made to the Department of Human Services which shall be disbursed according to federal regulations. The court's order, or payments made pursuant thereto, shall not affect the amount of such assistance payments so long as the custodian of the child makes all reasonable efforts, when necessary, to cause the court's order to be obeyed. If payments are not made by such party as directed by the court, the Director of the Department of Human Services may file and prosecute in the case an application to have the party cited for contempt of court, or other pleading to secure a compliance with the court's order. Provided, the authority of the Director of the Department of Human Services to take such action shall not affect the right or responsibility of the custodian of the child to take, or excuse her or him from taking, similar action. The Oklahoma Commission for Human Services shall have authority to adopt such rules and regulations as it deems necessary to carry out the provisions of this act.

Added by Laws 1968, c. 165, § 3, emerg. eff. April 11, 1968.

Amended by Laws 1988, c. 326, § 17, emerg. eff. July 13, 1988.

§56-236. Legal division or unit - Contracts for private legal counsel.

A. The Commission for Human Services shall establish or provide for a legal division or unit in the Department of Human Services. The Director of the Department of Human Services shall employ attorneys as needed, which may be on full-time and part-time basis. Such attorneys, in addition to advising the Commission, Director and Department personnel on legal matters, may appear for and represent the Commission, Director and Department in legal actions and proceedings. Provided, that it shall continue to be the duty of the Attorney General to give his official opinion to the Commission, Director or Department, and to prosecute and defend actions therefor, if requested to do so. The Attorney General may levy and collect costs, expenses of litigation and a reasonable attorney's fee for such legal services from the Commission. Provided, however the charges which the Attorney General is authorized to levy and collect shall only include those costs and charges which exceed the costs associated with the salary and benefits of one attorney FTE position per fiscal year.

B. The Commission shall not contract for representation by private legal counsel unless approved by the Attorney General. Such contract for private legal counsel shall be in the best interests of the state.

C. The Attorney General shall be notified by the Commission or its counsel of all lawsuits against the Commission, its officers or employees that seek injunctive relief which would impose obligations requiring the expenditure of funds in excess of unencumbered monies

in the agency's appropriations or beyond the current fiscal year. The Attorney General shall review any such cases and may represent the interests of the state, if he considers it to be in the best interest of the state to do so, in which case he shall be paid as provided in subsection A of this section. Representation of multiple defendants in such actions may, at the discretion of the Attorney General, be divided with counsel for the Commission as necessary to avoid conflicts of interest.

Added by Laws 1968, c. 165, § 4, emerg. eff. April 11, 1968.

Amended by Laws 1992, c. 33, § 1, emerg. eff. April 3, 1992; Laws 1992, c. 288, § 1, eff. July 1, 1992.

§56-237. Support collection, parent location and paternity determination services.

A. The Oklahoma Department of Human Services, hereinafter referred to as "Department", as the single state agency designated to administer a statewide plan for child support, is authorized, in accordance with Title IV, Part D, of the Federal Social Security Act, as amended, 42 U.S.C., Section 651 et seq., to provide child support services, parent location services, and paternity determination services to enable participation in programs established by federal law.

B. The Department is authorized to:

1. Accept, transfer, and expend funds made available by the government of the United States, the State of Oklahoma, and public or private sources, for the purpose of carrying out the provisions of this section;

2. Adopt rules for child support services;

3. Initiate legal actions and appeal orders as necessary to implement the provisions of this section;

4. Enter into contracts or agreements necessary to administer this section; and

5. Require agencies and political subdivisions of this state, its counties and municipalities, persons, sole proprietorships, corporations, utilities, partnerships, associations, organizations, and other legal entities doing business in this state to provide information to the Child Support Enforcement Division to assist in locating individuals and in establishing and enforcing court orders.

C. 1. An applicant for or recipient of Temporary Assistance for Needy Families, hereinafter referred to as "recipient", shall be required to assign to the Department any rights to or support from any other person which the recipient may have or for a child for whom the recipient is applying or receiving assistance in accordance with federal regulations and state law.

2. When an order has been entered which provides for payment of child support and the obligee pursuant to the order relinquishes physical custody of the child to another custodian, without

obtaining a modification of the order to change custody or to redirect the support to the new custodian, the relinquishment shall transfer the child support obligation pursuant to the order to the new custodian or the Department if services are being provided under the state child support plan as provided in this section. The transfer of the obligation shall terminate when the new custodian no longer has physical custody of the child, except for the amount of unpaid support still owing to the custodian or to the Department.

3. In all cases in which support services are being provided under the state child support plan as provided in this section, support payments shall be made by the obligor to the Department or its designee. If a court has ordered support payments to be made to the recipient or to the applicant, the Department may send a notice of the assignment or application to the obligor requiring that all support payments be made to the Division or its designee. The notice shall include:

- a. a statement that the assignment or application has been made,
- b. the style and number of the case in which support was ordered,
- c. a statement that all payments so ordered shall be made to the Department or its designee, and
- d. a statement that the earnings and income of the obligor are assigned for collection of support monies owed.

4. A notice to redirect the payments shall be sent to the obligor by regular mail with proof of mailing from the United States Postal Service. If, after notice of the redirection, the obligor does not make payments to the Department as provided in the notice, the payments shall not be credited to the amount owed. The obligor shall notify the Department of any change of address, the name and address of the current employer, and access to health insurance and other insurance policy information within thirty (30) days of any change.

D. When the right to receive support has been assigned to the Child Support Enforcement Division or upon proper application by an obligor or by an individual not receiving Temporary Assistance for Needy Families, the Division may petition the district court or the Office of Administrative Hearings: Child Support, an administrative court of the Oklahoma Department of Human Services, for an order:

1. Requiring the obligor to provide health insurance for the dependent children whenever it is available through employment or other group plan regardless of whether the obligor has insurance coverage available at that time or there has been a change of circumstances;

2. Establishing paternity;

3. Requiring medical support, child support, or other support;

4. Enforcing orders for paternity, medical support, child support, or other support;

5. Requiring that the obligor keep the Division informed of the name and address of the current employer of the obligor and of any health insurance or other insurance policy information of the obligor within thirty (30) days of any change;

6. Providing for collection and distribution of child support monies; and

7. Assisting in the location of absent parents and their assets, in cooperation with federal agencies, other agencies of this state and of other states, territories, and foreign nations requesting assistance with the enforcement of support orders entered in the United States and elsewhere.

E. The Division may petition the district or administrative court to modify any order for support regardless of whether there has been a change of circumstances.

F. A reasonable fee and costs may be assessed for services to individuals not receiving Temporary Assistance for Needy Families nor receiving any other services or programs funded by Title IV, Part A of the Federal Social Security Act, as amended, 42 U.S.C., Sections 602 through 619 pursuant to rules adopted by the Department. Any new or increased fee or cost provided by this subsection shall require approval by the Legislature.

G. Child support payments made to the Division pursuant to this section shall be deposited in the Child Support Escrow Account for distribution as may be required by Section 235 of this title, or by 42 U.S.C., Section 651 et seq. Fees or reimbursements of costs collected by the Department shall be deposited in the Administration Fund of the Department and may be used and expended by the Department for the purposes of carrying out the provisions of this section.

H. Except as otherwise authorized by law, all files and records concerning the assistance and services provided under this section or concerning a putative father of a child born out of wedlock are confidential. Release of information from the files and records shall be consistent with federal law and shall be restricted to purposes directly connected with the administration of the child support collection, paternity determination, parent location, or other public assistance programs. Information may be released to public officials under rules adopted by the Department, consistent with federal rules or regulations.

Added by Laws 1977, c. 170, § 1, emerg. eff. June 3, 1977. Amended by Laws 1986, c. 176, § 5, emerg. eff. May 15, 1986; Laws 1987, c. 230, § 18, eff. Oct. 1, 1987; Laws 1990, c. 309, § 13, eff. Sept. 1, 1990; Laws 1992, c. 153, § 2, emerg. eff. April 30, 1992; Laws 1994, c. 356, § 19, eff. Sept. 1, 1994; Laws 1997, c. 402, § 19, eff. July 1, 1997; Laws 1998, c. 323, § 15, eff. Oct. 1, 1998; Laws 2000, c.

384, § 9, eff. Nov. 1, 2000; Laws 2006, c. 219, § 2; Laws 2007, c. 140, § 2, eff. Nov. 1, 2007; Laws 2018, c. 283, § 1, eff. Nov. 1, 2018.

§56-237.1. Agreements between district attorneys and the Department for enforcement and collection of child support obligations.

District attorneys may enter into agreements with the Department of Human Services for the enforcement and collection of child support obligations under Part D of Title IV of the federal Social Security Act, 42 U.S.C.A. Section 651 et seq. Such agreements may include provisions for the payment of federal or state funds to the district attorney for the payment of any expense incurred in the operation of the district attorney's office for the purposes of such agreement. All funds, except payroll funds, shall be transmitted to the county treasurer and deposited in a special fund to be known as the "District Attorney Child Support Contract Fund" and be disbursed in accordance with accounting procedures prescribed by the State Auditor and Inspector. Such special funds shall not be a part of the general fund of the county and shall not be subject to appropriation by the county excise board. Payroll funds, which shall be governed by Section 215.30 of this title, shall be paid pursuant to the agreement.

Added by Laws 1980, c. 22, § 1, emerg. eff. March 24, 1980. Amended by Laws 1982, c. 340, § 20, emerg. eff. June 2, 1982; Laws 1995, c. 346, § 19, eff. July 1, 1995.

§56-237.2. Child Support Enforcement Division - Providing information to governmental and private entities by electronic media.

The Child Support Enforcement Division of the Department of Human Services is authorized to provide information or referrals, including but not limited to, income assignments, tax refund offsets, liens and notices, by means of an abstract of the information, which may be submitted to any governmental or private entity by electronic media in the most economical, effective and timely method, including on-line, real time access or various methods of batch processing.

Added by Laws 1990, c. 309, § 14, eff. Sept. 1, 1990.

§56-237.3. Attorneys employed by or contracting with Department of Human Services - Duties - Relationship.

A. Attorneys employed by or contracting with the Department of Human Services for the establishment of paternity and the establishment, enforcement, and collection of child support obligations under Part D of Title IV of the Federal Social Security Act, 42 U.S.C., Section 651 et seq., or attorneys acting for the Department through an agreement as set forth in Section 237.1 of

this title may represent the state or other states in administrative or civil actions.

B. Department attorneys represent the state and not the interests of any other party. Providing services under Title IV-D of the Federal Social Security Act does not create an attorney-client relationship with any other party.

C. Neither the Department of Human Services nor any attorney providing services under Title IV-D of the Federal Social Security Act shall be authorized to accept service, as authorized in Section 2005 of Title 12 of the Oklahoma Statutes, for any party other than the Department of Human Services.

Added by Laws 1992, c. 153, § 3, emerg. eff. April 30, 1992.

Amended by Laws 2000, c. 384, § 11, eff. Nov. 1, 2000.

§56-237.5. AFDC payments to adult custodians - Purpose.

For purposes of Title 56 of the Oklahoma Statutes, public assistance payments made to an eligible adult custodian in the Aid to Families with Dependent Children program shall be deemed to be made for the benefit of a minor child and shall be paid to the adult having actual and continuous physical custody of the minor child.

Added by Laws 1984, c. 5, § 4, eff. Nov. 1, 1984. Amended by Laws 1995, c. 346, § 9, eff. July 1, 1995.

§56-237.6. AFDC recipients required to participate in parent or early childhood education programs.

A. The Department of Human Services shall require, as a condition of participation, that parents or guardians receiving benefits pursuant to the Aid to Families with Dependent Children (AFDC) program participate in a parent education program or enlist or enroll their child or children in a Head Start program, a Parents as Teachers program, a local early childhood education program for four-year-old children, if available, in kindergarten programs, or in schooling deemed appropriate by school authorities, unless the child is being home educated as per the Oklahoma Constitution and statutes.

B. The Department shall allow parents or guardians who attend all parent-teacher conferences requested by teachers or other officials, or who participate in parent education programs offered by a school district to apply an equivalent amount of time towards any work experience or job training requirements.

Added by Laws 1989, 1st Ex. Sess., c. 2, § 37, emerg. eff. April 25, 1990. Amended by Laws 1995, c. 346, § 11, eff. July 1, 1995.

§56-237.7. Definitions.

For the purposes of Sections 237 through 240.23 of this title:

1. The "Child Support Enforcement Division of the Department of Human Services", hereinafter referred to as the "Division" or as the

"Department", is the state agency designated to administer the child support enforcement program for the State of Oklahoma and its District Offices, which may be administered through contract or cooperative agreements. The District Offices provide enforcement services to individuals receiving Temporary Assistance for Needy Families, hereinafter referred to as "TANF", and to individuals not receiving TANF who have made proper application for enforcement services to the Division;

2. "Director" means the Director of the Department of Human Services who shall have the authority to enter orders in appropriate cases or as otherwise provided by law, without the necessity of an additional signature of a district or administrative judge;

3. "Office of Administrative Hearings: Child Support (Legal Division, Department of Human Services, State of Oklahoma)", hereinafter referred to as "OAH", conducts child support enforcement administrative hearings. All hearings are conducted by administrative law judges assigned to OAH;

4. "Support debt" means a debt owed to the State of Oklahoma by the natural, legal or adoptive parents who are responsible for support of a child or children receiving public assistance money from the Department or the reasonable expenses of providing for a child or children. The amount of the debt shall be determined in accordance with the provisions of Section 118 of Title 43 of the Oklahoma Statutes;

5. "Arrearage" or "past due support" means the total amount of unpaid support obligations;

6. "Delinquency" means any payment under an order for support which becomes due and remains unpaid;

7. a. "Gross income" or "income" means income from any source and includes, but is not limited to, income from salaries, wages, commissions, bonuses, dividends, severance pay, pensions, rent, interest income, trust income, annuities, compensation as an independent contractor, social security benefits, workers' compensation benefits, unemployment insurance benefits, disability insurance benefits, gifts, prizes, any form of periodic payment to an individual regardless of source, and any other payments made by any person, private entity, federal or state government, any unit of local government, school district, or any entity created by law. Income specifically excluded are actual child support received for children not before the court and benefits received from means-tested public assistance programs, including but not limited to TANF, Supplemental Security Income (SSI), Food Stamps,

General Assistance and State Supplemental Payments for Aged, Blind, and the Disabled.

- b. For purposes of computing gross income of the parents, gross income shall include for each parent all actual monthly income described in this paragraph, the average of the gross monthly income for the time actually employed during the previous three (3) years, or the minimum wage paid for a forty-hour week, whichever is the most equitable. If equitable, gross monthly income for either parent may be imputed in an amount that a person with comparable education, training, and experience could reasonably expect to earn. If a person is permanently physically or mentally incapacitated, the child support obligation shall be computed on the basis of actual monthly gross income;

8. "Earnings" means amounts paid to a person as an employee, including wages and salary;

9. "Disposable income" means income or earnings less any amounts required by law to be withheld including, but not limited to, federal, state, and local taxes, Social Security, and public assistance payments;

10. "Obligor" means the person who is required to make payments under an order for support or the natural, legal, or adoptive parents who are responsible for the support of a child or children;

11. "Obligee" or "Person entitled" means:

- a. a person to whom a support debt or support obligation is owed,
- b. the Department of Human Services or a public agency of another state that has the right to receive current or accrued support payments or that is providing support enforcement services, or
- c. a person designated in a support order or as otherwise specified by the court;

12. "Payor" means any person or entity paying monies, income, or earnings to an obligor. In the case of a self-employed person, the "payor" and "obligor" may be the same person;

13. "Support order" means an order for the payment of support issued by a district or administrative court of this state or by any court or agency of another state;

14. "Income assignment" means an assignment of a portion of the monies, income, or periodic earnings due and owing to the obligor to the person entitled to the support or to another person or entity designated by the support order or assignment for payment of support, the support debt, or arrearages. In all child support cases wherein child support is being enforced pursuant to the state plan, the income of any obligor required by court or administrative

order to pay support shall be subject by operation of law to immediate income assignments regardless of whether support payments by such obligor are in arrears. The assignment shall be in an amount which is sufficient to meet the periodic child support payments, other maintenance payments, payments on support debt and collection of past due support monies that have accrued under a district or administrative court order. An income assignment shall be made a part of a support order or any order granting a judgment for a support debt or confirming the amount of the past due support, or a review or modification of a support order pursuant to Section 118.1 of Title 43 of the Oklahoma Statutes;

15. "Voluntary acknowledgment" means a written acknowledgment executed by the obligor wherein the obligor acknowledges paternity, support liability, a support debt, or arrearage amount, and agrees to a judgment and an immediate income assignment to pay monthly support and payments on the support debt or arrearage judgments;

16. "Notice" means a written announcement served upon an obligor, a custodial person or any person or entity which might be affected by the noticed proceeding;

17. "Licensing board" means any bureau, department, division, board, agency, or commission of this state or of a municipality in this state that issues a license;

18. "License" means a license, certificate, registration, permit, approval, or other similar document issued by a licensing board granting to an individual a right or privilege to engage in a profession, occupation, business, or industry, or any recreational license or permit including, but not limited to, a hunting and fishing license or other authorization issued pursuant to the Oklahoma Wildlife Conservation Code and certificates of Title for vessels and motors and other licenses or registrations issued pursuant to the Oklahoma Vessel and Motor Registration Act or a driver license or other permit issued pursuant to Title 47 of the Oklahoma Statutes;

19. "Commission" means the Commission for Human Services;

20. "Payment plan" includes, but is not limited to, a plan approved by the support enforcement entity that provides sufficient security to ensure compliance with a support order or that incorporates voluntary or involuntary income assignment or a similar plan for periodic payment of past-due support and, if applicable, current and future support; and

21. "Support" means all payments or other obligations due and owing to the obligee or person entitled by the obligor pursuant to a support order, and may include, but is not limited to, support alimony payments, child support, as defined by Section 1170 of Title 12 of the Oklahoma Statutes, and other expenses, requirements and obligations as specified in Section 118 of Title 43 of the Oklahoma Statutes.

Added by Laws 1985, c. 297, § 22, operative Oct. 1, 1985. Amended by Laws 1986, c. 176, § 9, emerg. eff. May 15, 1986; Laws 1990, c. 309, § 17, eff. Sept. 1, 1990; Laws 1993, c. 307, § 5, emerg. eff. June 7, 1993; Laws 1994, c. 365, § 1, eff. Sept. 1, 1994. Renumbered from § 240 of this title by Laws 1994, c. 365, § 14, eff. Sept. 1, 1994. Amended by Laws 1995, c. 354, § 3, eff. Nov. 1, 1995; Laws 1997, c. 402, § 20, eff. July 1, 1997; Laws 1998, c. 323, § 17, eff. Oct. 1, 1998; Laws 2000, c. 384, § 12, eff. Nov. 1, 2000; Laws 2001, c. 5, § 31, emerg. eff. March 21, 2001. NOTE: Laws 2000, c. 345, § 5 repealed by Laws 2001, c. 5, § 32, emerg. eff. March 21, 2001.

§56-237.8. Order of administrative law judge.

After evidence has been presented at a hearing, the administrative law judge shall enter a written order which shall contain findings of fact and conclusions of law as to each contested issue. The order shall be submitted to the district office and to the obligor or the attorney of the obligor by certificate of mailing within twenty (20) days after the conclusion of the hearing. Added by Laws 1997, c. 403, § 13, eff. Nov. 1, 1997.

§56-237.9. Administrative law judge authorized to conduct hearings by electronic means.

Upon agreement or a showing of hardship by one of the parties, or upon the court's own motion, the administrative law judge may conduct administrative hearings telephonically or by other electronic means.

Added by Laws 1997, c. 403, § 14, eff. Nov. 1, 1997.

§56-237.9a. Electronic transmittal of documents, electronic signature - Rules.

A. The Office of Administrative Hearings (OAH) may allow electronic transmittals of documents and electronic signatures if safeguards are in place to protect against unauthorized use. If a law requires a signature or record to be notarized, acknowledged, verified, or made under oath when filed with OAH, the requirement is satisfied if the electronic signature of the person authorized to perform those acts, together with all other information required to be included by other applicable law, is attached to or logically associated with the signature or record.

B. The Commission for Human Services shall promulgate rules to implement electronic filing and signatures for OAH.

Added by Laws 2007, c. 49, § 1, eff. Nov. 1, 2007.

§56-237.10. Docketing of administrative orders.

Administrative orders entered pursuant to this title shall be docketed in the county of the underlying district court order, if

any. If there is no underlying district court order filed in this state, the administrative order shall be filed in the county of residence of the custodian of the child, or if the custodian resides out-of-state, in the county of residence of the obligor. The administrative order shall be enforced by the district court in the same manner as an order of the district court.

Added by Laws 1997, c. 403, § 15, eff. Nov. 1, 1997. Amended by Laws 2007, c. 140, § 3, eff. Nov. 1, 2007.

§56-237A. Notice to obligor - Administrative procedures.

A. In all cases being enforced by the Department of Human Services pursuant to the state child support plan, unless the amount of past due support has been determined in a court proceeding within the past twelve (12) months, the Department shall serve a notice upon the obligor no less than once every twelve (12) months informing the obligor of the following:

1. The style and case number of the support order or orders being enforced by the Department;

2. The amount of the current support obligation and the total amount of alleged past due support pursuant to the support order or orders;

3. That all payments for current support and payments for past due support owed to the Department or to the obligee shall be paid to the Centralized Support Registry at the address specified in the notice, and thereafter, any payments made other than to the Support Registry shall not be credited to the amount owed;

4. The obligor's street address and mailing address as stated in the notice shall be the obligor's address or addresses of record for service of process on file in the central case registry provided for in Section 112A of Title 43 of the Oklahoma Statutes; and thereafter, the obligor must inform the central case registry at the address specified in the notice in writing within thirty (30) days of any change;

5. That if the information contained in the notice is incorrect or incomplete concerning the name and address of the obligor's current employer or other payors of income, dependent health insurance information, or other information requested by the Department, the obligor is required to inform the central case registry in writing of any changes or additions to the information within thirty (30) days of service of the notice and thereafter to inform the central case registry within thirty (30) days of any change;

6. An income assignment is in effect and that the amounts specified in the notice shall be withheld from the obligor's income for current support and past due support;

7. The income assignment will be served upon all current and subsequent payors of income without further notice to the obligor;

8. The income assignment will remain in effect regardless of whether any past due amounts are owed, for as long as the order upon which it is based, or for as long as past due support is owed, whichever is later, and payment of any amount will not prevent the income assignment from taking effect;

9. That if there is no order for payment of the past due amount, when any amount of support becomes thirty (30) days past due, the Department is authorized to direct the obligor's payor of income to withhold an amount equal to twenty-five percent (25%) of the current support obligation, and that this amount shall continue to be withheld until the past due support is paid in full, or until further order;

10. That if the obligor has failed to comply with an order to provide health insurance, the obligor's employer will be required to enroll the obligor's minor children who are the subject of the referenced order in any dependent health insurance plan offered by the employer to the obligor, and to deduct the amount of the premium from the obligor's income;

11. A list of all actions and remedies the Department may take to enforce the order and to collect past due support. The list may include a specific payment plan;

12. That the obligor will be given this notice no less than once every twelve (12) months, and after initial service of the notice as provided in subsection C of this section, subsequent notices will be mailed by regular mail to the last address for the obligor on file in the central case registry;

13. That the obligor may request an administrative review on a form attached to the notice within twenty (20) days of the date the notice is served upon the obligor which will be granted only on the following grounds:

- a. a mistake of identity, or
- b. the existence or the amount of current support or past due support is incorrect;

14. That the obligor has been given notice and opportunity to contest the past due amount stated in the notice and that the obligor will not be entitled to another opportunity to contest that amount; and

15. That the notice will have the same effect as a court order and will be enforceable as a court order.

B. The notice shall be filed, at the option of the Department, with the clerk of the district court in the county of residence of the custodian of the child, in the county of residence of the obligor, or in the county of the underlying support order or in any other county in which the obligor has real or personal property.

C. The initial notice provided for in this section shall be served by the Department upon the obligor as provided in Section 2005 of Title 12 of the Oklahoma Statutes, or if there is an address

of record on file with the central case registry pursuant to Section 112A of Title 43 of the Oklahoma Statutes, the notice may be served by regular mail at the address of record. The Department shall serve the obligor subsequent notices by regular mail with a certificate of mailing to the last address of record for service of process for the obligor on file with the central case registry. The Department shall send the initial and subsequent notice to the custodian of the child by regular mail with a certificate of mailing.

D. An obligor may request an administrative review pursuant to this section by delivering a request to the Department in writing or on the form provided within twenty (20) days of the date the notice is served upon the obligor. If the notice is a subsequent notice as provided in subsection C of this section, the date of service shall be the date the notice is mailed to the obligor, and the notice shall state the date it is being mailed.

E. 1. Upon receipt of a timely request for an administrative review, the Department shall schedule a review to be held within thirty (30) days of receipt of the request. The obligor shall be served with notice of the administrative review as provided in subsection B of Section 2005 of Title 12 of the Oklahoma Statutes. The review shall be conducted by an employee of the Department who will attempt to resolve all disputed issues without the necessity of a hearing. If all issues are resolved at the review, the obligor shall sign an agreed administrative or district court order which shall be filed, at the option of the Department, with the clerk of the district court in the county of residence of the custodian of the child, in the county of residence of the obligor, in the county of the underlying support order, or in any other county in which the obligor has real or personal property.

2. If all disputed issues are not resolved at the administrative review, the Department shall set the matter for a hearing. The obligor shall be served with notice of the hearing as provided in subsection B of Section 2005 of Title 12 of the Oklahoma Statutes. The district or administrative court shall hear the matter and shall enter an order determining the contested issues and affirming the other provisions of the notice. An administrative order shall be filed, at the option of the Department, with the clerk of the district court in the county of residence of the custodian of the child, in the county of residence of the obligor in the county of the underlying support order, or in any other county in which the obligor has real or personal property.

3. If the obligor fails to request a timely administrative review, or fails to appear for a review or a hearing, the obligor may no longer contest the contents of the notice, and the obligor shall be obligated to make payments pursuant to the payment plan as stated in the notice to collect the past due support and those

amounts shall be subject to income withholding. The notice shall have the same legal effect as a court order and be enforceable as a court order. The notice with proof of service upon the obligor and the custodian of the child shall be filed, at the option of the Department, with the clerk of the district court in the county of residence of the custodian of the child, in the county of residence of the obligor, in the county of the underlying support order, or in any other county in which the obligor has real or personal property.

4. The district or administrative court may order an obligor to pay all costs involved in proceedings under this subsection.

5. A final order entered pursuant to this section shall be served upon the obligor in accordance with subsection B of Section 2005 of Title 12 of the Oklahoma Statutes.

6. A final administrative order entered pursuant to this section may be appealed pursuant to Section 240.3 of this title. Added by Laws 1998, c. 323, § 16, eff. Oct. 1, 1998. Amended by Laws 2000, c. 384, § 10, eff. Nov. 1, 2000; Laws 2001, c. 407, § 16, eff. July 1, 2001; Laws 2004, c. 124, § 3, eff. Nov. 1, 2004.

§56-237B. Insurance claimant owing child support - Exchange of information between insurance company and Department of Human Services - Penalties and liability.

A. For the purposes of this section, the word "claimant" has the same meaning as defined in the Unfair Claims Settlement Practices Act in Title 36 of the Oklahoma Statutes and is limited to an individual who makes a personal injury, wrongful death, or workers' compensation claim against an insured or under an insurance policy.

B. Prior to remitting Five Hundred Dollars (\$500.00) or more on a claim under a contract of insurance, every insurer authorized to transact insurance pursuant to Title 36 of the Oklahoma Statutes shall exchange information with the Oklahoma Department of Human Services, as set forth in Section 237 of Title 56 of the Oklahoma Statutes, to ascertain whether the claimant owes past due child support to the state or to an individual to whom the Department is providing child support services.

C. The Department shall develop and implement an insurance industry data match reporting system. Such system shall be operated by the Department and shall use data exchanges to compare claimant information held by insurers with the Department's Child Support Enforcement Division's database of child support obligors who owe past due child support.

D. 1. To comply with the requirements of this section, an insurer shall either provide the Department with information about the claimant or match information made available by the Department.

2. An insurer that elects to provide the Department with information about each claimant shall:

- a. provide to the Department, not less than ten (10) business days prior to making payment to such claimant:
 - (1) the claimant's name,
 - (2) address,
 - (3) date of birth,
 - (4) social security number as appearing in the insurer's files, and
 - (5) such other information appearing in the insurer's files as the Department may require by rule;
- b. use a method and format prescribed by the Department; provided, if the insurer is unable to use a method and format prescribed, the insurer shall cooperate with the Department to identify another method or format, including submission of written materials; and
- c. be in compliance with the requirements to provide information if the insurer participates in an insurance industry database which contains the necessary information and authorizes the Department to obtain the information from the database for the purpose of compliance with this section and Section 135 of Title 43 of the Oklahoma Statutes.

3. An insurer that elects to match information made available by the Department and such claimant owes past due child support, the insurer shall notify the Department, not less than ten (10) business days prior to making payment to such claimant, of:

- a. the claimant's name,
- b. address,
- c. date of birth,
- d. social security number as appearing in the insurer's files, and
- e. other information appearing in the insurer's files as the Department may require by rule, using a method and format prescribed by the Department.

E. 1. Upon receiving notice of a match as set forth in this section, the Department's Child Support Enforcement Division shall send the insurer a notice of lien pursuant to Section 135 of Title 43 of the Oklahoma Statutes.

2. The insurer shall withhold the full amount of past support as set forth in the notice of lien and shall remit that amount to the Centralized Support Registry as provided by Section 413 of Title 43 of the Oklahoma Statutes.

3. The lien shall encumber the right of the claimant to payment under the policy, and the insurer shall disburse to the claimant only that portion of the payment, if any, after the lien has been satisfied.

F. The child support lien shall be inferior to any lien or claim for:

1. Services and expenses documented and related to the claim, such as attorney fees or health care expenses;
2. Damage to or a loss of real property; or
3. Damage to or a loss of a motor vehicle to the extent that it would be exempt from claims of general creditors pursuant to Section 1 of Title 31 of the Oklahoma Statutes.

G. The provisions of the Employee Retirement Income Security Act limiting, for contracts of insurance, the amounts which may be assigned or attached in order to satisfy child support obligations shall apply to the provisions of this section.

H. 1. An insurer that fails, without reasonable cause, to comply with the data exchange requirements of this section shall be liable for a penalty to the Department in an amount up to Ten Thousand Dollars (\$10,000.00) and be subject to an equitable action to compile compliance with the data exchange requirements.

2. In addition to the penalties in the previous paragraph, an insurer that fails to exchange information or that fails or refuses to surrender property subject to a child support lien to the Department shall be liable for the amount of the child support which should have been withheld and paid to the Department.

I. The information obtained by the Department or an insurer pursuant to the provisions of this section shall be used only to aid in collection of child support. Disclosure of the information for any other purpose shall constitute a misdemeanor. Any person convicted of violating this provision shall be subject to a fine not to exceed One Thousand Dollars (\$1,000.00) or imprisonment in the county jail for a term not to exceed one (1) year, or both such fine and imprisonment.

J. 1. Upon the request of an insurer, a claimant governed by this section shall provide to the insurer the individual's:

- a. current address,
- b. date of birth, and
- c. social security number.

2. The insurer may inform the claimant that the request is being made in accordance with this section for the purpose of assisting the Department in enforcing child support liens arising pursuant to Section 135 of Title 43 of the Oklahoma Statutes.

3. Any claimant who refuses to provide the information required by this section shall not receive payment on the claim, and the insurer that declines payment on this basis shall be exempt from suit and immune from liability under this section or any other section or in any common law action in law or equity.

K. The Department is authorized to enter into any contracts or cooperative agreements necessary to carry out the provisions of this section.

L. An insurer shall be immune from civil liability to an individual or agency for acting in accordance with this section.

M. The Department shall promulgate rules to implement the provisions of this section.

Added by Laws 2007, c. 201, § 1, eff. July 1, 2007.

§56-238. Payment of public assistance creating debt to Department.

Any payment of public assistance money by the Department of Human Services, hereinafter referred to as "Department," to or for the benefit of any dependent child or children or a child in the custody of the Department creates a debt due and owing to the State of Oklahoma by the natural or adoptive parent or parents who are responsible for support of such child or children in an amount equal to the amount of public assistance money so paid.

Provided, that any debt under this section shall not be incurred by nor at any time be collected from a parent or other person who is the recipient of public assistance monies for the benefit of minor dependent children for the period such person or persons are in such status.

Provided further, that where there has been a court order, the debt shall be limited to the amount provided for by said order. The Department shall have the right to petition the appropriate court for modification of a court order on the same grounds as a party to said cause. The Department shall be subrogated to the right of said child or children to prosecute or maintain any support action or execute any administrative remedy existing under the laws of the State of Oklahoma to obtain reimbursement of money thus expended. Added by Laws 1977, c. 173, § 1, emerg. eff. June 3, 1977. Amended by Laws 1990, c. 302, § 14, eff. Sept. 1, 1990.

§56-238.1. Notice of support obligation - Service - Content - Voluntary acknowledgment of obligation.

A. For the purposes of establishing the amount of the debt which has accrued as provided for in Section 238 of this title, to establish an obligation for support in the absence of a court order of support, or to establish a judgment for support preceding the filing of the support action pursuant to Section 83 of Title 10 of the Oklahoma Statutes, the Division may issue a notice of a support obligation to establish current support and support owed for past months in accordance with the child support guidelines, Section 118 of Title 43 of the Oklahoma Statutes. The notice of debt shall be served upon the obligor in the same manner prescribed for the service of summons in a civil action. The notice of obligation shall include:

1. A statement of the support debt accrued, as defined in Section 237.7 of this title;

2. The amount of monthly child support required for the minor child as determined by the child support guidelines, Section 118 of Title 43 of the Oklahoma Statutes;

3. A statement that either or both parents shall be required to provide medical support for the child, which may include health insurance, cash medical support, or a combination of both, and pay the proportionate share of medical expenses not reimbursed by insurance, as determined by the court;

4. A statement that the obligor shall be required to keep the Division informed of the obligor's current address, the name and address of the obligor's current employer and access to health insurance and other insurance policy information of the obligor;

5. A statement containing the name of the child and the name of the custodian of the child;

6. A statement that the obligor may object to all or any part of the notice of support debt at a hearing which will be held at a given location on a date specified in the notice to show cause why the obligor should not be determined liable for the support requested in the notice and for any or all of the obligation accrued or accruing, and the amount to be paid thereon; and

7. A statement that if the obligor fails to appear at the hearing, the monthly support requested and the support debt shall be made an administrative order subject to collection action and shall be filed in the office of the court clerk in the county of residence of the custodian of the child or, if the custodian resides out of state, in the county of residence of the obligor or elsewhere as provided in Section 231 et seq. of this title. The administrative order shall be enforced in the same manner as an order of the district court.

B. The Division may accept voluntary acknowledgments of support liability and stipulated support amounts. The obligor shall be informed, in the notice specified by this section, that the obligor may make voluntary acknowledgments.

C. The lump-sum judgment established for support owed prior to the establishment of the current support order shall draw interest pursuant to Section 114 of Title 43 of the Oklahoma Statutes. Added by Laws 1977, c. 173, § 2, emerg. eff. June 3, 1977. Amended by Laws 1984, c. 5, § 5, eff. Nov. 1, 1984; Laws 1986, c. 176, § 6, emerg. eff. May 15, 1986; Laws 1994, c. 365, § 2, eff. Sept. 1, 1994; Laws 1997, c. 403, § 16, eff. Nov. 1, 1997; Laws 2012, c. 253, § 4, eff. Nov. 1, 2012; Laws 2014, c. 171, § 2, eff. Nov. 1, 2014.

§56-238.2. Assignment of earnings to be honored by employer - Release from liability.

Any person, firm, corporation, association, political subdivision or department of the state employing a person owing a support debt or obligation shall honor, according to its terms, a

duly executed assignment of earnings presented by the Director as a plan to satisfy or retire a support debt or obligation. This requirement to honor the assignment of earnings and the assignment of earnings itself shall be applicable whether said earnings are to be paid presently or in the future and shall continue in force and effect until released in writing by the Director. Payment of money pursuant to an assignment of earnings presented by the Director shall serve as full acquittance under any contract of employment, and the state warrants and represents it shall defend and hold harmless such action taken pursuant to said assignment of earnings. The Director shall be released from liability for improper receipt of monies under an assignment of earnings upon return of any monies so received.

Added by Laws 1977, c. 173, § 3, emerg. eff. June 3, 1977.

§56-238.3. Repealed by Laws 1986, c. 176, § 12, emerg. eff. May 15, 1986.

§56-238.3a. Failure to appear at hearing - Administrative order.

If the obligor fails to appear at the hearing on the date and at the hearing place given in the notice or appears but absents the hearing prior to its conclusion, an administrative order will be entered. Such order shall include findings of facts and conclusions of law and shall be consistent with the notice served upon the obligor. The order shall be subject to collection action, and shall be filed in the office of the court clerk in the county of residence of the custodian of the child or, if the custodian resides out of state, in the county of residence of the obligor or elsewhere as provided in this act. The administrative order shall be enforced by the district court in the same manner as an order of the district court. A copy of such order shall be mailed to the obligor by the district office at the address where the obligor was served with the notice. The order shall be mailed to the obligor by certificate of mailing to the service address.

Added by Laws 1986, c. 176, § 7, emerg. eff. May 15, 1986. Amended by Laws 1994, c. 365, § 3, eff. Sept. 1, 1994; Laws 1997, c. 403, § 17, eff. Nov. 1, 1997.

§56-238.4. Hearing on debt - Appeal - Orders.

A. A hearing shall be held at the time and place given on the notice of support debt served upon the obligor or the attorney for the obligor, with a duly qualified administrative law judge appointed for that purpose by the Department. The hearing shall be held in the county of residence of the custodial parent or guardian of the child or if the custodian resides out of state, the hearing shall be held in the county of residence of the obligor. The hearing shall be conducted according to rules promulgated by the

Department. The rules shall provide to both parties the right to confront and cross-examine witnesses, to present witnesses, and to be represented by an attorney or other person. After the evidence has been presented at a hearing, the administrative law judge shall enter an order which shall be in writing and contain findings of fact and conclusions of law as to each contested issue. Each order shall include provisions requiring the obligor to inform the Division of the obligor's current address, the name and address of the obligor's current employer, and the obligor's access to health insurance and other insurance policy information. The order shall be submitted to the district office and to the obligor or the attorney for the obligor by hand delivery by the administrative law judge or by certificate of mailing, within twenty (20) days after the conclusion of the hearing.

B. If, during the hearing, the administrative law judge finds that the issues presented will require further consideration or evidence either administratively or through the district court before adjudication, the administrative law judge may enter a temporary order for child support, pending resolution of those issues during a subsequent administrative or court hearing. The temporary order shall be enforced until superseded by a final administrative order or district court order and may be filed in the office of the court clerk.

C. If an appeal is not perfected by the obligor or district office, the order of the administrative law judge shall be final, subject to collection action, and shall be filed in the office of the court clerk in the county of residence of the custodian of the child or, if the custodian resides out of state, in the county of residence of the obligor, or elsewhere as provided in this act. The administrative order shall be enforced by the district court in the same manner as an order of the district court.

D. If the obligor fails to appear for the hearing after proper service, an administrative order will be entered. The order shall include findings of facts and conclusions of law and shall be subject to collection action, and shall be filed in the office of the court clerk in the county of residence of the custodian of the child or, if the custodian resides out of state, in the county of the residence of the obligor, or elsewhere as provided in this act. The administrative order shall be enforced by the district court in the same manner as an order of the district court.

E. Any order for periodic support payments made pursuant to the provisions of this title shall be payable to the Division for as long as the Division is providing support enforcement. Thereafter, if TANF is not being paid, the custodian or guardian notifies the Division in writing that TANF services are no longer requested and/or the obligor has not applied for services, current support

payments shall be redirected to the person or entity entitled to the support.

Added by Laws 1977, c. 173, § 5, emerg. eff. June 3, 1977. Amended by Laws 1984, c. 5, § 7, eff. Nov. 1, 1984; Laws 1986, c. 176, § 8, emerg. eff. May 15, 1986; Laws 1994, c. 365, § 4, eff. Sept. 1, 1994; Laws 1997, c. 403, § 18, eff. Nov. 1, 1997.

§56-238.5. Repealed by Laws 1989, c. 362, § 8, eff. Nov. 1, 1989.

§56-238.5A. Use of child support guidelines.

The amount of child support and other support shall be ordered and reviewed in accordance with the child support guidelines provided in Section 118 of Title 43 of the Oklahoma Statutes.

Added by Laws 1989, c. 362, § 6, eff. Nov. 1, 1989. Amended by Laws 2000, c. 384, § 13, eff. Nov. 1, 2000.

§56-238.6. Administrative procedures - Use.

The Department of Human Services may utilize any of the administrative procedures set forth in this title to establish, modify, or enforce a support order in all cases in which child support services are being provided pursuant to the state child support plan or state law.

Added by Laws 1984, c. 5, § 9, eff. Nov. 1, 1984. Amended by Laws 1990, c. 309, § 15, eff. Sept. 1, 1990; Laws 1994, c. 356, § 20, eff. Sept. 1, 1994; Laws 1998, c. 323, § 18, eff. Oct. 1, 1998.

§56-238.6A. Deciding issues of fact involving minor children and granting relief in cases pending before district court and before Administrative Law Unit of Department of Human Services.

A. In any case in which the same issues of fact involving minor children are pending before the district court and before the OAH, those issues may be decided and relief granted by the district court, or be remanded by the district court to OAH for determination.

B. In any case in which different issues of fact involving minor children are pending before the district court and before the OAH, all issues may be decided and all relief granted by the district court, if the district court finds it is in the interests of justice and judicial economy.

Added by Laws 1990, c. 309, § 16, eff. Sept. 1, 1990. Amended by Laws 1994, c. 365, § 5, eff. Sept. 1, 1994.

§56-238.6B. Notice of paternity and support obligations - Contents - Voluntary acknowledgments - Entry of father's name on child's birth certificate - Genetic testing - Change of child's surname.

A. The Department of Human Services may serve a notice of paternity and support obligations on an individual alleged to be the

parent of a child for whom paternity has not been judicially or administratively established. Venue for such action shall be, at the option of the Department, in the county where the mother, father or child resides. Service of the notice shall be in the same manner as a summons in a civil action pursuant to Section 2004 of Title 12 of the Oklahoma Statutes. Both the mother of a child born out of wedlock and an individual who has been legally determined to be the father of a child by acknowledgement or by judicial or administrative order are each liable for the support and education of the child.

B. The notice shall be verified and have attached to it a copy of any acknowledgment of paternity and shall state:

1. The name and date of birth of any minor children, along with the name of the natural mother and custodian, if different than the mother or alleged father;

2. The amount of child support and other support, including the amounts ordered pursuant to paragraph 3 of this subsection, to be ordered in accordance with the Child Support Guidelines provided in Section 118 of Title 43 of the Oklahoma Statutes;

3. The amount of reimbursement for the costs of the birth and the reasonable expenses of providing for said child which has accrued or is accruing, provided that the liability for the above costs shall be imposed for two (2) years preceding the issuance of the notice pursuant to Section 83 of Title 10 of the Oklahoma Statutes. The mother shall be liable for the reasonable expenses of providing for the child to the same extent as the father and subject to the same limitation of liability for any time she does not have custody of the child prior to the establishment of paternity or an order for support;

4. That either or both parents shall be required to provide medical support for the child, which may include health insurance, cash medical support, or a combination of both, and pay a proportionate share of medical expenses not reimbursed by insurance;

5. The amount of reimbursement requested for the costs of the genetic test to determine paternity, if any;

6. That an immediate income assignment will be effectuated for payment of current support and any judgments entered;

7. That in the absence of a legally established father pursuant to the Uniform Parentage Act, a notice to appear and show cause shall be issued to the alleged father which directs the alleged father to appear and show cause why the administrative judge should not determine him to be the father of any such children, liable for the support requested in the notice, for the costs accrued and accruing or the amount to be paid thereon;

8. That if paternity is disputed and there is no legally established father pursuant to the Uniform Parentage Act, the Administrative Law Judge shall enter an order directing genetic

tests to determine paternity and advise the alleged father that if he fails to appear he will be in default and an order will be entered against him. If the putative father is not excluded, and the statistical probability of paternity according to scientifically reliable genetic tests including, but not limited to, blood tests is at least ninety-nine percent (99%) and he is contesting the issue of paternity, he may request the Department to remove the action to district court to determine paternity. If the statistical probability of paternity is ninety-nine percent (99%), and the father does not request the Department to remove to district court within fourteen (14) days of the Department mailing the genetic test or other test results, determination of paternity shall become final for all intents and purposes and may be overturned only by appeal to district court. Any such request shall be in writing and served on the Department personally or by registered or certified mail;

9. That if the alleged father fails to appear at the genetic testing, show cause, or any subsequent hearing or if no notice to appear for genetic testing was served and no hearing is requested on or before twenty (20) days from the date of service, the finding of paternity shall become final and a support order entered. The order shall be docketed with the district court in the county of residence of the custodian or the child. If neither the custodian nor the child reside in the state, the order shall be docketed in the county of residence of the noncustodial parent. The support order shall be enforced in the same manner as an order of the district court;

10. That at any time after paternity is determined, the Department may set a hearing to determine the child support obligation, if child support has not already been established. Failure to appear at the hearing will result in a support order being entered against the noncustodial parent; and

11. That if the mother and father have voluntarily signed an acknowledgment of paternity pursuant to the Uniform Parentage Act, the duly executed acknowledgment of paternity is considered a legal finding of paternity, subject to the right of any signatory to rescind the acknowledgment within the earlier of:

- a. sixty (60) days, or
- b. the date of an administrative or judicial proceeding relating to the child, including but not limited to a proceeding to establish a support order, in which the signatory is a party.

After the sixty-day period referred to in subparagraph a of this paragraph, a duly executed acknowledgment of paternity may be challenged in court only in accordance with the Uniform Parentage Act. The legal responsibilities, including but not limited to child support obligations, of any signatory arising from the acknowledgment may not be suspended during the challenge, except for good cause shown.

This paragraph shall not be interpreted to authorize the rescission of an acknowledgement of paternity if such rescission would be prohibited under applicable federal law.

C. The Department may accept voluntary acknowledgments of support liability and support amounts.

D. If the name of the father has not been entered on the child's birth certificate, the Department of Human Services shall notify the State Department of Health, Division of Vital Records who shall enter the name of the father, and if known, the date of birth and the place of birth of the father, on the birth certificate.

E. If child support services are being provided pursuant to Section 237 of this title, prior to the issuance of the notice of paternity and support obligation, a father who denies paternity and is not a legally established father under the Uniform Parentage Act may request that a genetic test be administered. The request for testing shall be in writing and served on the Department personally or by registered or certified mail.

F. If a request for testing is made pursuant to subsection B or E of this section, the Department shall arrange for the test and, pursuant to rules promulgated by the Department, may advance the cost of the testing. The Department shall mail a copy of the test results by a certificate of mailing to the last-known address of the father. If a request for genetic tests was made pursuant to subsection E of this section, the Department shall mail the notice of paternity and support obligations to the father by certificate of mailing to the last-known address of the father.

G. If genetic testing pursuant to subsection B or E of this section excludes a person from being the biological father of the child, the Department shall dismiss any pending court or administrative collection proceedings against the person. The State Department of Health, Division of Vital Records shall remove the name of the person listed as the father from the birth certificate, upon notice from the Department that the person has been excluded by genetic testing. Once paternity is established, the State Department of Health, Division of Vital Records shall correct its records and amend the birth certificate to reflect the name of the father.

H. If both the custodian mother and the father agree to change the surname of the child to that of the father, the administrative law judge may order the name changed. Upon receipt of an order changing the child's surname, the State Department of Health, Division of Vital Records shall correct its records and amend the birth certificate to reflect the name change.

I. All docketed administrative orders shall be modified and enforced in the same manner as an order of the district court.

J. The lump-sum judgment established for support owed prior to the establishment of the current support order shall draw interest pursuant to Section 114 of Title 43 of the Oklahoma Statutes. Added by Laws 1994, c. 356, § 6, eff. Sept. 1, 1994. Amended by Laws 1997, c. 402, § 21, eff. July 1, 1997; Laws 1999, c. 396, § 22, emerg. eff. June 10, 1999; Laws 2006, c. 116, § 59, eff. Nov. 1, 2006; Laws 2007, c. 140, § 4, eff. Nov. 1, 2007; Laws 2012, c. 253, § 5, eff. Nov. 1, 2012; Laws 2014, c. 171, § 3, eff. Nov. 1, 2014.

§56-238.7. Modification of final order to pay child support.

A final order of the Department of Human Services providing for the payment of child support which has not been set aside on appeal by the district court shall not be modified retroactively or payment of all or a portion of the past due amount waived, except by mutual agreement of the obligor and obligee or, if the child support rights have been assigned to the Department or other entity, by agreement of the Department or such entity.

Added by Laws 1987, c. 230, § 19, eff. Oct. 1, 1987.

§56-239. Annual report.

On or before December 31 of each year, the Department shall file a written report with the Division of the Budget and Division of Central Accounting and Reporting, the Director of the Legislative Service Bureau, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives, containing an accounting of all monies received by the Department from the federal programs pursuant to Title IV-D of the Social Security Act, as amended, and all monies received pursuant to orders for child support or administrative determinations of the Department for the preceding federal fiscal year. The report shall also specify any expenditures made by the Department pursuant to orders for child support or administrative determinations of the Department for the preceding federal fiscal year.

Added by Laws 1984, c. 5, § 10, eff. Nov. 1, 1984. Amended by Laws 1985, c. 319, § 8, operative Oct. 1, 1985; Laws 1994, c. 356, § 25, eff. Sept. 1, 1994.

§56-240. Renumbered as § 237.7 of this title by Laws 1994, c. 365, § 14, eff. Sept. 1, 1994.

§56-240.1. Authority of Child Support Enforcement Division to pursue collection of support.

A. 1. In cases in which child support services are being provided by the Child Support Enforcement Division of the Oklahoma Department of Human Services, the Division may:

- a. initiate enforcement proceedings to:
 - (1) obtain a judgment for arrearages,

- (2) effectuate an income assignment,
 - (3) receive current support and judgment payments, and
 - (4) review and modify support orders pursuant to child support guidelines in Section 118 of Title 43 of the Oklahoma Statutes,
- b. initiate any other legal proceeding to implement the establishment and collection of support and other court-ordered requirements of support from an obligor including, but not limited to, medical expenses, insurance premiums, and child care costs, and
 - c. appeal orders as necessary to implement the provisions of this section.

2. In any hearing on a notice of delinquency or other enforcement proceeding, the district or administrative court may include the amount of the child support services fee paid by the applicant in any judgment against the obligor.

B. The Division is authorized to initiate enforcement proceedings and receive payments pursuant to Section 237A and 240.2 of this title to effectuate an income assignment and payment plan for:

1. Spousal support or the support of a child or both for an applicant or any person who is the recipient of Temporary Assistance for Needy Families (TANF) program; and

2. Any debt due and owing to the person entitled to receive enforcement support services by the Department or to this state by a natural or adoptive parent or other person who is or was responsible for the support of a child pursuant to Section 238 of this title, or found to be responsible for the support of a child pursuant to Sections 238.1 through 238.6 of this title.

C. Upon application by an obligor who requests support enforcement services from the Department, the Division is authorized to initiate any proceedings necessary to provide support enforcement services to the obligor and to receive payments of the support obligation or any judgment.

D. The Director has the authority to enter orders in situations as defined in Section 240.23 of this title, without the necessity of obtaining an additional signature of a district or administrative judge.

E. The Division is authorized to refer any judgment for child support to the Secretary of Health and Human Services for passport denial, revocation, restriction, or limitation pursuant to federal law or regulation.

Added by Laws 1985, c. 297, § 23, operative Oct. 1, 1985. Amended by Laws 1994, c. 365, § 6, eff. Sept. 1, 1994; Laws 1997, c. 402, § 22, eff. July 1, 1997; Laws 1998, c. 5, § 17, emerg. eff. March 4, 1998; Laws 1998, c. 323, § 19, eff. Oct. 1, 1998; Laws 2000, c. 384,

§ 14, eff. Nov. 1, 2000; Laws 2001, c. 407, § 17, eff. July 1, 2001; Laws 2006, c. 219, § 3.

NOTE: Laws 1997, c. 272, § 8 repealed by Laws 1998, c. 5, § 29, emerg. eff. March 4, 1998.

§56-240.2. Initiation of enforcement proceedings by Division.

A. After receiving a referral or application for services, the Division may initiate enforcement proceedings.

1. The Division may notify the obligor of the intention to initiate enforcement proceedings by a notice. If an income assignment is not in place for collection of support monies, the Division shall immediately execute or issue a withholding order to any payor of income to the obligor. The notice of enforcement proceedings pursuant to this subsection shall be served upon the obligor in the same manner prescribed for the service of summons in a civil action. However, if a notice has been issued pursuant to Section 237A of this title, the notice of enforcement proceedings pursuant to this subsection may be served by regular mail with a certificate of mailing. The notice shall inform the obligor of the following:

- a. the amount of support monies owed, if any,
 - b. an assignment for collection of support monies due and owing has commenced if a potential payor of income was known,
 - c. other enforcement actions that the Division may take to collect support monies owed,
 - d. the obligor may contest the allegations in the notice only with regard to mistakes of identity or the existence or the amount of support monies owed,
 - e. the assignment shall remain as long as the order upon which it is based is in effect. Payment of any support monies will not prevent an income assignment from taking effect, and
 - f. the obligor shall be required to keep the Division informed of the name and address of the current employer of the obligor and access to health insurance and other insurance policy information of the obligor.
2. a. An obligor may request a hearing pursuant to this section by delivering written notice to the District Office on a form provided which states the date and location of the hearing if requested on or before the fifteenth day from the date of service of the notice. On receipt of the hearing request, the Division shall promptly enter the appearance of the obligor on the administrative court hearing docket. The administrative court shall hear and determine the matter and, unless the obligor successfully shows

there is a mistake of identity or a mistake in the existence of current or delinquent child support, the administrative court shall enter a judgment, determine the amount of judgment payments, if any, and order the assignment of nonexempt earnings of the obligor pay the judgment and future monthly support payments.

- b. The administrative court may order an obligor to pay all costs involved in enforcement proceedings under this subsection and shall order interest as provided in Section 114 of Title 43 of the Oklahoma Statutes to be collected in the same manner as the payments upon which the interest accrued.
- c. The order shall be a final judgment for purposes of appeal.
- d. The Division shall send a notice of the income assignment to the payor to effectuate the assignment pursuant to subsection D of this section.

B. If within fifteen (15) days of date of service of the notice, the obligor fails to request a hearing, pursuant to subsection A of this section, or after having requested a hearing fails to appear at the hearing, the administrative court shall enter an order granting judgment for arrearage, if any, establishing a judgment payment plan and approving the income assignment. The administrative order shall thereafter be subject to collection action and shall be filed, at the option of the Division, in the office of the court clerk in the county of residence of the custodian of the child, in the county of residence of the obligor, in the county of the underlying support order, or any other county in which the obligor has real or personal property. The administrative order shall be enforced by the district court in the same manner as an order of the district court. A copy of the order shall be served upon the obligor by the District Office in accordance with subsection B of Section 2005 of Title 12 of the Oklahoma Statutes.

C. The Division shall send a notice of the income assignment to the payor pursuant to subsection D of this section to effectuate the assignment.

D. 1. The notice of the income assignment required pursuant to subsections A and B of this section shall be sent by the Division to the payor on a form prescribed by the Secretary of the United States Department of Health and Human Services. The notice shall be sent by certified mail, return receipt requested, or served in accordance with law. The payor shall be required to comply with the provisions of this subsection and the provisions stated in the notice.

2. The assignment shall take effect on the next payment of income to the obligor after the payor receives notice thereof and the amount withheld shall be sent to the Division within seven (7)

days of the date upon which the obligor is paid. The payor shall attach to each payment a statement reporting the date on which the support obligation of the obligor was withheld.

3. The payor shall withhold each pay period the amounts specified in the notice from the obligor's income and earnings. The amount withheld by the payor from the obligor's earnings shall not exceed the limits on the percentage of an obligor's earnings which may be assigned for support pursuant to Section 1171.2 of Title 12 of the Oklahoma Statutes.

4. The income assignment is binding upon the payor until released or until further order of the Division or the district or administrative court.

5. The payor is liable for any amount up to the accumulated amount that should have been withheld if the payor fails to withhold in accordance with the provisions of the assignment notice.

6. Two or more income assignments may be levied concurrently. Any current support due shall be paid before the payment of any arrearages or support debt judgment.

7. If the amount of support due under the assignments exceeds the maximum amount authorized to be withheld from earnings by Section 1171.2 of Title 12 of the Oklahoma Statutes, the payor shall pay the amount due up to the statutory limit and shall send written notice to the Division or the person or agency designated to receive payments that the amount due exceeds the amount subject to withholding. If the payor fails to pay or notify as required herein, the payor may be liable for an amount up to the accumulated amount that is due and owing upon receipt of the notice.

8. The payor shall notify the Division within ten (10) days of the date when the obligor is no longer employed by, being paid by, or providing services to the payor, and shall provide the Division with the obligor's last-known address and the name of the obligor's new employer or payor of income, if known.

9. If the payor has no current or future income due to the obligor in his or her possession or control, or if the obligor is no longer employed by, being paid by, or providing services to the payor prior to the receipt of the notice required pursuant to subsection C of this section, the payor shall send written notice to the Division within ten (10) days of receipt of said notice. Failure to notify the Division within the required time limit may subject the payor to liability for an amount up to the accumulated amount that is due and owing upon receipt of the notice.

10. The payor is liable for any amount up to the accumulated amount that should have been withheld and paid, and may also be fined not more than Two Hundred Dollars (\$200.00) for each failure to make the required deductions if the payor:

- a. fails to withhold or pay the support in accordance with the provisions of the assignment notice, or

b. fails to notify the person or agency entitled to support and the Division as required.

11. The Division or the obligor may bring an action against the payor to enforce the provisions of the notice and this subsection in the underlying district court case or by separate proceeding in district court.

12. The payor may combine withheld amounts from income of two or more obligors in a single payment and separately identify that portion of the single payment which is attributable to each individual obligor.

13. An income assignment issued pursuant to the provisions of this section shall have priority over any prior or subsequent garnishments of the same income.

14. The payor may deduct from any income of the obligor a sum not exceeding Five Dollars (\$5.00) per pay period but not to exceed Ten Dollars (\$10.00) per month as reimbursement for costs incurred by the payor in complying with the income assignment.

15. The income assignment shall remain effective regardless of any change of a payor.

16. The income assignment issued pursuant to this section shall remain in effect as long as any support monies are owed. Payment of any support monies shall not prevent the income assignment from taking effect.

17. The payor shall verify the obligor's address, employment, earnings, income, benefits, and dependent health insurance information upon the request of the Division.

18. The payor may not discipline, suspend, discharge, or refuse to promote an obligor because of an income assignment executed pursuant to this section. Any payor who violates this section shall be liable to such obligor for all income, wages, and employment benefits lost by the obligor from the period of unlawful discipline, suspension, discharge, or refusal to promote to the reinstatement or promotion.

E. Nothing in this section shall limit the authority of the Department to use its administrative powers conferred by law or rules to collect delinquent support without the necessity of a court order.

F. Any person obligated to pay support, who has left or is beyond the jurisdiction of the court, may be subjected to or prosecuted under any other proceedings available pursuant to the laws of this state for the enforcement of the duty of support and maintenance.

G. The income assignment proceedings specified in this section shall be available to other states for the enforcement of child support and maintenance or to enforce out-of-state orders. Venue for such proceedings is, at the option of the obligee:

1. In the county in this state in which the support order was entered;

2. In the county in this state in which the obligee resides; or

3. In the county in this state in which the obligor resides or receives income.

H. Any payment made pursuant to the provisions of this section by the payor shall be made payable to the Department or its designee, and shall be in such form of payment as provided by the order or the notice.

I. The obligated party may execute a voluntary income assignment and acknowledgment at any time and submit it to the District Office.

J. The Division shall distribute the monies due a person entitled to support who is not receiving Temporary Assistance for Needy Families within the time limit required by federal regulation. Added by Laws 1985, c. 297, § 24, operative Oct. 1, 1985. Amended by Laws 1986, c. 176, § 10, emerg. eff. May 15, 1986; Laws 1990, c. 309, § 18, eff. Sept. 1, 1990; Laws 1994, c. 365, § 7, eff. Sept. 1, 1994; Laws 1997, c. 402, § 23, eff. July 1, 1997; Laws 1998, c. 323, § 20, eff. Oct. 1, 1998; Laws 2000, c. 384, § 15, eff. Nov. 1, 2000.

§56-240.3. Appeals.

A. 1. Final orders of the Office of Administrative Hearings: Child Support (OAH) may be appealed to the district court pursuant to this section by any party directly affected and showing aggrievement by the order, or by the Oklahoma Department of Human Services.

2. An appeal shall be commenced by filing a petition in error with the clerk of the district court in the county of the underlying district court order, if any, or if there is no underlying district court order filed in this state, the petition in error shall be filed in the county of residence of the custodian of the child, or if the custodian resides out-of-state, in the county of residence of the obligor within thirty (30) days from the date the order is either provided in person or mailed by OAH to all parties. The time limit prescribed in this paragraph for filing the petition in error shall not be extended. The petition in error shall be served by certified mail on the district child support office. Further, a copy of the petition in error shall be mailed by regular mail to the Office of Administrative Hearings: Child Support.

3. A designation of record shall be filed prior to or concurrently with the filing of the petition in error. The manner of perfection of the record of the proceedings to be reviewed and the time for its completion shall be in accordance with rules and forms prescribed by the Oklahoma Supreme Court.

4. The appeal shall not stay the execution of any order of the OAH unless the district court, for cause shown, shall order the administrative order be stayed pending such appeal.

5. The district court may affirm the decision or remand the case for further proceedings. Additionally, the district court may set aside, reverse or modify the decision if substantial rights of the appellant have been prejudiced because the findings, inferences, conclusions or decisions are:

- a. in violation of constitutional provisions,
- b. in excess of the statutory authority or jurisdiction of OAH,
- c. made upon unlawful procedure,
- d. affected by other error of law,
- e. clearly erroneous as not supported by substantial evidence in the record,
- f. arbitrary or capricious, or
- g. made without findings of fact upon issues essential to the decision, although such findings of fact were requested.

B. The certified transcript, exhibits, pleadings, recordings of the hearing and any written orders that pertain to the appealable order under review may constitute the record on appeal to the district court in compliance with rules prescribed by the Oklahoma Supreme Court. OAH shall prepare or direct the preparation of the official transcript by a licensed court reporter, if a transcript is requested. The party seeking a copy of the transcript of the hearing shall prepay all costs of transcription and pay a reasonable deposit or provide adequate indemnity prior to preparation of the transcript. If a party is financially unable to pay the transcription costs, the party shall provide OAH and the district office with an in forma pauperis affidavit which verifies the inability to pay. If OAH determines the party is financially unable to pay transcription costs, a transcript will be provided by OAH. The transcript shall not be provided prior to full payment, payment of a deposit, provision of adequate indemnity for all transcription costs, or an order finding OAH will bear the costs of transcription. Added by Laws 1985, c. 297, § 25, operative Oct. 1, 1985. Amended by Laws 1994, c. 365, § 8, eff. Sept. 1, 1994; Laws 1997, c. 403, § 19, eff. Nov. 1, 1997; Laws 2006, c. 219, § 4; Laws 2007, c. 140, § 5, eff. Nov. 1, 2007; Laws 2019, c. 32, § 1, eff. Nov. 1, 2019.

§56-240.4. Admissibility of report of payments.

A report of the payments made by the obligor or payor or of AFDC payments made to a person entitled to support which is prepared by the Division, the District Office, or by public agencies in other states with a certification of authenticity executed by the Division, the District Office, or a public agency in another state

is admissible into evidence in district court or in an administrative court proceeding as self-authenticated. Added by Laws 1985, c. 297, § 26, operative Oct. 1, 1985. Amended by Laws 1994, c. 365, § 9, eff. Sept. 1, 1994.

§56-240.5. Child support services - Fee.

A. Those persons not receiving aid to families with dependent children shall be given equal access to the services provided by the Department of Human Services through its statewide plan for child support authorized by the Federal Social Security Act, 42 U.S.C., Section 301 et seq.

B. The Department is authorized to study, develop and propose to the Legislature a fee schedule for child support enforcement services provided through the Child Support Enforcement Division of the Department.

Added by Laws 1985, c. 297, § 27, operative Oct. 1, 1985. Amended by Laws 1992, c. 153, § 4, emerg. eff. April 30, 1992.

§56-240.6. Enforcement of child support obligation.

In addition to the powers and duties of the Department provided in Section 237 of Title 56 of the Oklahoma Statutes, the Department of Human Services is authorized to enforce a support payment of a spouse or former spouse pursuant to a court order requiring such support if a child support obligation is being enforced under the state plan of the Department authorized by the federal Social Security Act.

Added by Laws 1985, c. 297, § 28, operative Oct. 1, 1985.

§56-240.7. Release of child support arrearage information to consumer reporting agencies.

A. Unless otherwise prohibited or restricted by federal law or regulation, the Commission for Human Services, by rule, shall adopt a reasonable fee that shall be paid by consumer reporting agencies for requests pursuant to this section. The fee shall not exceed the estimated average actual cost experienced by the Department in performing the duties imposed upon it by this section.

B. The Department of Human Services shall establish procedures for the periodic release to consumer reporting agencies of the names and amounts of child support arrearages of obligors who owe past-due support. This information shall be released if the person obligated to pay child support pursuant to a support order is in arrears for child support.

C. For purposes of this section, the term "consumer reporting agency" means any person who, for a fee, dues, or on a cooperative nonprofit basis, regularly engages in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to third

parties, and who uses any means or facility of interstate commerce for the purpose of preparing or furnishing consumer reports.

D. Information shall not be made available to:

1. Any consumer reporting agency which the Department or other appropriate agency determines does not have sufficient capability to systematically and timely make accurate use of the information; or

2. Any entity which has not provided satisfactory proof to the Department that the entity is a consumer reporting agency.

E. Any person obligated for child support shall be notified prior to the release of the information to a consumer reporting agency and shall be given a reasonable opportunity to be heard regarding the accuracy of the information to be released.

Added by Laws 1985, c. 297, § 29, operative Oct. 1, 1985. Amended by Laws 1996, c. 260, § 1, eff. Nov. 1, 1996; Laws 1997, c. 402, § 34, eff. July 1, 1997.

§56-240.8. Publication and distribution of child support collection services.

A. The Department of Human Services shall provide, from any available funds, for the publication and statewide distribution to the public of information as to the availability of the services offered by the Department for the collection of child support.

B. The Department of Human Services shall provide copies of the information specified in subsection A of this section to the court clerks of each county for distribution to the public.

Added by Laws 1985, c. 297, § 30, operative Oct. 1, 1985.

§56-240.9. Filing cases involving concurrent jurisdiction - Enforcement of foreign orders.

In filing cases involving concurrent jurisdiction between the administrative proceedings of the Department of Human Services and the district court, the cases shall be filed in the administrative proceedings of the Department of Human Services. The Department of Human Services, by regulation, may establish exceptions from this requirement subject to federal approval.

Child support orders originating from other states shall be enforced to the same extent as orders originating within this state. Said orders to be filed in the county of residence of the obligor or in the county of residence of the person entitled to support.

Added by Laws 1985, c. 297, § 31, operative Oct. 1, 1985.

§56-240.10. Action to require participation in certain programs by unemployed or underemployed obligors.

A. When child support services are being provided for the benefit of the child under the state child support plan as provided in Section 237 of this title, the Department may initiate an administrative or district court action to obtain an order to

require an unemployed or underemployed obligor to participate in counseling, treatment, educational training, social skills training, employment training or job-finding programs, or the problem-solving court program under Section 14 of this act. "Underemployed" is defined as being employed less than full-time or in an occupation which pays less than employment which someone with the skills and education of the obligor could be reasonably expected to earn, so that the obligor cannot meet his support obligation. The Department shall give notice of this requirement to the obligor who is not complying with a district or administrative court order for support and whom the Department has reason to believe is unemployed or underemployed. The notice shall be served by the Department upon the obligor as provided in Section 2005 of Title 12 of the Oklahoma Statutes, or if there is an address of record on file with the central case registry pursuant to Section 112A of Title 43 of the Oklahoma Statutes, the notice may be served by regular mail at the address of record.

B. The notice shall state:

1. The name of the child for whom support is ordered and the custodian of the child;

2. That the obligor is not complying with the district or administrative court order for support and is delinquent in a certain amount;

3. That it appears that the obligor is unemployed or underemployed so that the obligor cannot meet the support obligation;

4. That the obligor shall appear on a date certain for a hearing to show cause why the obligor should not be ordered to participate in counseling, treatment, educational training, social skills training, employment training or job-finding programs or the problem-solving court program, and to accept available employment; and

5. That if it is determined that the obligor is unemployed or underemployed or if the obligor fails to appear, an order will be entered which will require the obligor to participate in counseling, treatment, educational training, social skills training, employment training or job-finding programs or the problem-solving court program and to accept available employment.

C. 1. At the hearing, or if the obligor fails to appear for the hearing, the court shall enter an order determining if the obligor is unemployed, underemployed or in need of services as described in subsection C of this section.

2. If the court finds the obligor is in need of services as described in this subsection, the order shall set forth the findings of the court and require that the obligor participate in counseling, treatment, educational training, social skills training, employment training or job-finding programs or the problem-solving court

program, and accept available employment. The order shall state when the obligor shall report and to what location.

3. An administrative order may be docketed with the district court and shall be enforced in the same manner as any other order of the district court, including indirect civil contempt proceedings. A copy of the order will be mailed by the Department to the last-known address of the obligor.

D. The obligor may show good cause why an order should not be entered requiring the obligor to participate in counseling, treatment, educational training, social skills training, employment training or job-finding programs or the problem-solving court program and accept available employment. "Good cause" is defined as establishing by expert medical opinion that the person is mentally or physically unable to work or such other grounds as the Department determines by regulation constitutes good cause.

Added by Laws 1987, c. 230, § 21, eff. Oct. 1, 1987. Amended by Laws 2008, c. 407, § 17, eff. Nov. 1, 2008.

§56-240.11. Repealed by Laws 1995, c. 354, § 12, eff. Nov. 1, 1995.

§56-240.12. Assistance in locating parents delinquent on child support or their assets - Duty of political subdivisions and corporations or other businesses.

A. Each agency of the state or any political subdivision thereof shall provide information requested by the Oklahoma Department of Human Services when the Department is attempting to establish, modify, or enforce a child support order. Requested information may include, but shall not be limited to:

1. The name, address, telephone number, social security number or other identifying information of any individual;

2. Information regarding the employment, compensation, and benefits of any individual employed by such entity as an employee or contractor;

3. Vital statistics, including records of marriage, birth, and divorce;

4. State and local tax and revenue records, including information on residence address, employer, income, and assets;

5. Records containing real and titled personal property;

6. Records of recreational, occupational and professional licenses;

7. Records concerning the ownership and control of corporations, partnerships, and other business entities;

8. Employment security records;

9. Records of agencies administering public assistance programs;

10. Records of the Department of Corrections;

11. Records of court actions or claims; and

12. The Division shall have access to the Oklahoma Law Enforcement Telecommunications Systems network as created in Section 2-124 of Title 47 of the Oklahoma Statutes.

B. Each corporation or other business operating in this state, including for-profit and not-for-profit businesses, shall provide information requested by the Oklahoma Department of Human Services when the Department is attempting to establish, modify, or enforce a child support order. Requested information may include, but shall not be limited to:

1. The name, address, telephone number, social security number or other identifying information of any individual;

2. Information regarding the employment, compensation, and benefits of any individual employed by such entity as an employee or contractor;

3. The name, address, social security number or other identifying information of such individuals and the names and addresses of the employers of such individuals, as appearing in customer records of public utilities, including 911 emergency records, and cable television companies, pursuant to a written request of the Department;

4. Information, including information on assets and liabilities on such individuals held by financial institutions; and

5. Information regarding claims for injury to persons or property.

C. The entities described above should provide automated access in the case of records maintained in electronic format. To comply with a request of the Department, such entities may:

1. Provide to the Department the list of all individuals in its records for the Department to compare against its records for the purpose of identifying individuals for whom the Department is attempting to establish, modify or enforce a child support order; or

2. Obtain a list of individuals against whom the Department is attempting to establish, modify or enforce a child support order and compare against the entity's records to identify matching individuals. The Department shall provide the list of child support parties in electronic media format.

D. An entity that provides information to the Department in good faith or takes any other action in good faith in an attempt to comply with the provisions of this section shall not be liable to any individual for disclosing such information.

Added by Laws 1993, c. 307, § 7, emerg. eff. June 7, 1993. Amended by Laws 1997, c. 402, § 24, eff. July 1, 1997; Laws 2006, c. 219, § 5.

§56-240.13. Guidelines for indirect contempt and purge fees - Request to Oklahoma Supreme Court.

The Legislature hereby requests the Oklahoma Supreme Court to adopt guidelines for indirect contempt and purge fees on or before January 1, 1994.

Added by Laws 1993, c. 307, § 8, emerg. eff. June 7, 1993.

§56-240.14. Repealed by Laws 2001, c. 407, § 21, eff. July 1, 2001.

§56-240.15. Restriction of various licenses as remedy for noncompliance with support order or order for genetic testing to determine paternity.

A. 1. Except as otherwise provided by this section, the Department of Human Services, the "Department", is authorized to initiate proceedings for the suspension or revocation of a license and driving privileges or placement of an obligor on probation who is not in compliance with an order for support.

2. The Department of Human Services, Office of Administrative Hearings: Child Support, the "OAH", is authorized to order the suspension or revocation of a license, or placement of the obligor who is in noncompliance with an order for support on probation. Additionally, the OAH is authorized pursuant to Section 6-201.1 of Title 47 of the Oklahoma Statutes to order the suspension or revocation of a driver license or driving privileges of an obligor who is in noncompliance with an order for support.

3. If the obligor is a licensed attorney, the Department may report the matter to the State Bar Association to suspend or revoke the professional license of the obligor or other appropriate action in accordance with the rules of professional conduct and disciplinary proceedings.

4. The remedy under this section is in addition to any other enforcement remedy available to the Department.

B. 1. Whenever the Department of Human Services determines that an obligor may be in noncompliance with an order for support, before proceeding with suspension, revocation, nonissuance or nonrenewal of a license of an obligor or placing the obligor on probation, the Department of Human Services shall issue a notice of intent of suspension, revocation, nonissuance, or nonrenewal of the license of the obligor or placing the obligor on probation.

2. The notice shall be served upon the obligor pursuant to Section 2005 of Title 12 of the Oklahoma Statutes; or, if there is an address of record, the notice provided in this section may be served by regular mail to the address of record on file with the central case registry as provided for in Section 112A of Title 43 of the Oklahoma Statutes.

3. The notice shall state that the obligor's license will be suspended or revoked or the obligor placed on probation twenty (20) days after service unless within that time the obligor:

- a. pays the entire past-due support as stated in the notice, or enters into a payment plan approved by the Department,
- b. obtains and maintains health insurance coverage as required by an order of support,
- c. complies with all subpoenas and orders relating to paternity or child support proceedings, and
- d. complies with all orders to submit to genetic testing to determine paternity.

C. A written request for a hearing may be made within twenty (20) days after the date of service of the notice.

D. Upon receipt of a request for hearing from an obligor, the Department shall schedule a hearing for the purpose of determining if suspension or revocation of the obligor's license, or probation, is appropriate.

E. At a hearing under this section, the OAH shall determine whether the obligor is in noncompliance with an order for support and whether suspension or revocation of a license, or probation, is appropriate.

1. If the obligor enters into a payment plan for the past due support and is complying with the order for support, the OAH may order probation pursuant to Section 240.16 of this title.

2. If the OAH determines the obligor is in noncompliance with an order for support and has not entered into a payment plan for past due support, the OAH shall issue an order for suspension or revocation of the obligor's licenses and driving privileges.

F. If an obligor fails to respond to a notice issued under this section, fails to request a timely hearing, or fails to appear at a scheduled hearing, the obligor's defenses, objections or request for a payment plan shall be considered without merit and the OAH shall enter an order of suspension, revocation, nonissuance or nonrenewal of a license to the licensing board and to the obligor. If the OAH orders probation, the appropriate licensing board shall not be notified and no action is required of that board.

G. The determinations of the OAH pursuant to this section are a final agency decision and are subject to judicial review pursuant to Section 240.3 of this title. Judicial review shall be confined to the record of the administrative proceedings.

H. A determination made by the OAH pursuant to this section is independent of any proceeding of the licensing board to suspend, revoke, deny, terminate, or renew a license.

I. The OAH has the authority to order the suspension or revocation of a license and driving privileges or the placement of an obligor on probation without any action by the licensing board. The licensing board shall, upon receipt of an order issued by the OAH, revoke, suspend, or refuse to renew or reissue the license and driving privileges of the named individual.

J. For purposes of this section and Sections 240.16 through 240.21 of this title and Section 6-201.1 of Title 47 of the Oklahoma Statutes, the term "noncompliance with an order for support" means that the obligor has failed to make child support payments required by a child support order in an amount equal to the child support payable for at least ninety (90) days, has failed to make full payments pursuant to a court-ordered payment plan for at least ninety (90) days, has failed to obtain or maintain health insurance coverage for at least ninety (90) days as required by a support order, has failed to comply with subpoenas or orders relating to paternity or child support proceedings, or has failed to comply with an order to submit to genetic testing to determine paternity.

K. The provisions of this section may be used to suspend, revoke, not issue or not renew the licenses of the custodian of a child who fails to comply with an order to submit to genetic testing to determine paternity.

Added by Laws 1995, c. 354, § 4, eff. Nov. 1, 1995. Amended by Laws 2000, c. 384, § 16, eff. Nov. 1, 2000; Laws 2001, c. 407, § 18, eff. July 1, 2001; Laws 2004, c. 124, § 4, eff. Nov. 1, 2004.

§56-240.16. Court-ordered payment plan - Probationary continuation of license.

When the obligor enters into a court-ordered payment plan to repay any past due support pursuant to Section 240.15 of this title and provides proof to the court that the obligor is complying with all other provisions of the order for support, the OAH may place the obligor on probation. Probation will allow the obligor to practice or continue to practice his or her profession, occupation or business or to operate a motor vehicle. Probation shall be conditioned upon full compliance with the order. If the OAH grants probation, the period shall not exceed three (3) years, and the terms of probation shall provide for automatic suspension of the license if the obligor does not fully comply with the order.

Added by Laws 1995, c. 354, § 5, eff. Nov. 1, 1995. Amended by Laws 2004, c. 124, § 5, eff. Nov. 1, 2004.

§56-240.17. Termination of suspension, revocation, nonissuance, or nonrenewal order.

A. When the Department of Human Services determines that all support due is paid in full and the obligor has complied with all other provisions of the support order, it shall notify the Department of Human Services, Office of Administrative Hearings: Child Support, the "OAH", and the OAH shall terminate the order of suspension or revocation of the license or the order of probation without the necessity of a hearing.

B. An obligor who is in noncompliance with an order for support may request in writing that the obligor's licenses be reinstated.

The Department shall conduct a review and request the OAH to reinstate the obligor's licenses and place on probation pursuant to Section 240.16 of this title if the obligor has:

1. Paid the current child support and the monthly arrearage payments each month for the current month and two months immediately preceding, or paid an amount equivalent to three months of child support and arrearage payments which satisfies the current child support and monthly arrearage payments for the current month and two months immediately preceding;

2. Disclosed all information regarding health insurance availability and obtained and maintained health insurance coverage required by an order for support;

3. Complied with all subpoenas and orders relating to paternity or child support proceedings;

4. Complied with all orders to submit to genetic testing to determine paternity; and

5. Disclosed all employment and address information.

C. An obligor whose written request for reinstatement has been denied by the Department may request a hearing before the OAH. If the OAH determines the requirements of subsection B of this section have been met, the OAH may reinstate the obligor's licenses. If the OAH reinstates the obligor's licenses, the OAH shall order probation pursuant to Section 240.16 of this title.

D. If the obligor fails to comply with the order of probation after the obligor's licenses have been reinstated pursuant to subsection B or C of this section, the obligor's licenses may again be suspended, revoked, not issued or not renewed. The Department may refuse to request the OAH to reinstate the obligor's licenses unless the obligor makes additional payments in an amount determined by the Department to be sufficient to ensure future compliance and the obligor complies with other terms set by the Department.

E. The Department shall send a copy of the order reinstating the licenses to the licensing board, the obligor and the custodian.

F. Entry of an order to reinstate the obligor's licenses pursuant to this section does not limit the ability of the OAH to issue a new order of suspension or revocation of the license of the same obligor or to place the obligor on probation in the event of another delinquency or failure to comply with an order for support. Added by Laws 1995, c. 354, § 6, eff. Nov. 1, 1995. Amended by Laws 2000, c. 384, § 17, eff. Nov. 1, 2000; Laws 2004, c. 124, § 6, eff. Nov. 1, 2004.

§56-240.18. Repealed by Laws 2004, c. 124, § 8, eff. Nov. 1, 2004.

§56-240.19. Implementation of order of suspension, revocation or probation.

A. Upon receipt of an administrative order issued by the OAH to suspend or revoke the license of an obligor, the licensing board shall implement the order by:

1. Determining if it has issued a license or has received an application for issuance or renewal of a license to the person whose name appears on the order;

2. Notifying the obligor of the suspension or revocation;

3. Demanding the license, if required;

4. Entering the suspension or revocation on the appropriate records; and

5. Reporting the suspension, revocation, or probation, as appropriate.

B. An order, issued by the OAH, directing the licensing board to suspend or revoke a license shall be processed and implemented by the licensing board without any additional review or hearing, and shall continue until the OAH, the district court, or the appellate court advises the licensing board by order that the suspension or revocation is terminated.

C. The licensing board shall have no jurisdiction to modify, remand, reverse, vacate, or stay the order of the Department for the suspension or revocation of a license.

D. In the event of suspension or revocation of a license, any funds paid by the obligor to the licensing board for costs related to issuance, renewal, or maintenance of a license shall not be refunded to the obligor.

E. The licensing board is exempt from liability to the obligor for activities conducted in compliance with this section.

Added by Laws 1995, c. 354, § 8, eff. Nov. 1, 1995. Amended by Laws 1996, c. 97, § 19, eff. Nov. 1, 1996; Laws 2004, c. 124, § 7, eff. Nov. 1, 2004.

§56-240.20. Fees to cover administrative costs.

A licensing board may charge the obligor a fee to cover the administrative costs incurred by the licensing board pursuant to Sections 5 through 10 of this act. Fees collected pursuant to this section by a licensing board which has an agency revolving fund shall be deposited in the agency revolving fund for the use by the licensing board to pay the costs of administering Sections 5 through 10 of this act. Otherwise, such administrative costs shall be deposited in the General Revenue Fund of the state.

Added by Laws 1995, c. 354, § 9, eff. Nov. 1, 1995.

§56-240.21. Promulgation of rules.

A. The Department of Human Services shall promulgate rules necessary for the implementation and administration of Sections 5 through 10 of this act.

B. Each licensing board shall promulgate rules necessary for the implementation and administration of Sections 5 through 10 of this act.

Added by Laws 1995, c. 354, § 10, eff. Nov. 1, 1995.

§56-240.21A. Applications for professional or occupational licenses to contain applicant's name, address, and social security number.

All applications for professional or occupational licenses in this state shall contain the applicant's name, address, and social security number.

Added by Laws 1997, c. 402, § 38, eff. July 1, 1997.

§56-240.22. Financial institution data match reporting system.

A. The Department of Human Services, in coordination with representatives of the financial industry in Oklahoma, shall develop and implement a financial institution data match reporting system. Such system shall be operated by the Department and shall use automated data exchanges to the maximum extent feasible to compare account information data held by financial institutions with the Child Support Enforcement Division's database of child obligors in noncompliance with an order of support.

B. The Department is authorized to enter into any contracts or cooperative agreements necessary to carry out the provisions of this act.

C. Release and maintenance of any information in a good faith attempt to comply with the provisions of this act shall not constitute a violation of any confidentiality or financial privacy law.

D. The Department shall adopt rules under the Administrative Procedures Act, Section 250 et seq. of Title 75 of the Oklahoma Statutes, to implement the provisions of this section.

Added by Laws 1997, c. 402, § 25, eff. July 1, 1997.

§56-240.22A. Financial institution data match reporting system - Definitions.

As used in Section 240.22 et seq. of this title:

1. "Account" means a demand deposit account, checking or negotiable withdrawal order account, savings account, time deposit account, money-market mutual fund account or brokerage account;

2. "Financial institution" means any federal or state bank or savings association, federal or state credit union, benefit association, insurance company, safe deposit company, money-market mutual fund or similar entity authorized to do business by the State of Oklahoma; and

3. "Noncompliance with an order for support" means that the obligor has failed to make child support payments required by a

child support order in an amount equal to the child support payable for at least ninety (90) days.

Added by Laws 1997, c. 402, § 26, eff. July 1, 1997. Amended by Laws 2001, c. 407, § 19, eff. July 1, 2001.

§56-240.22B. Information required from financial institutions.

A. The Department shall make the first request to each financial institution to provide data in writing. Within thirty (30) days of such notification, each financial institution notified shall provide a list containing the name, record address, social security number, and other identifying data of each noncustodial parent who maintains an account at the institution and who is in noncompliance with an order for support. Each financial institution is further required to provide such information within thirty (30) days of the end of each calendar quarter thereafter, after receiving an updated list of obligors from the Department, without further notification from the Department.

B. To comply with the requirements of this act a financial institution may either:

1. Provide to the Department the list of all account holders for the Department to compare against its list of obligors in noncompliance with an order for support for the purpose of identifying which obligors maintain any account at the financial institution; or

2. Obtain a list of obligors in noncompliance with an order for support from the Department and compare that data to the data maintained by the financial institution to identify which of the obligors maintains any account at the financial institution. The Department shall provide the list of obligors in noncompliance with an order for support in electronic media form and compatible format unless the financial institution requests the list to be in written format.

C. Each institution shall notify the Director of the Department of Human Services in writing within fifteen (15) days of the original request to provide the data and by December 15 of each calendar year if it chooses to change methods for the following calendar year.

D. A financial institution may provide the required data by submitting electronic media in a compatible format, delivering, mailing, or telefaxing a copy of the data or by other means authorized by the Director of the Department of Human Services, or their designee, that will result in timely reporting.

E. With regard to account information on all account holders provided by a financial institution under paragraph 1 of subsection B of this section, the Department shall retain the reported information only until the account information is compared against the Department's database. All account information that does not

pertain to an obligor listed in the Department's database shall be immediately destroyed and no retention or publication shall be made of that data by the Department. Financial institutions choosing the method described in paragraph 2 of subsection B of this section should immediately destroy all information provided by the Department after all matches are determined and forwarded to the Department. All account information that does pertain to an obligor listed in the Department's database shall be incorporated into the Department's database and access to that data will then be governed by this act.

F. A financial institution that performs a data match pursuant to the provisions of this act and furnishes matching data, if any, to the Department may collect from the Department for providing such information in an amount to be established by agreement between the Department the actual cost incurred for performing the data match.

G. A financial institution that provides information to the Department in good faith or takes any other action in good faith in an attempt to comply with the provisions of this act shall not be liable to any person for disclosing such information or for taking such action.

H. The Department of Human Services shall examine the data made available pursuant to this act under the reporting system and make positive identification of cases in which child support is owed to the Department pursuant to the state child support program or to the person entitled to the support.

I. Upon a positive identification, the Department may require the financial institution to submit additional information concerning the obligor, social security number, and other data to assure positive identification, and the name and location of the financial institution.

J. If the Department determines a match between a child support obligor and an account in a financial institution, the Department may issue a subpoena seeking additional information or serve a notice of a levy on the obligor's assets in that financial institution.

K. The Department shall adopt rules under the Administrative Procedures Act, Section 250 et seq. of Title 75 of the Oklahoma Statutes, to implement the provisions of this section.
Added by Laws 1997, c. 402, § 27, eff. July 1, 1997.

§56-240.22C. Financial institution data match reporting system - Unauthorized disclosure of information by state employee or agent.

No employee or agent of this state shall divulge any information referred to in this act, except in the manner herein prescribed to any public or private agency or individual. Information may be disclosed and shared by and between any employee of an administering agency and any other state or federal agency as necessary in the

collection of child support. Unauthorized disclosure of any such information shall, upon conviction, be a misdemeanor punishable by a fine of One Thousand Dollars (\$1,000.00) per offense. Such unauthorized release of information shall also be cause for administrative discipline of any employee who engages in such unauthorized release.

Added by Laws 1997, c. 402, § 28, eff. July 1, 1997.

§56-240.22D. Financial institution data match reporting system - Failure to comply with reporting requirements - Penalty.

Any financial institution which is required to submit a report pursuant to the provisions of this act which fails, without reasonable cause, to comply with such reporting requirements after notification by certified mail return receipt requested, and such failure continues for more than thirty (30) business days after mailing of such notification of the failure to comply, without reasonable cause, or if said financial institution willfully renders false information in reply to such request, such financial institution shall be liable for a penalty of One Thousand Dollars (\$1,000.00).

Added by Laws 1997, c. 402, § 29, eff. July 1, 1997.

§56-240.22E. Financial institutions data match reporting system - Disclosure to depositors or account holders prohibited - Penalty - Liability - Unauthorized disclosure of financial records - Penalty.

A. Unless otherwise required by applicable law, a financial institution furnishing a report or providing information to the Department pursuant to this act shall not disclose to a depositor or an account holder that the name of such person has been received from or furnished to the Department; provided, however, that a financial institution may disclose to its depositors or account holders that under the financial data match reporting system the Department has the authority to request certain identifying information on certain depositors or account holders.

B. If an institution willfully violates the provisions of this section, such financial institution shall pay to the Department the lesser of One Thousand Dollars (\$1,000.00) or the amount on deposit or in the account of the person to whom such disclosure was made.

C. A financial institution shall incur no obligation or liability to a depositor or account holder or any other person arising from the furnishing of a report or information pursuant to this act.

D. A financial institution shall incur no obligation or liability to a depositor or account holder or any other person arising from the furnishing of information to the depositor or account holder that the Child Support Enforcement Division has issued a levy on the depositor's or account holder's assets in that

financial institution if the financial institution advises the depositor or account holder of the levy after the financial institution has frozen all accounts of the depositor or account holder pursuant to Section 240.22G of this title.

E. A financial institution may charge an account levied on by the Department of Human Services a fee, as determined by the Department, of not less than Twenty Dollars (\$20.00) nor more than Fifty Dollars (\$50.00) which shall be deducted from such account prior to remitting any funds to the Department.

F. Any individual who knowingly makes an unauthorized disclosure of financial records pursuant to this act shall upon conviction thereof, be fined up to One Thousand Dollars (\$1,000.00) and shall be subject to civil proceedings for such violation of privacy.

Added by Laws 1997, c. 402, § 30, eff. July 1, 1997. Amended by Laws 2000, c. 384, § 19, eff. Nov. 1, 2000.

§56-240.22F. Financial institution data match reporting system - Development of compatible systems - Survey of time and expense.

The Department shall determine by survey the likely time and expense required for individual financial institutions in Oklahoma to reprogram their data processing systems, if necessary and if reasonably possible, to carry out electronic data matches. Based on the information obtained from the survey and in coordination with representatives of the financial industry in Oklahoma, the Department shall implement a reporting system that maximizes electronic data matches with those financial institutions that now have compatible systems, and that phases in electronic data matches with other financial institutions that are capable of developing compatible systems with the expenditure of reasonable time and expense.

Added by Laws 1997, c. 402, § 31, eff. July 1, 1997.

§56-240.22G. Financial institution data match reporting system - Levy of match accounts.

Upon matching a delinquent obligor with a financial account, the Division shall automatically issue a levy for each match account unless after reviewing each data match, it is found that a levy would be inappropriate under the particular circumstances, and there is full and timely compliance with a court-ordered payment plan.

1. Such levy shall be valid for sixty (60) days. Upon receipt of any levy, the financial institution shall:
 - a. immediately freeze all accounts of the obligor, up to the amount of the lien,
 - b. hold funds in the accounts for twenty-one (21) days before remitting payment to the Division, and
 - c. notify the Division if an account has been closed.

2. Except as provided in Section 240.22E of this title, the financial institution shall not disclose information to the depositor or account holder. Within three (3) working days after levy is sent to the financial institution, the Division shall send the levy to the obligor, with a notice that the obligor has ten (10) days to request an administrative review of the levy.

3. Twenty-one (21) days after receiving the levy, the financial institution shall remit funds, up to the amount of the lien, to the Division, unless the Division has notified the institution that the levy has been released in part or in full. The financial institution shall remit any additional deposit made to a levied account, up to the amount of the levy, for a period of sixty (60) days after receiving the levy.

Added by Laws 1997, c. 402, § 32, eff. July 1, 1997. Amended by Laws 2000, c. 384, § 20, eff. Nov. 1, 2000; Laws 2001, c. 407, § 20, eff. July 1, 2001.

§56-240.23. Orders over signature of Director.

A. The Division has the authority to enter orders in the following actions over the signature of the Director and without the necessity of obtaining an additional signature of a district or administrative court judge:

1. To subpoena any financial or other information needed to establish, modify, or enforce a support order and to impose penalties for failure to respond to a subpoena; provided, that the subpoena shall comply with the provisions of Section 2204 of Title 6 of the Oklahoma Statutes;

2. In cases in which there is a support arrearage, to secure assets by:

a. intercepting or seizing periodic or lump-sum payments from:

(1) a state or local agency, including unemployment compensation, workers' compensation, and other benefits, and

(2) judgments, settlements, and lotteries,

b. attaching and seizing assets of the obligor held in financial institutions,

c. attaching public and private retirement funds, and

d. imposing liens in accordance with Section 135 of Title 43 of the Oklahoma Statutes;

3. To increase the monthly payment of child support, for purposes of securing overdue support, in an amount not to exceed five percent (5%) of the total child support order. This increase may not be made more than once every twelve (12) months. This remedy is in addition to and not in lieu of any other remedy provided by law or by court order;

4. If an income assignment is not ordered or in place by operation of law for collection of support monies, the Division is authorized to implement income withholding by sending a notice of income assignment for support to any payor of income to the obligor; and

5. To require both parents to appear for genetic testing in cases where paternity has not been established or admitted. The Division shall send notice to the putative father containing information on how to appear and admit paternity or object to the order for genetic testing. An objection to genetic testing shall require the putative father to complete an affidavit contesting paternity on a form prescribed by the Division. An order for genetic testing under this subsection may be docketed and enforced in the district court by indirect contempt.

B. With respect to paragraphs 2 and 3 of subsection A of this section, at the time of the action, the Division shall send a notice to the obligor explaining the obligor's rights to object to the action and the procedure to have it modified or reversed.

Added by Laws 1997, c. 402, § 33, eff. July 1, 1997. Amended by Laws 2000, c. 384, § 21, eff. Nov. 1, 2000; Laws 2002, c. 314, § 6, eff. Nov. 1, 2002; Laws 2007, c. 140, § 6, eff. Nov. 1, 2007.

§56-240.24. Delinquent or missing parent "Most Wanted" list.

A. The Department of Human Services may release a delinquent or missing parent "Most Wanted" type list of individuals who are in arrears in their district or administrative court-ordered child support obligations or who are sought for the purpose of establishing a child support order. The list may include the individual's name, photograph, last known address, and amount of any child support arrearage.

B. The list may be published in any available media, form or format including, but not limited to, the internet.

C. A disclosure made by the Department in a good faith effort to comply with this section may not be considered a violation of any confidentiality laws.

D. The Department shall promulgate rules to implement the provisions of this section.

Added by Laws 2011, c. 4, § 1, eff. Nov. 1, 2011.

§56-241. Participation in food stamp program - Agreements - Distribution - Reimbursement procedures.

A. It shall be the mandatory duty of the Department of Human Services to participate in the food stamp program under the Food Stamp Act of 1977, as amended. The cost of distributing food stamp benefits shall be paid by the Department.

B. 1. The Department may, at its option:

- a. operate the program of distributing food stamp benefits to families certified as eligible by the Department, or
- b. contract with private or public entities for the distribution of food stamp benefits.

2. Any program for distribution of food stamp benefits operated pursuant to the provisions of this subsection shall provide:

- a. adequate qualified personnel, suitable facilities, and adequate participant access to such benefits through a system of electronic benefits transfer,
- b. adequate qualified personnel and suitable facilities for storage and issuing of any required food stamp coupons for benefits,
- c. any bonding of personnel, and insurance required by the Commission for Human Services, and
- d. that such exchange, distribution and accounting of food stamp benefits shall be in compliance with all federal and state regulations and rules applicable thereto.

C. Food stamp benefits may be obtained through one or more approved food stores, or through other means approved by the Department.

Added by Laws 1972, c. 62, § 1, operative July 1, 1972. Amended by Laws 1993, c. 177, § 1, emerg. eff. May 13, 1993; Laws 1994, c. 87, § 30, eff. Sept. 1, 1994; Laws 1999, c. 17, § 1, emerg. eff. April 5, 1999.

§56-241.1. Electronic benefit identification program - Implementation.

A. The Department of Human Services shall develop an electronic benefits identification program to expediently and accurately determine the eligibility of and the extent or limit of benefits of clients, and to serve providers and other persons providing consumer-related goods to recipients of food stamps and other assistance programs.

B. 1. The electronic benefits identification program for recipients of food stamps and other assistance may be implemented on a staggered basis.

2. To provide for the implementation of the electronic benefits identification program, and as determined necessary by the Department for such implementation in compliance with federal law, the time of issuance of benefits for recipients of food stamps and other assistance programs may be modified or adjusted to provide for issuance of benefits on a staggered basis, provided recipients shall be notified, in writing, at least three (3) months prior to any modification or adjustment of the time of issuance of benefits.

C. The electronic benefits identification program shall be implemented upon the awarding of a contract to a vendor selected by competitive bid to do business with the State of Oklahoma. Added by Laws 1993, c. 156, § 3, emerg. eff. May 7, 1993. Amended by Laws 1995, c. 69, § 1, eff. July 1, 1995; Laws 1997, c. 414, § 21, eff. Sept. 1, 1997.

§56-241.2. Repealed by Laws 2001, c. 407, § 22, eff. July 1, 2001.

§56-241.3. Limitation of benefits - Amount and receipt of allotments.

A. Except as otherwise provided by law or waiver, all able-bodied recipients eighteen (18) years of age to fifty (50) years of age, who are not disabled or raising minor children, may receive food stamps for only three (3) months in each thirty-six-month period except in months in which such recipients are employed for at least twenty (20) or more hours per week. The Department of Human Services shall enforce the provisions of this section and any approved waivers or other provisions pursuant to law in effect for this state as of the effective date of this act in designated areas and populations.

B. 1. A family applying for food stamps after the fifteenth (15th) day of each month shall be eligible to receive the total amount of their initial allotment and their regular first allotment.

2. A household allotment of food stamps may be reduced by up to twenty-five percent (25%) if a family is sanctioned in another program established pursuant to the Statewide Temporary Assistance Responsibility System.

3. An individual in a treatment center shall designate the treatment center as the recipient of such individual's food stamp allotment.

4. Operating procedures for the food stamp programs in local offices may vary to reflect local differences.

5. The Department is authorized to use the amount of a household food stamp allotment to subsidize a job under a work supplementation or support program.

C. Beginning October 1, 2013, the Department of Human Services shall not request a waiver to provide Supplemental Nutrition Assistance Program services to able-bodied adults without dependents.

Added by Laws 1997, c. 414, § 23, eff. July 1, 1997. Amended by Laws 2013, c. 178, § 1, eff. Sept. 1, 2013.

§56-241.4. Restrictions on debit and electronic benefit cards - Violations.

A. No debit or electronic benefit transfer cards that contain state or federal funds from programs including, but not limited to,

Temporary Assistance for Needy Families (TANF) may be used in any transaction in:

1. Any liquor store;
2. Any casino, gambling casino or gaming establishment;
3. Any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment; or
4. Any retail establishment whose principal business is that of selling cigarettes, cigar or tobacco products.

B. For the purposes of this act:

1. "Liquor store" means any retail establishment that sells exclusively or primarily intoxicating liquor but does not include a grocery store that sells both intoxicating liquor and groceries;

2. "Casino", "gambling casino" and "gaming establishment" do not include:

- a. a grocery store that sells groceries and that also offers, or is located within the same building or complex as an establishment that offers casino, gambling or gaming activities, or
- b. any other establishment that offers casino, gambling or gaming activities incidental to the principal purpose of the business; and

3. "Electronic benefit transfer transaction" means the use of a credit or debit card service, automated teller machine, point-of-sale terminal or access to an online system for the withdrawal of funds or the processing of a payment for merchandise or service.

C. An individual who violates the provisions of this section shall be subject to a reduction in Temporary Assistance for Needy Families (TANF) benefits as follows:

1. For the first violation, twenty-five percent (25%) of the individual's TANF payment standard for a period of three (3) months;

2. A second violation following the three (3) month reduction in benefits shall result in a thirty-five percent (35%) reduction in TANF benefits for six (6) subsequent months;

3. A third violation following the six (6) month reduction in benefits shall result in a fifty percent (50%) reduction in TANF benefits for twelve (12) subsequent months; and

4. Subsequent violations shall result in the individual being deemed permanently ineligible for TANF benefits. Individuals with children receiving TANF benefits shall only be eligible to receive benefit payments for dependent children as provided by state and federal law.

D. By August 1, 2013, the Oklahoma Department of Human Services shall report on the status of an implementation plan pursuant to the provisions of this section. The President Pro Tempore of the Senate and the Speaker of the House of Representatives shall be provided with updates on the status of implementation on a quarterly basis

until provisions of this section are fully implemented by the Department.

Added by Laws 2013, c. 260, § 1, eff. July 1, 2013. Amended by Laws 2014, c. 26, § 1, eff. Nov. 1, 2014.

§56-242. Distribution of federally donated agricultural commodities - Limitations.

There shall be no distribution of federally donated agricultural commodities under the commodity distribution program to individuals or households in a county participating in the food stamp program except during emergency situations or as authorized by federal law or the U.S. Secretary of Agriculture.

Added by Laws 1972, c. 62, § 2, operative July 1, 1972.

§56-243. Food stamp fraud - Penalties.

A. No person shall:

1. Obtain;

2. Attempt to obtain;

3. Aid;

4. Abet;

5. Assist any person to obtain, by means of:

a. a false statement or representation,

b. false impersonation,

c. a fictitious transfer, conveyance or encumbrance of property or income,

d. knowing and willful failure to report to the Department of Human Services:

(1) income,

(2) personal property,

(3) real property,

(4) household members, or

(5) other eligibility factors,

at the time of application or during a period of receipt of assistance, or

e. any other fraudulent device:

(1) food stamps or coupons, or any benefit or debit card or any other device authorizing participation in the food stamp program, to which such applicant for food stamps or coupons, or any benefit or debit card or any other device authorizing participation in the food stamp program is not entitled, or

(2) a greater amount of food stamps or coupons, or a greater number of benefit or debit cards or any other device authorizing participation in the food stamp program than that amount or number which such applicant for food stamps or coupons,

or any benefit or debit card or any other device authorizing participation in the food stamp program is justly entitled to;

6. Acquire, possess, use or transfer food stamps or coupons, or any benefit or debit card or any other device authorizing participation in the food stamp program that has been issued to another person, except as authorized by this act and the rules of the Department of Human Services;

7. Acquire or transfer food stamps or coupons, or any benefit or debit card or any other device authorizing participation in the food stamp program, except in exchange for food or food products for human consumption. For purposes of this paragraph, the phrase "food or food products for human consumption" shall not be construed as including alcoholic beverages, tobacco, beer, or imported foods; or

8. Transfer any food stamps or coupons, or any benefit or debit card or any other device authorizing participation in the food stamp program, to a person who is not authorized by this act and rules of the Department of Human Services to acquire, possess, or use the transferred food stamps or coupons, or any benefit or debit card or any other device authorizing participation in the food stamp program.

B. 1. Any person, firm or corporation who violates any of the provisions of this section shall be guilty of a:

- a. misdemeanor, if the aggregate amount of food stamps or coupons, or the aggregate value of any benefit or debit card or any other device authorizing participation in the food stamp program obtained or transferred is Five Hundred Dollars (\$500.00) or less, and, upon conviction thereof, shall be punishable by a fine of not more than Five Hundred Dollars (\$500.00), or by imprisonment in the county jail for not more than three (3) months, or by both such fine and imprisonment, in the discretion of the court, or
- b. felony, if the aggregate amount of food stamps or coupons, or the aggregate value of any benefit card or debit card or any other device authorizing participation in the food stamp program obtained or transferred is in excess of Five Hundred Dollars (\$500.00), and, upon conviction thereof, shall be punishable by a fine of not more than Five Thousand Dollars (\$5,000.00), or by imprisonment in the State Penitentiary for not more than two (2) years, or by both such fine and imprisonment, in the discretion of the court.

2. Any store which allows purchases of prohibited items shall not be allowed to participate in the program.

3. Any person, firm or corporation who knowingly traffics in food stamps or coupons of an aggregate value of One Hundred Dollars (\$100.00) or less, or any benefit or debit card or any other device authorizing participation in the food stamp program with an aggregate value of One Hundred Dollars (\$100.00) or less, shall, upon conviction, be guilty of a misdemeanor, punishable by a fine of not more than Five Hundred Dollars (\$500.00), by imprisonment in the county jail for not more than three (3) months, or by both such fine and imprisonment, in the discretion of the court.

4. Any person, firm or corporation who knowingly traffics in food stamps or coupons of an aggregate value exceeding One Hundred Dollars (\$100.00), or any benefit or debit card or any other device authorizing participation in the food stamp program with an aggregate value exceeding One Hundred Dollars (\$100.00), shall, upon conviction, be guilty of a felony, punishable by a fine of not more than Five Thousand Dollars (\$5,000.00), by imprisonment in the State Penitentiary for not more than two (2) years, or by both such fine and imprisonment, in the discretion of the court.

5. Any district attorney who enters into a deferred adjudication or who negotiates for a deferred sentence with a defendant charged with a violation of the provisions of this section shall present the defendant with a disqualification consent agreement as part of the deferred adjudication or sentence.

C. As used in this section, "to traffic or trafficking in food stamps" means:

1. The buying, selling, stealing, or otherwise effecting an exchange of food stamp benefits issued and accessed via electronic benefit transfer cards, benefit or debit cards, card numbers and personal identification numbers, or by manual voucher and signature, for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone;

2. The exchange of firearms, ammunition, explosives, or controlled substances, as defined in Section 802 of Title 21 of the United States Code, for food stamp benefits or food stamp electronic benefit transfer cards, benefit or debit cards;

3. The possession of stolen food stamp electronic benefit transfer cards, benefit or debit cards;

4. Purchasing a product with food stamp benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product and returning the container for the deposit amount, intentionally discarding the product, and intentionally returning the container for the deposit amount;

5. Purchasing a product with food stamp benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with food stamp benefits in exchange for cash or consideration other than eligible food; or

6. Intentionally purchasing products originally purchased with food stamp benefits in exchange for cash or consideration other than eligible food.

Added by Laws 1972, c. 62, § 3, operative July 1, 1972. Amended by Laws 1975, c. 88, § 1, emerg. eff. April 25, 1975; Laws 1985, c. 58, § 2, eff. Nov. 1, 1985; Laws 1993, c. 156, § 1, emerg. eff. May 7, 1993; Laws 1996, c. 88, § 1, emerg. eff. April 15, 1996; Laws 1997, c. 133, § 500, eff. July 1, 1999; Laws 1999, 1st Ex. Sess., c. 5, § 365, eff. July 1, 1999; Laws 2013, c. 223, § 1, eff. Nov. 1, 2013; Laws 2014, c. 173, § 1, eff. Nov. 1, 2014.

NOTE: Laws 1998, 1st Ex. Sess., c. 2, § 23 amended the effective date of Laws 1997, c. 133, § 500 from July 1, 1998, to July 1, 1999.

§56-244. Conflicting federal statutes.

If any provision of this act shall be in conflict with any applicable federal statute, rule or regulation, the federal statute, rule or regulation shall prevail.

Added by Laws 1972, c. 62, § 4, operative July 1, 1972.

§56-245. Short title - Creation of committee - Purpose - Membership - Meetings - Expenses.

A. This act shall be known and may be cited as the "Oklahoma Food Security Act".

B. There is hereby created the Oklahoma Food Security Committee to continue until December 31, 2012. The purpose of the Committee is to identify, implement and monitor ways to:

1. Coordinate services among federal, state, faith-based and nonprofit organizations;

2. Extend existing programs and outreach efforts to serve more people;

3. Involve schools in identifying and improving students' access to sufficient and nutritious food;

4. Connect eligible hungry people with existing programs;

5. Support community food security initiatives in Oklahoma communities and encourage food production on the local level;

6. Encourage the use of home and community gardens for food production;

7. Support efforts to provide farmers' markets with the technology for accepting food stamps;

8. Collect and compile detailed county and community data relating to food security issues;

9. Apply for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Senior Farmers' Market Nutrition Programs in Oklahoma;

10. Support creative transportation methods for connecting at-risk populations with nutritious foods; and

11. Eliminate sales tax at farmers' markets.

C. The Committee shall be composed of seventeen (17) members as follows:

1. The Secretary of Health or a designee;
2. The Director of the Department of Human Services or a designee;
3. The State Commissioner of Health or a designee;
4. The Commissioner of Mental Health and Substance Abuse Services or a designee;
5. The Director of the Oklahoma Health Care Authority or a designee;
6. The State Superintendent of Public Instruction or a designee;
7. The Secretary of the Oklahoma Department of Agriculture, Food, and Forestry or a designee;
8. The Director of the Oklahoma Department of Commerce or a designee;
9. One member appointed by the Governor from a list submitted by a nonprofit regional food bank organization representing central and western Oklahoma;
10. One member appointed by the Governor from a list submitted by a nonprofit regional food bank organization representing eastern Oklahoma;
11. One member appointed by the Governor from a list submitted by a statewide organization of child advocates;
12. Two members appointed by the President Pro Tempore of the Senate representing faith-based organizations involved in hunger programs;
13. One member appointed by the President Pro Tempore from a list submitted by a comprehensive antipoverty agency whose mission is to help families in need achieve self-sufficiency;
14. One member appointed by the Speaker of the House of Representatives from a list submitted by a statewide organization representing senior citizens;
15. One member appointed by the Speaker of the House of Representatives from a list submitted by a nonprofit educational organization that assists in developing sustainable food and farming systems; and
16. One member appointed by the Speaker of the House of Representatives from a list submitted by a nonprofit organization committed to effective solutions and key policies which affect hunger and poverty.

D. The members of the Committee shall select a chair and vice-chair from among its membership. A quorum of the Committee shall be required for any final action of the Committee.

E. The Committee may meet as often as may be required in order to perform the duties imposed upon it.

F. The meetings of the Committee shall be subject to the Oklahoma Open Meeting Act.

G. Members of the Committee shall receive no compensation for their services, but shall be reimbursed for reasonable and necessary travel expenses incurred in the performance of their duties by their respective agency pursuant to the provisions of the State Travel Reimbursement Act. Members appointed by the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives shall be reimbursed by the Department of Human Services pursuant to the provisions of the State Travel Reimbursement Act.

H. Staff support for the Committee shall be provided by the Department of Human Services.

I. The Committee shall submit a report of its findings and recommendations to the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate by December 31 of each year.

Added by Laws 2007, c. 95, § 1, eff. July 1, 2007. Amended by Laws 2008, c. 414, § 1, eff. July 1, 2008.

§56-245.1. Partnerships to generate funding.

The Oklahoma Department of Commerce in conjunction with the Oklahoma Food Security Committee shall work with public and private partnerships to secure funding to increase the capacity of Oklahoma's food security initiatives.

Added by Laws 2008, c. 414, § 2, eff. July 1, 2008.

§56-246. HOPE Act - Eligibility verification - Independent vendors.

A. This act shall be known and may be cited as the "Act to Restore Hope, Opportunity and Prosperity for Everyone" or the "HOPE Act".

B. Prior to awarding assistance under Medicaid, the Oklahoma Health Care Authority shall verify eligibility information of each applicant, excluding those applicants who would be eligible under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) and excluding those applicants with intellectual disabilities receiving Home and Community Based Medicaid waiver and state-funded services.

C. The information verified by the Authority shall include, but is not limited to:

1. Earned and unearned income;
2. Employment status and changes in employment;
3. Immigration status;
4. Residency status, including a nationwide best-address source to verify individuals are residents of the state;
5. Enrollment status in other state-administered public assistance programs;
6. Financial resources;

7. Incarceration status;
8. Death records;
9. Enrollment status in public assistance programs outside of this state; and
10. Potential identity fraud or identity theft.

D. The Authority shall sign a memorandum of understanding with any department, agency or division for information detailed in subsection C of this section.

E. The Authority shall contract with one or more independent vendors to provide information detailed in subsection C of this section. Any contract entered under this subsection shall establish annualized savings that exceed the contract's total annual cost to the state.

F. Nothing in this section shall preclude the Authority from receiving, reviewing or verifying additional information related to eligibility not detailed in this section or from contracting with one or more independent vendors to provide additional information not detailed in this section.

Added by Laws 2018, c. 3, § 1.

§56-247. Quarterly review of eligibility - Notice of discrepancy or change.

A. On a quarterly basis, the Oklahoma Health Care Authority shall receive and review information concerning individuals enrolled in Medicaid that indicates a change in circumstances that may affect eligibility, excluding those individuals who would be eligible under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) and excluding those individuals with intellectual disabilities receiving Home and Community Based Medicaid waiver and state-funded services.

B. The information provided to the Authority shall include, but is not limited to:

1. Earned and unearned income;
2. Employment status and changes in employment;
3. Residency status;
4. Enrollment status in other state-administered public assistance programs;
5. Financial resources;
6. Incarceration status;
7. Death records;
8. Lottery winnings; and
9. Enrollment status in public assistance programs outside of this state.

C. The Authority shall sign a memorandum of understanding with any department, agency or division for information detailed in subsection B of this section.

D. The Authority shall contract with one or more independent vendors to provide information detailed in subsection B of this

section. Any contract entered under this subsection shall establish annualized savings that exceed the contract's total annual cost to the state.

E. The Authority shall explore joining any multistate cooperative to identify individuals who are also enrolled in public assistance programs outside of this state, including the National Accuracy Clearinghouse.

F. Nothing in this section shall preclude the Authority from receiving or reviewing additional information related to eligibility not detailed in this section or from contracting with one or more independent vendors to provide additional information not detailed in this section.

G. If the Authority receives information concerning an individual enrolled in Medicaid that indicates a change in circumstances that may affect eligibility, the Authority shall review the individual's case using the following procedures:

1. If the information does not result in the Authority finding a discrepancy or change in an individual's circumstances that may affect eligibility, the Authority shall take no further action;

2. If the information results in the Authority finding a discrepancy or change in an individual's circumstances that may affect eligibility, the Authority shall promptly redetermine eligibility after receiving such information;

3. If the information results in the Authority finding a discrepancy or change in an individual's circumstances that may affect eligibility, the individual shall be given an opportunity to explain the discrepancy; provided, however, that self-declarations by applicants or recipients shall not be accepted as verification;

4. The Authority shall provide notice to the individual which shall describe in sufficient detail the circumstances of the discrepancy or change, the manner in which the applicant or recipient may respond, and the consequences of failing to take action. The applicant or recipient shall have ten (10) business days to respond in an attempt to resolve the discrepancy or change. The explanation provided by the recipient or applicant shall be given in writing. After receiving the explanation, the Authority may request additional documentation if it determines that there is risk of fraud, misrepresentation or inadequate documentation;

5. If the individual does not respond to the notice, the Authority shall discontinue assistance for failure to cooperate, in which case the Authority shall provide notice of intent to discontinue assistance. Eligibility for assistance shall not be established or reestablished until the discrepancy or change has been resolved;

6. If an individual responds to the notice and disagrees with the findings, the Authority shall reinvestigate the matter. If the Authority finds that there has been an error, the Authority shall

take immediate action to correct it and no further action shall be taken. If, after an investigation, the Authority determines that there is no error, the Authority shall determine the effect on the individual's case and take appropriate action. Written notice of the Authority action shall be given to the individual; and

7. If the individual agrees with the findings, the Authority shall determine the effect on the individual's case and take appropriate action. Written notice of the Authority action shall be given to the individual. In no case shall the Authority discontinue assistance upon finding a discrepancy or change in circumstances until the individual has been given notice of the discrepancy and the opportunity to respond as required under the HOPE Act.

Added by Laws 2018, c. 3, § 2.

§56-248. Identity authentication for applicants.

A. Prior to awarding assistance under Medicaid, the Oklahoma Health Care Authority shall require applicants to complete an identity authentication process to confirm that the applicant owns the identity presented in the application.

B. The identity authentication process shall be conducted through a knowledge-based quiz consisting of financial and personal questions. The quiz shall attempt to accommodate unbanked or underbanked applicants who do not have an established credit history.

C. The identity authentication process shall be available to be submitted through multiple channels including online, in-person and via phone.

Added by Laws 2018, c. 3, § 3.

§56-249. Sharing of information if fraud suspected.

The Oklahoma Health Care Authority shall provide information obtained under Sections 1 through 3 of the HOPE Act to the Medicaid fraud control unit of the Office of the Attorney General for cases of suspected Medicaid fraud.

Added by Laws 2018, c. 3, § 4.

§56-250. Promulgation of rules and regulations.

A. The Oklahoma Health Care Authority shall promulgate all rules and regulations necessary for the purposes of carrying out the HOPE Act.

B. On May 1, 2019, and annually thereafter, the Oklahoma Health Care Authority shall publish a written report detailing the impact of Sections 1 through 3 of the HOPE Act, including the number of cases reviewed, the number of cases closed, the number of fraud investigation referrals and the amount of savings and cost avoidance that have resulted from implementation.

Added by Laws 2018, c. 3, § 5.

§56-251. Short title.

This act shall be known and may be cited as the "Family Savings Initiative Act".

Added by Laws 1998, c. 429, § 1, eff. Nov. 1, 1998.

§56-252. Purpose.

The purpose of the Family Savings Initiative Act is to provide for the establishment of individual development accounts designed to:

1. Provide individuals and families with limited means an opportunity to accumulate assets;
2. Facilitate and mobilize savings;
3. Promote home ownership, microenterprise development, education, saving for retirement, and automobile purchase; and
4. Stabilize families and build communities.

Added by Laws 1998, c. 429, § 2, eff. Nov. 1, 1998.

§56-253. Legislative findings.

The Legislature hereby finds that:

1. Americans of most economic classes are having increasing difficulty climbing the economic ladder. Fully half of all Americans have no, negligible or negative investable assets just as the price of entry to the economic mainstream, such as the cost of a house, starting a business, an adequate education, establishing a retirement account, or purchasing an automobile, is increasing;
2. Economic well-being does not come solely from income, spending, and consumption, but also requires savings, investment, and accumulation of assets, since assets can improve economic stability, connect people with a viable and hopeful future, stimulate development of human and other capital, enable people to focus and specialize, yield personal and social dividends, and enhance the welfare of offspring;
3. There is an urgent need for new means for Americans to navigate the labor market and to provide incentives and means for employment, upgrading, mobility, and retention;
4. The household savings rate of the United States lags far behind other industrial nations, presenting a barrier to economic growth. The State of Oklahoma should develop policies, such as individual development accounts, that promote higher rates of personal savings and net private domestic investment;
5. In the current fiscal environment, the State of Oklahoma should invest existing resources in high-yielding initiatives. There is reason to believe that the financial returns, including increased income, tax revenue, and decreased welfare cash assistance, of individual development accounts will far exceed the cost of investment;

6. Tens of thousands of Oklahomans continue to live in poverty and receive public assistance. Poverty is a loss of human resources, an assault on human dignity, and a drain on social and fiscal resources of this state. Traditional public assistance programs, concentrating on income and consumption, have rarely been successful in promoting and supporting the transition to economic self-sufficiency; and

7. Income-based social policy should be complemented with asset-based social policy, because while income-based policies ensure that consumption needs, including food, child care, rent, clothing, and health care, are met, asset-based policies provide the means to achieve economic self-sufficiency and climb the economic ladder.

Added by Laws 1998, c. 429, § 3, eff. Nov. 1, 1998.

§56-254. Definitions.

As used in this act:

1. "Department" means the Department of Human Services;
2. "Eligible educational institution" means the following:
 - a. an institution described in 20 U.S.C., Section 1088(a)(1) or 1141(a), as such sections are in effect on November 1, 1998, and
 - b. an area vocational education school, as defined in 20 U.S.C., Section 2471(4), subparagraph (C) or (D), as such section is in effect on November 1, 1998;
3. "Federal poverty level" means the poverty income guidelines published for a calendar year by the United States Department of Health and Human Services;
4. "Fiduciary organization" means the organization that will serve as an intermediary between an individual account holder and a financial institution holding account funds. Fiduciary organizations may include:
 - a. not-for-profit organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986, 26 U.S.C., Section 501(c)(3),
 - b. state or local government agencies submitting an application jointly with another entity described in this paragraph,
 - c. community development financial institutions as defined pursuant to federal law,
 - d. for-profit financial institutions and community development corporations,
 - e. credit unions, or
 - f. partnerships involving any of the above;
5. "Financial institution" means an organization authorized to do business under state or federal laws relating to financial institutions, and includes but is not limited to a bank, trust

company, savings bank, building and loan association, savings and loan company or association, or credit union;

6. "Individual development account" or "IDA" means an account created pursuant to this act exclusively for the purpose of paying the expenses of an eligible individual or family for the purposes set forth in Section 7 of this act;

7. "Operating costs" includes, but is not limited to, administrative costs and costs of training IDA participants in economic and financial literacy and IDA uses;

8. "Postsecondary educational expenses" means:

- a. tuition and fees required for the enrollment or attendance of an IDA account holder or immediate family member thereof who is a student at an eligible educational institution, and
- b. fees, books, supplies, and equipment required for courses of instruction for an IDA account holder or immediate family member thereof who is a student at an eligible educational institution;

9. "Qualified acquisition costs" means the costs of acquiring, constructing, or reconstructing a residence to be occupied by an IDA account holder or an immediate family member thereof, including, but not limited to, any usual or reasonable settlement, financing, or other closing costs;

10. "Qualified business" means any business that does not contravene any law or public policy;

11. "Qualified business capitalization expenses" means qualified expenditures for the capitalization of a qualified business pursuant to a qualified plan;

12. "Qualified expenditures" means expenditures included in a qualified plan, including but not limited to capital, plant, equipment, working capital, and inventory expenses;

13. "Qualified plan" means a plan for the operation of a business by an IDA account holder or an immediate family member thereof which:

- a. is approved by a financial institution, or by a nonprofit microenterprise program having demonstrated business expertise,
- b. includes a description of services or goods to be sold, a marketing plan, and projected financial statements,
- c. may require the eligible individual to obtain the assistance of an experienced entrepreneurial advisor, and
- d. is approved by the Department of Human Services; and

14. "Qualified principal residence" means a principal residence within the meaning of Section 1034 of the Internal Revenue Code of 1986, 26 U.S.C., Section 1034, of an IDA account holder or an

immediate family member thereof, the qualified acquisition costs of which do not exceed the average area purchase price applicable to such residence, determined in accordance with paragraphs (2) and (3) of Section 143(e) of the Internal Revenue Code, 26 U.S.C., Section 143(e) (2) and (3).

Added by Laws 1998, c. 429, § 4, eff. Nov. 1, 1998.

§56-255. Contracts with fiduciary organizations - Evaluation criteria - Responsibilities - Grants.

A. The Department of Human Services shall enter into contracts with one or more fiduciary organizations pursuant to the provisions of this section, in such a manner that every qualified resident of the state has access to at least one fiduciary organization for the purpose of opening an individual development account. An organization based in this state which desires to enter into such a contract shall submit a proposal to the Department for the right to be approved as a fiduciary organization. Such proposals shall be made upon forms prescribed by the Department and shall contain such information as the Department may require.

B. Organizations' proposals shall be evaluated and contracts awarded by the Department on the basis of such items as geographic diversity and an organization's:

1. Ability to market the project to potential account holders;
2. Ability to leverage additional matching and operating funds;
3. Ability to provide safe and secure investments for individual accounts;
4. Overall administrative capacity, including but not limited to the certifications or verifications required to assure compliance with eligibility requirements, authorized uses of the accounts, matching contributions by individuals or businesses, and penalties for unauthorized distributions;
5. Capacity to provide financial counseling and other related service to potential participants;
6. Links to other activities designed to increase the independence of individuals and families through home ownership, small business development, enhanced education and training, saving for retirement, and automobile purchase; and
7. Operating costs.

Responsibilities of a fiduciary organization shall include, but not be limited to, marketing participation, soliciting matching contributions, counseling project participants, conducting basic economic and financial literacy training and IDA use training for project participants, and conducting required verification and compliance activities. Neither a fiduciary organization nor an employee of or person associated with a fiduciary organization shall receive anything of value, other than compensation for services, for

any act performed in connection with the establishment of an IDA or in furtherance of the provisions of this act.

C. For each contract entered into pursuant to the provisions of this section, the Department shall make a grant to the qualified fiduciary organization not later than April 1 of each year. The amount of any single grant made shall not exceed one-fourth of the amount of funds in the IDA Revolving Fund created in Section 10 of this act at the time the grant is made. The fiduciary organization shall use not less than eighty-five percent (85%) for matching funds and not more than fifteen percent (15%) for operating costs. Added by Laws 1998, c. 429, § 5, eff. Nov. 1, 1998.

§56-256. Individual development account (IDA) - Matching funds.

A. An individual who is a resident of this state may submit an application to open an individual development account to a fiduciary organization approved by the Department of Human Services pursuant to the provisions of Section 5 of this act. Such application shall be made upon a form prescribed by the Department. The fiduciary organization shall approve the application only if the individual has gross household income from all sources for the calendar year preceding the year in which the application is made which does not exceed two hundred percent (200%) of the federal poverty level.

B. An individual opening an IDA shall be required to enter into an IDA agreement with the fiduciary organization. Not more than one individual from a single household may open an IDA.

C. The fiduciary organization shall be responsible for coordinating arrangements between the individual and a financial institution to open the individual's IDA.

D. Each fiduciary organization shall provide written notification to each of its eligible IDA account holders of the amount of matching funds provided by the Department pursuant to the provisions of subsection C of Section 5 of this act to which each such IDA account holder is entitled. Such notification shall be made at such intervals as the fiduciary organization deems appropriate, but shall be required to be made at least once each calendar year. The amount of such matching funds for each IDA account holder shall be as follows:

1. For an IDA account holder who had gross household income from all sources for the preceding calendar year less than or equal to one hundred percent (100%) of the federal poverty level, One Dollar (\$1.00) for each dollar contributed to the IDA by the IDA account holder during the preceding calendar year. The amount of such matching funds shall not exceed Five Hundred Dollars (\$500.00) per IDA account holder per year;

2. For an IDA account holder who had gross household income from all sources for the preceding calendar year of more than one hundred percent (100%) of the federal poverty level but less than or

equal to one hundred fifty percent (150%) of the federal poverty level, seventy-five cents (\$.75) for each dollar contributed to the IDA by the IDA account holder during the preceding calendar year. The amount of such matching funds shall not exceed Five Hundred Dollars (\$500.00) per IDA account holder per year; and

3. For an IDA account holder who had gross household income from all sources for the preceding calendar year of more than one hundred fifty percent (150%) of the federal poverty level but less than or equal to two hundred percent (200%) of the federal poverty level, fifty cents (\$.50) for each dollar contributed to the IDA by the IDA account holder during the preceding calendar year. The amount of such matching funds shall not exceed Five Hundred Dollars (\$500.00) per IDA account holder per year.

If the amount provided by the Department pursuant to the provisions of subsection C of Section 5 of this act is insufficient to disburse the maximum amounts specified in this subsection, amounts of disbursements shall be reduced proportionally based upon available funds. If the amount provided by the Department pursuant to the provisions of subsection C of Section 5 of this act is in excess of the amount required to disburse the maximum amounts specified in this subsection, such excess funds shall be returned to the Department and deposited to the Individual Development Account Revolving Fund created pursuant to the provisions of Section 10 of this act.

Nothing in this subsection shall be construed to prohibit or limit a fiduciary organization from providing matching funds from sources other than the Department to its IDA account holder on such terms and under such conditions as it deems appropriate.

E. If an IDA account holder has gross household income from all sources for a calendar year which exceeds two hundred percent (200%) of the federal poverty level, the IDA account holder shall not be eligible to receive funds pursuant to the provisions of subsection D of this section in the following year.

Added by Laws 1998, c. 429, § 6, eff. Nov. 1, 1998.

§56-257. Permitted uses of individual development accounts.

Individual development accounts may be used for any of the following qualified purposes:

1. Qualified acquisition costs with respect to a qualified principal residence for a qualified home buyer, or the costs of major repairs or improvements to a qualified principal residence, if paid directly to the persons to whom the amounts are due;

2. Amounts paid directly to a business capitalization account which is established in a federally insured financial institution and is restricted to use solely for qualified business capitalization expenses consistent with a qualified plan;

3. Postsecondary educational expenses paid directly to an eligible educational institution;

4. Amounts paid directly to an individual retirement account or education IRA established pursuant to federal law in the name of the IDA account holder or an immediate family member thereof; and

5. Qualified acquisition costs with respect to purchase of an automobile, or costs of repair of an automobile, if paid directly to a licensed automobile dealer or repair shop.

Added by Laws 1998, c. 429, § 7, eff. Nov. 1, 1998.

§56-258. Withdrawals under false pretenses or for other than approved purposes - Penalties.

A. If the fiduciary organization receives evidence that monies withdrawn from IDAs are withdrawn under false pretenses or are used for purposes other than for the approved purposes indicated at the time of the withdrawal, the fiduciary organization shall make arrangements with the financial institution to impose a penalty of ten percent (10%) of the amount of the monies withdrawn or loss of matches and may, at its discretion, close the account. If the fiduciary organization is unable to impose the penalty specified herein, it shall notify the Oklahoma Tax Commission and the amount of such penalty shall be added to the income tax liability of the IDA account holder. All penalties collected by fiduciary organizations or the Tax Commission shall be deposited to the Individual Development Account Revolving Fund created pursuant to the provisions of Section 10 of this act.

B. The amount of any withdrawal for purposes other than those set forth in Section 7 of this act, or any withdrawal for purposes other than for the approved purposes indicated at the time of the withdrawal, shall be taxed as income during the year in which the withdrawal is made. The fiduciary organization shall notify the Tax Commission of any such withdrawals made.

C. The fiduciary organization shall establish a grievance committee and a procedure to hear, review, and decide in writing any grievance made by an IDA account holder who disputes a decision of the operating organization that a withdrawal is subject to penalty.

D. Each fiduciary organization shall establish such regulations as are necessary, including prohibiting eligibility for further matching funds, to ensure compliance with this section.

Added by Laws 1998, c. 429, § 8, eff. Nov. 1, 1998.

§56-259. State agency responsible for implementation of act.

The Department of Human Services shall be responsible for implementation of this act and shall promulgate rules as necessary in accordance with the provisions of this act.

Added by Laws 1998, c. 429, § 9, eff. Nov. 1, 1998.

§56-260. Individual Development Account (IDA) Revolving Fund.

There is hereby created in the State Treasury a revolving fund for the Department of Human Services to be designated the "Individual Development Account (IDA) Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies appropriated or contributed thereto. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department for grants awarded pursuant to the provisions of subsection C of Section 255 of this title. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment. Added by Laws 1998, c. 429, § 10, eff. Nov. 1, 1998. Amended by Laws 2012, c. 304, § 239.

§56-300. Oklahoma Medical Center - Institutions included.

The Oklahoma Medical Center shall include the University Hospital, the Oklahoma Children's Hospital, the O'Donoghue Rehabilitation Institution, the Child Study Center and any other institutions operated by a private entity under a joint operating agreement in which any of the state institutions listed in this section are leased to a private entity pursuant to the University Hospitals Authority Act. The University Hospitals Authority may, at its discretion, designate other names under which the Oklahoma Medical Center may operate.

Added by Laws 1988, c. 326, § 42, emerg. eff. July 13, 1988. Amended by Laws 1991, c. 288, § 9, eff. July 1, 1991; Laws 1997, c. 174, § 8, emerg. eff. May 8, 1997; Laws 2021, c. 285, § 3, eff. Nov. 1, 2021.

§56-301. Renumbered as § 1406 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-301.1. Renumbered as § 1407 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-302. Renumbered as § 1408 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-303. Renumbered as § 1409 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-304. Renumbered as § 1410 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-305. Renumbered as § 1411 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-306. Renumbered as § 1412 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-307. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-308. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-309. Renumbered as § 1413 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-310. Renumbered as § 1414 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-311. Renumbered as § 1415 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-312. Renumbered as § 1416 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-313. Renumbered as § 1417 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-314. Repealed by Laws 1965, c. 69, § 1, eff. July 1, 1965.

§56-315. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1980.

§56-316. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-317. Repealed by Laws 1979, c. 15, § 1, emerg. eff. March 30, 1979.

§56-318. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-319. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1980.

§56-320. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1980.

§56-321. Renumbered as § 1418 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-322. Renumbered as § 1419 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-323. Renumbered as § 1420 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-324. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-325. Repealed by Laws 1981, c. 210, § 6, operative July 1, 1982.

§56-326. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1980.

§56-327. Renumbered as § 1421 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-327.1. Purchase or lease of passenger motor vehicles.

The Department of Human Services is authorized to acquire passenger motor vehicles by purchase or lease when the acquisition is deemed necessary by the Department to implement any program assigned to the Department. All said purchases or leases for said vehicles shall comply with the provisions of the Oklahoma Central Purchasing Act.

Added by Laws 1984, c. 161, § 1, emerg. eff. May 1, 1984.

§56-328. Division of Vocational Rehabilitation - Transfer to Commission for Rehabilitation Services - Retirement system - Merit system.

The Division of Vocational Rehabilitation of the State Board for Vocational Education, or of the State Board of Education, including all personnel thereof and all property and assets belonging to such Division, is hereby transferred to the Commission for Rehabilitation Services; and all powers, duties and responsibilities of the State Board for Vocational Education relating to vocational rehabilitation shall hereafter be exercised by the Commission for Rehabilitation Services. Employees of the Division who are members of the Teachers' Retirement System of Oklahoma and who continue as employees of the Division after such transfer may retain their membership in such Teachers' Retirement System. The Governor may, by an Executive Order, place the Division and employees thereof under the Merit System of Personnel Administration.

Added by Laws 1968, c. 46, § 1, operative July 1, 1968. Amended by Laws 1993, c. 364, § 14, emerg. eff. June 11, 1993.

§56-329. Section of Services to the Blind - Transfer to Commission for Rehabilitation Services - Merit system - Functions of Section.

A. The Section of Services to the Blind of the Oklahoma Department of Career and Technology Education, including all personnel thereof and all property and assets belonging to such Section, is hereby transferred to, and shall be a section of, the Commission for Rehabilitation Services; and all powers, duties and responsibilities of the Oklahoma Department of Career and Technology Education relating to services to the blind shall hereafter be exercised by the Commission for Rehabilitation Services. Employees of the Section who are members of the Teachers' Retirement System of Oklahoma and who continue as employees of the Section after such transfer may retain their membership in such Teachers' Retirement System. The Governor may, by an Executive Order, place the Section and employees thereof under the Merit System of Personnel Administration.

B. The Section of Services to the Blind shall provide, to blind and visually impaired persons, rehabilitation services, rehabilitation teaching services, optical aids, and special library services, including Braille and recorded books; administer the vending facility program maintained for blind and visually impaired persons, and the merchandising fund; plan and develop a comprehensive rehabilitation center and services for blind and visually impaired persons; and coordinate its services with other public agencies and private agencies providing services to the blind.

Added by Laws 1968, c. 46, § 2, operative July 1, 1968. Amended by Laws 1993, c. 364, § 15, emerg. eff. June 11, 1993; Laws 2001, c. 329, § 3, emerg. eff. June 1, 2001.

§56-329.1. Program to broaden availability of support service providers in the deaf-blind community - Support Service Providers Grant Program Fund.

A. The Department of Human Services shall:

1. Establish a program to broaden the availability of support service providers (SSPs) in the deaf-blind community;

2. Develop a mission statement for the program and promulgate rules necessary to implement and administer the program;

3. Provide grants to SSPs and organizations that provide services for deaf-blind adults or deaf-blind children and their families. The services shall include but are not limited to:

- a. transportation for doctor appointments, shopping or errands,
- b. reading mail or other correspondence,

- c. making telephone calls,
- d. recreation or wellness activities,
- e. civic or religious activities,
- f. deaf-blind meetings or events, and
- g. occasional special events such as weddings, funerals or religious ceremonies.

The Department may prioritize and limit the amount and scope of services offered subject to funding limitations and considering the needs of the deaf-blind recipients and their families; and

4. Use a request-for-proposal process to award grants to SSPs. SSPs that receive grants pursuant to this section may expend the grant monies for any purpose authorized in this subsection. The total amount of grants awarded pursuant to this section shall not exceed Two Hundred Fifty Thousand Dollars (\$250,000.00) annually.

B. After establishing a program pursuant to subsection A of this section and subject to the availability of funds, the Department may develop a certification requirement and training program for SSPs and organizations that provide services for deaf-blind adults or deaf-blind children and their families with the primary priority of service to the deaf-blind recipients and their families.

C. The structure and scope of the program established in subsection A of this section may be expanded upon legislative approval and funding. The program shall be aligned with other initiatives of the Department to avoid duplication or overlap of services or programming; however, the Department may use a combination of services or programs to provide a comprehensive support program for deaf-blind adults or deaf-blind children and their families. The Department may solicit and accept private or public funds from individuals and entities to implement and administer the program.

D. There is hereby created in the State Treasury a revolving fund for the Department of Human Services to be designated the "Support Service Providers Grant Program Fund". The fund shall be a continuing fund, not subject to fiscal year limitations. The fund shall consist of monies appropriated to the Department by the Legislature and any other monies acquired by the Department pursuant to subsection C of this section. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department in order to carry out the duties imposed in this section. Expenditures from the Support Service Providers Grant Program Fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

Added by Laws 2018, c. 141, § 2. Amended by Laws 2021, c. 517, § 1, eff. July 1, 2021. Renumbered from § 166.13 of Title 74 by Laws 2021, c. 517, § 2, eff. July 1, 2021.

§56-330. Use of monies - Federal funds - Commission as sole state agency.

The Commission for Rehabilitation Services shall use such monies as may be necessary to operate and maintain the State Department of Rehabilitation Services, and to earn the maximum federal funds available to this state for vocational rehabilitation and services to the blind. The Commission shall be the sole agency of the State of Oklahoma to cooperate with, and to receive and administer grants and other funds from, the U.S. Department of Education, or any other federal agency, in programs for the vocational rehabilitation of disabled persons and for services to the blind.

Added by Laws 1968, c. 46, § 3, operative July 1, 1968. Amended by Laws 1988, c. 326, § 18, emerg. eff. July 13, 1988; Laws 1993, c. 364, § 16, emerg. eff. June 11, 1993.

§56-331. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1980.

§56-332. Renumbered as § 1422 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-333. Renumbered as § 1423 of Title 10 by Laws 1982, c. 312, § 48, emerg. eff. May 28, 1982.

§56-334. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1980.

§56-335. Outpatient services for former patients of Taft State Hospital.

The Department of Mental Health and Substance Abuse Services shall provide outpatient services within the county in which Taft State Hospital was located, for former patients of the Taft State Hospital and mentally ill persons residing in the area formerly served by the Taft State Hospital.

Added by Laws 1970, c. 133, § 3, emerg. eff. April 7, 1970. Amended by Laws 1990, c. 51, § 118, emerg. eff. April 9, 1990.

§56-336. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-337. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-338. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-339. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-340. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-341. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-342. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-343. Basic medical services programs at schools for persons with intellectual disabilities.

The Department of Human Services and the University Hospitals Authority shall enter into cooperative agreements between the University Hospitals Authority and the state schools for individuals with intellectual disabilities in the development of basic medical services programs at the schools for individuals with intellectual disabilities; provided, that the University Hospitals Authority shall not have the responsibility for implementing such programs or for providing medical services at the schools for individuals with intellectual disabilities.

Added by Laws 1973, c. 44, § 8, operative July 1, 1973. Amended by Laws 1983, c. 283, § 16, operative July 1, 1983; Laws 1988, c. 326, § 24, emerg. eff. July 13, 1988; Laws 1993, c. 330, § 24, eff. July 1, 1993; Laws 2019, c. 475, § 40, eff. Nov. 1, 2019.

§56-344. Renumbered as § 3222 of Title 63 by Laws 1993, c. 330, § 31, eff. July 1, 1993.

§56-345. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-346. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-347. Guardian and conservator services.

The Department of Human Services is hereby authorized to contract for the services of guardians and conservators who will act on behalf of individuals that are recipients of services through the agency's programs including, but not limited to, the program for individuals with intellectual disabilities and the adult protective services program. The Department is authorized to reimburse such guardians and conservators for any expenses determined to be reimbursable by the Department and incurred as a result of their services as guardian or conservator.

Added by Laws 1985, c. 291, § 8, emerg. eff. July 23, 1985. Amended by Laws 2019, c. 475, § 41, eff. Nov. 1, 2019.

§56-401. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-402. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-403. Repealed by Laws 1986, c. 247, § 34, emerg. eff. June 13, 1986.

§56-404. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-405. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-406. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-407. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-408. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-409. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-410. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-411. Deceased child or retarded person - Funeral arrangements and expenses.

A. Except as otherwise provided by subsection B of this section, the Department of Human Services is authorized to make the necessary funeral arrangements and pay any reasonable burial expenses incurred upon the death of a child or an individual with intellectual disability who is either in the custody of the Department or is a resident of an institution under the jurisdiction of the Department. When possible, the Department shall make such arrangements with any funeral home located in the same vicinity as the institution or in the same vicinity of the place of residence or home town of the child or the individual with intellectual disability.

B. The Department of Human Services is not authorized to make such funeral arrangements or make such burial payments if the deceased child or deceased individual with intellectual disability has any relatives or next of kin who is financially able to make the funeral arrangements and make the burial payments.

Added by Laws 1986, c. 9, § 1, eff. Nov. 1, 1986. Amended by Laws 2021, c. 129, § 1, eff. Nov. 1, 2021.

§56-412. Repealed by Laws 1993, c. 330, § 32, eff. July 1, 1993.

§56-412.1. Renumbered as § 3221.1 of Title 63 by Laws 1994, c. 283, § 21, eff. Sept. 1, 1994.

§56-413. Repealed by Laws 1995, c. 263, § 9.

§56-501. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-504. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-504.1. Renumbered as § 5030.1 of Title 63 by Laws 1996, c. 221, § 7, eff. Nov. 1, 1996.

§56-505. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-506. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-507. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-508. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-509. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-510. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-511. Repealed by Laws 1997, c. 414, § 30, eff. Sept. 1, 1997.

§56-515. Repealed by Laws 1984, c. 226, § 16, eff. Oct. 1, 1985 and Laws 1985, c. 357, § 5, operative Oct. 1, 1985.

§56-521. Renumbered as § 3223 of Title 63 by Laws 1993, c. 330, § 31, eff. July 1, 1993.

§56-530.1. Short title.

Sections 7 through 13 of this act shall be known and may be cited as the "Oklahoma Adult Companion Home Certification Act". Added by Laws 1993, c. 159, § 6, eff. July 1, 1993.

§56-530.2. Purpose and policy of act - Maintenance of minimum standards - Certificate required.

A. It is the purpose and policy of the Oklahoma Adult Companion Home Certification Act to ensure maintenance of minimum standards for the care and protection of adults with intellectual or developmental disabilities, and to encourage and assist adult companion homes in achieving maximum standards.

B. In order to provide care for adults with intellectual or developmental disabilities in adult companion homes, a certificate shall be obtained from the Department of Human Services. Such certificate shall be issued on the basis of meeting minimum standards which are essential for the health and welfare of any adult with intellectual or developmental disabilities placed for care in such home.

Added by Laws 1993, c. 159, § 7, eff. July 1, 1993. Amended by Laws 2019, c. 475, § 42, eff. Nov. 1, 2019.

§56-530.3. Definitions.

For purposes of the provisions of the Oklahoma Adult Companion Home Certification Act:

1. "Department" means the Department of Human Services; and
2. "Adult companion home" means any home or establishment, funded and certified by the Department of Human Services, which provides homelike residential accommodations and supportive assistance to three or fewer adults with intellectual or developmental disabilities.

Added by Laws 1993, c. 159, § 8, eff. July 1, 1993. Amended by Laws 2019, c. 475, § 43, eff. Nov. 1, 2019.

§56-530.4. Application for certificate - Provisional certificate.

A. Beginning January 1, 1994, no adult companion home shall be operated or maintained unless certified by the Department of Human Services. No new adult companion home may be established without the prior approval of the Department, which shall be granted only after the Department is satisfied that such adult companion home will meet known needs for the services proposed to be provided and that the adult companion home will meet minimum standards.

B. An application for a certificate shall be made on forms prescribed by the Department. Before issuing a certificate, the Department shall investigate the activities and standards of care of the applicant and, if satisfied that the applicant meets the requirements as provided in the Oklahoma Adult Companion Home Certification Act, a certificate shall be issued. A provisional certificate may be issued to any applicant whose services are needed but which is temporarily unable to conform to all the rules of the Department. All certificates shall be in force for one (1) year from date of issuance unless sooner revoked as authorized by the Oklahoma Adult Companion Home Certification Act, and shall be reissued annually upon application. A provisional certificate may be in force for not more than one (1) year, unless an emergency exists that, in the discretion of the Department, necessitates an extension thereof.

Added by Laws 1993, c. 159, § 9, eff. July 1, 1993.

§56-530.5. Rules.

A. The Department of Human Services shall promulgate rules prescribing minimum standards for adult companion homes.

B. In promulgating rules prescribing such standards the Department shall consult with the State Department of Health, the State Bureau of Investigation and the State Fire Marshal.

Added by Laws 1993, c. 159, § 10, eff. July 1, 1993.

§56-530.6. Investigations, examinations, and inspections - Authority of state agencies - Confidentiality.

A. The Department of Human Services shall have authority at any reasonable time to investigate and examine the conditions of any home which receives and cares for adults with intellectual or developmental disabilities. The Department shall have authority at any time to require the home to provide information pertaining to adults with intellectual or developmental disabilities in its care.

B. The State Department of Health may visit any home at the request of the Department to advise on matters affecting the health of adults with intellectual or developmental disabilities and to inspect the sanitation of the buildings used for their care.

C. The State Bureau of Investigation and the State Fire Marshal shall visit any home at the request of the Department to advise on matters affecting the safety of adults with intellectual or developmental disabilities and to inspect the condition of the buildings in which their care is provided.

D. Information obtained by the Department from any home regarding adults with intellectual or developmental disabilities shall be deemed confidential, and shall be properly safeguarded, and shall not be accessible to anyone except as herein provided unless upon order of a court of competent jurisdiction.

Added by Laws 1993, c. 159, § 11, eff. July 1, 1993. Amended by Laws 2019, c. 475, § 44, eff. Nov. 1, 2019.

§56-530.7. Revocation or refusal to renew certificate - Notice and hearing.

The Department of Human Services may revoke or refuse to renew any certificate issued pursuant to the provisions of the Oklahoma Adult Companion Home Certification Act if the home has violated any of the provisions of the Oklahoma Adult Companion Home Certification Act or the standards promulgated by the Department. No certificate shall be revoked or renewal refused unless the holder of such certificate shall have been given at least thirty (30) days' notice in writing of the grounds of such proposed revocation or refusal. If such revocation or refusal is protested to the Commission for Human Services, in writing, within thirty (30) days of receipt of said notice the Commission, or the Department, shall conduct a hearing at which an opportunity is given to the owner or operator of such home to present testimony and confront witnesses. Notice of such hearing shall be given to said owner or operator of such home by personal service or by delivery to the proper address by registered mail, at least two (2) weeks prior to the date thereof. If notice of the proposed revocation or refusal is not so protested, the certification may thereupon be revoked or renewal thereof refused.

Added by Laws 1993, c. 159, § 12, eff. July 1, 1993.

§56-530.8. Appeals - Injunctions - Violations.

A. Any certificate holder aggrieved by the decision of the Department of Human Services pursuant to the provisions of the Oklahoma Adult Companion Home Certification Act, within ten (10) days after the revocation or refusal to issue or renew the certification, may take an appeal de novo to the district court of the county in which the home is maintained and operated by filing with the clerk of the court a verified petition. Notice of such appeal shall be served on the Director of the Department within five (5) days of the date of its filing.

B. The Department, within ten (10) days of the service of such notice, shall file with the clerk of said court a transcript of the proceedings had before it. The district court shall thereupon be vested with jurisdiction to hear and determine the questions of law and fact involved, as in an appeal de novo. If the Department prevails, the judgment of the district court shall be that the decision of the Department be affirmed. If the owner or operator of a home prevails, the judgment of the court shall be that the revocation be set aside or the certification issued or renewed, as the case may be. Pending the hearing of the appeal, the action of the Department revoking or refusing renewal of the certification or the granting thereof shall be stayed.

C. Any person or owner or operator of a home may be enjoined from maintaining and operating such home for violations of any provisions of the Oklahoma Adult Companion Home Certification Act by suit brought in the name of the state by the Attorney General of the State of Oklahoma or by a district attorney.

D. Any person or agent, representative, or officer of any home who violates any of the provisions of the Oklahoma Adult Companion Home Certification Act, upon conviction, shall be deemed guilty of a misdemeanor. Whenever any agent, representative, or officer of any home is convicted under authority of the Oklahoma Adult Companion Home Certification Act, such conviction shall be sufficient grounds for the revocation of the certificate to operate a home.

Added by Laws 1993, c. 159, § 13, eff. July 1, 1993.

§56-601. Short title.

Sections 2 through 8 of this act shall be known and may be cited as the "Oklahoma Family Support Act".

Added by Laws 1992, c. 277, § 1, eff. July 1, 1992.

§56-602. Definitions.

As used in the Oklahoma Family Support Act:

1. "Department" means the Department of Human Services;

2. "Family" means a family member and his or her parent or legal guardian; and

3. "Family member" means a person less than eighteen (18) years of age with developmental or intellectual disability as defined in Section 1408 of Title 10 of the Oklahoma Statutes.

Added by Laws 1992, c. 277, § 2, eff. July 1, 1992. Amended by Laws 2019, c. 475, § 34, eff. Nov. 1, 2019.

§56-603. Legislative intent.

The Oklahoma Family Support Act is intended to:

1. Keep families together;

2. Facilitate the return of children with developmental disabilities from out-of-home placements to their families' homes;

3. Prevent or delay the out-of-home placement of children with severe developmental disabilities who reside in their families' homes.

Added by Laws 1992, c. 277, § 3, eff. July 1, 1992.

§56-604. Family Support Program - Eligibility criteria.

The Director of the Department of Human Services shall, within the constraints of funding appropriated to the Department, maintain a Family Support Program for children with severe developmental disabilities who reside in their family homes in accordance with the following criteria:

1. The family member resides with the family;

2. The family resides in the State of Oklahoma;

3. The gross adjusted income of the family for the year immediately preceding the date of application for the assistance did not exceed Forty-five Thousand Dollars (\$45,000.00);

4. The family is headed by a biological parent, adoptive parent, or legal guardian of the eligible family member; provided, however, that if the eligible family member lives with an adoptive parent or parents who already receive adoption subsidy from any source on behalf of the applicant, the family cannot receive family support assistance authorized by this section; and

5. The family or family member does not receive Medicaid Home and Community-based Waiver Services.

Added by Laws 1992, c. 277, § 4, eff. July 1, 1992. Amended by Laws 1997, c. 407, § 19, eff. Nov. 1, 1997.

§56-605. Rules and regulations.

The Director of the Department shall promulgate necessary rules to ensure the proper and efficient operation of the Family Support Program.

Added by Laws 1992, c. 277, § 5, eff. July 1, 1992.

§56-606. Assistance payments.

If an application for family support assistance pursuant to the Oklahoma Family Support Act is approved by the Department of Human Services and Developmental Disabilities Services Division:

1. A family support assistance payment shall be paid to the parent or legal guardian on behalf of a family member and shall be considered a benefit to the family member;

2. The family support assistance payment shall be used to meet the special needs of the family associated with the family member. Except as otherwise provided in the Oklahoma Family Support Act, this assistance payment is intended to complement, not to supplant, public assistance or other social service benefits based on economic need, available through governmental programs;

3. The amount of the family support assistance payment shall be a maximum of Four Hundred Dollars (\$400.00) per month. Increases to this amount shall be determined annually by legislative appropriation. In addition, the parent or legal guardian of a family member who is in an out-of-home placement at the time of application may receive a one-time, lump-sum advance payment of twice the monthly family support assistance amount for the purpose of meeting the special needs of the family to prepare for the placement or return of the family member to in-home care.

4. The parent or legal guardian who receives a family support assistance payment shall report, in writing, at least the following information to the Department:

- a. not less than annually, a statement and any supporting documentation requested by the Department that the family support assistance payment was used to meet the special needs of the family,
- b. immediately, if the parent or legal guardian requests termination of the family support assistance,
- c. immediately, upon the occurrence of any event listed in Section 7 of this act.

Added by Laws 1992, c. 277, § 6, eff. July 1, 1992.

§56-607. Termination of assistance.

The family support assistance shall terminate if any of the following occurs:

1. The family member dies;
2. The family no longer meets the eligibility criteria referenced in Section 4 of this act;
3. The family member no longer meets the eligibility criteria referenced in Section 4 of this act; and
4. A report required by Section 6 of this act is not timely made or is determined to be false.

Added by Laws 1992, c. 277, § 7, eff. July 1, 1992.

§56-608. Hearing upon denial or termination.

If an application for a family support assistance is denied or a family support assistance payment is terminated by the Department, the parent or legal guardian of the affected family member may demand, in writing, a hearing by the Department.
Added by Laws 1992, c. 277, § 8, eff. July 1, 1992.

§56-625.1. Short title - Purpose - Definitions.

A. This act shall be known and may be cited as the "Independent Living Services Act".

B. The Legislature hereby finds and declares that individuals with disabilities comprise a large percentage of Oklahoma's total population. Such individuals need assistance in living fuller and more independent lives. Individuals with disabilities receive assistance in independent living in the form of direct client services provided by the Department of Rehabilitation Services and in the form of independent living services as provided by centers for independent living pursuant to the federal Rehabilitation Act of 1973, as amended. However, as currently funded, such services are not sufficient to meet the independent living needs of individuals with disabilities. As a result, it is necessary to provide state funding to expand the services currently provided.

C. For purposes of the Independent Living Services Act:

1. "Independent living center" has the same definition as such term is defined by the federal Rehabilitation Act of 1973, as amended, or its implementing federal regulations; and

2. "Independent living services" has the same definition as such term is defined by the federal Rehabilitation Act of 1973, as amended, or its implementing federal regulations.

Added by Laws 2000, c. 259, § 1, eff. July 1, 2000.

§56-625.2. Statewide Independent Living Council - Contracts for services.

A. There is hereby created the Statewide Independent Living Council which shall be established pursuant to the federal Rehabilitation Act of 1973, Public Law 93-112, codified at 29 U.S.C., Section 701 et seq., as amended.

B. The duties of the Council shall be those as set forth in the federal Rehabilitation Act of 1973, as amended.

C. Subject to the availability of state funds other than those appropriated to the Department of Rehabilitation Services for the purpose of providing independent living services to its clients, and in accordance with the State Plan for Independent Living, the Department of Rehabilitation Services, in joint effort with the Statewide Independent Living Council, may contract with independent living centers for the purpose of providing independent living services to individuals with disabilities and their families.

Added by Laws 2000, c. 259, § 2, eff. July 1, 2000.

§56-701. Short title.

This act shall be known and may be cited as the "Volunteer Service Credit Bank Program Act".

Added by Laws 1994, c. 348, § 1, eff. Sept. 1, 1994.

§56-702. Definitions.

As used in the Volunteer Service Credit Bank Program Act:

1. "Recipient" means a person eligible to receive services whether as a full participant or beneficiary;

2. "Full participant" means a person who is registered by a sponsoring organization to provide services and who receives service credits;

3. "Beneficiary" means a person who acts solely as a recipient and who is made eligible through the transfer of service credits from a donor or sponsor;

4. "Volunteer" means a person who is registered by a sponsoring organization to perform designated tasks for full participants and beneficiaries;

5. "Donor" means a volunteer registered with a sponsoring organization whose earned service credits will be transferred to a recipient or beneficiary;

6. "Sponsor" means an organization or agency which provides recruitment, referral, instructional facilities and support for the Program;

7. "Service credit" means the unit of exchange upon which the Program operates;

8. "Eligible tasks" means those designated activities which, when performed by a volunteer for a recipient, will result in the earning and the use of service credits;

9. "Matching process" means the administrative steps taken to bring an appropriate volunteer into contact with a recipient who has requested services;

10. "Umbrella Agency" means the Department of Human Services, Aging Services Division which will coordinate the statewide Volunteer Service Credit Bank Program, providing policy and procedures, technical assistance and computerization of records;

11. "Volunteer coordinator" means a person responsible for coordinating a sponsor's program activities;

12. "Respite care" means the temporary relief provided to a caregiver who has twenty-four-hour responsibility for a homebound person living either with the caregiver or separately; and

13. "Volunteer service credit bank" means the Program designed by the Division to provide service credits to qualified volunteers who provide in-home services.

Added by Laws 1994, c. 348, § 2, eff. Sept. 1, 1994.

§56-703. Credit for providing volunteer in-home service.

The Aging Services Division of the Department of Human Services shall establish a program to enable persons to volunteer their time and services to an in-home service or volunteer agency serving the homebound which is approved by the Division and receive credit for providing volunteer in-home service. The credit may then be drawn upon when a volunteer or beneficiary needs such in-home services. Types of services rendered are in-home services which enhance the capacity of the recipient to maintain self-sufficiency and/or improve the recipient's quality of life. No income test shall be used to determine eligibility for service.

The Commission for Human Services shall promulgate rules necessary for the accomplishment of the purpose of the Volunteer Service Credit Bank Program Act.

Added by Laws 1994, c. 348, § 3, eff. Sept. 1, 1994.

§56-704. Rulemaking.

The Commission shall promulgate rules regarding:

1. The sponsoring organizations, including but not limited to:
 - a. eligibility requirements for certification of local sponsoring organizations,
 - b. roles and responsibilities of the sponsoring organizations,
 - c. provisions for the sponsoring organizations to establish program contribution procedures,
 - d. provisions for liability insurance for the sponsor and volunteers, and
 - e. provisions for written policies and procedures regarding confidentiality and recordkeeping;
2. Volunteers, including but not limited to:
 - a. types of volunteers and eligibility criteria for same, whether receiving service credits or donating credits to a beneficiary,
 - b. procedures for making application to the Program,
 - c. training requirements, and
 - d. a volunteer code of ethics; and
3. Receiving service credits, including but not limited to:
 - a. criteria for receipt of service credits,
 - b. the amount of credits to be awarded for different types of service, and
 - c. procedures for receiving service and drawing on the credit bank.

Added by Laws 1994, c. 348, § 4, eff. Sept. 1, 1994.

§56-705. Volunteer Service Credit Bank Program Advisory Council.

A. There is hereby created a Volunteer Service Credit Bank Program Advisory Council appointed by the Director of the Department

of Human Services. The Council shall be composed of fifteen (15) members selected for their activity in aging and volunteer programs in Oklahoma. Membership will include, but not be limited to, representation from the State Council on Aging and the Oklahoma Business and Aging Leadership Council, the State ACTION director, an American Association of Retired Persons representative, a health agency professional, a State Unit on Aging staff member, an Area Agency on Aging director and volunteer agency personnel. Other relevant volunteers and/or professionals will be invited to serve as appropriate. The members shall serve without compensation but may be reimbursed for expenses by the Department pursuant to the provisions of the State Travel Reimbursement Act.

B. The Division shall provide professional and clerical staff to perform the designated duties of the Council.

C. The Volunteer Service Credit Bank Program Advisory Council shall have the power and duty to:

1. Serve as the advisory body to the Division for the development and improvement of services to homebound individuals;
2. Advise and consult with the Division on all matters relating to the Volunteer Service Credit Bank Program; and
3. Evaluate and review the rules, practices and procedures regarding the administration and enforcement of the provisions of this act.

Added by Laws 1994, c. 348, § 5, eff. Sept. 1, 1994.

§56-1001. Short title.

This act shall be known and may be cited as the "Oklahoma Medicaid Program Integrity Act".

Added by Laws 1989, c. 220, § 1, operative July 1, 1989.

§56-1002. Definitions.

As used in the Oklahoma Medicaid Program Integrity Act:

1. "Authority" means the Oklahoma Health Care Authority;
2. "Attorney General" means the Attorney General of this state, his employees or his authorized representatives;
3. "Claim" means a communication, including written, electronic, or magnetic, which is utilized to identify a good, item, or service as reimbursable pursuant to the Oklahoma Medicaid Program, or which states income or expense and is or may be used to determine a rate of payment pursuant to the Oklahoma Medicaid Program; and any application for payment by any person from the Oklahoma Medicaid Program or its fiscal agents for each good or service purported by any person to have been provided by any person to any Medicaid recipient;
4. "Fiscal agents" means any individual, firm, corporation, professional association, partnership, organization, or other legal entity which, through a contractual relationship with the Oklahoma

Health Care Authority and, thereby, the State of Oklahoma, receives, processes, and pays claims under the Oklahoma Medicaid Program;

5. "Kickback" means a return in any form by any individual, company, corporation, partnership, or association of a part of an expenditure made by a provider:

- a. to the same provider,
- b. to an entity controlled by the provider or,
- c. to an entity which the provider intends to benefit whenever such expenditure is reimbursed, or reimbursable, or claimed by a provider as being reimbursable by the Oklahoma Medicaid Program and when the sum or value returned is not credited to the benefit of the Oklahoma Medicaid Program;

6. "Medicaid recipient" means any individual in whose behalf any person claimed or received any payment or payments from the Oklahoma Medicaid Program or its fiscal agents, whether or not any such individual was eligible for benefits under the Oklahoma Medicaid Program;

7. "Oklahoma Medicaid Program" means the state program administered by the Oklahoma Health Care Authority pursuant to Title XIX of the federal Social Security Act, which provides for payments for medical goods or services on behalf of indigent families with dependent children and of aged, blind, or disabled individuals whose income and resources are insufficient to meet the cost of necessary medical services;

8. "Person" means any Medicaid provider of goods or services or any employee of such provider, whether that provider is an individual, individual medical vendor, firm, corporation, professional association, partnership, organization, or other legal entity under the Oklahoma Medicaid Program, or any individual, individual medical vendor, firm, corporation, professional association, partnership, organization, other legal entity, or any employee of such who is not a provider under the Oklahoma Medicaid Program but who provides goods or services to a provider under the Oklahoma Medicaid Program for which the provider submits claims to the Oklahoma Medicaid Program or its fiscal agents;

9. "Provider" means any person who has applied to participate or who participates in the Oklahoma Medicaid Program as a supplier of a good or a service;

10. "Records" means all medical, professional, or business records or documents relating to the treatment or care of any recipient, or to a good or a service provided to any such recipient, or to rates or amounts paid or claimed for such a good or a service including but not limited to records of non-Medicaid goods or services to verify rates or amounts; and any records required to be kept by the Oklahoma Health Care Authority to be kept by any person; and

11. "Sign" means to affix a signature directly or indirectly by means of handwriting, typewriter, signature stamp, computer impulse, or other means recognized by Oklahoma Law.

Added by Laws 1989, c. 220, § 2, operative July 1, 1989. Amended by Laws 1990, c. 144, § 1, emerg. eff. May 1, 1990; Laws 1995, c. 306, § 1, eff. July 1, 1995.

§56-1003. Medicaid fraud control unit - Creation - Status - Power and authority - Attorney General's Medicaid Fraud Revolving Fund.

A. There is hereby created within the Office of the Attorney General, a Medicaid fraud control unit.

B. The Medicaid fraud control unit shall be the state entity to which all cases of suspected Medicaid fraud shall be referred by the Oklahoma Health Care Authority or its fiscal agents for the purposes of investigation, civil action, criminal action or referral to the district attorney. Provided however, nothing contained in the Oklahoma Medicaid Program Integrity Act shall prohibit the Oklahoma Health Care Authority from investigating or additionally referring to other proper law enforcement agencies cases of suspected Medicaid fraud, nor the Attorney General from pursuing cases of suspected Medicaid fraud without a referral from the Oklahoma Health Care Authority if there is credible evidence of fraud. The Oklahoma Health Care Authority shall be authorized to require providers to display information about how to report providers suspected of fraudulent activity relating to the Oklahoma Medicaid Program. The Oklahoma Health Care Authority shall require that signs be posted in any and all locations where services provided by the Oklahoma Medicaid Program are delivered to Medicaid recipients. The sign shall make reference to the Attorney General's Medicaid Fraud Control Unit hotline and provide the current phone number for the hotline, and shall be placed in a conspicuous location within a provider's office. The sign shall contain notification that all reports to the hotline may be filed anonymously by persons suspecting fraudulent activity.

C. 1. In carrying out these responsibilities, the Attorney General shall have all the powers necessary to comply with federal laws and regulations relative to the operation of a Medicaid fraud unit, the power to cross-designate assistant United States attorneys as assistant attorneys general, the power to investigate cases of patient abuse, the power to issue or cause to be issued subpoenas or other process in aid of investigations and prosecutions, the power to administer oaths and take sworn statements under penalty of perjury, the power to serve and execute in any county, search warrants which relate to investigations authorized by the Oklahoma Medicaid Program Integrity Act and shall have all the powers of a district attorney.

2. Subpoenas ad testificandum or duces tecum issued pursuant to the Oklahoma Medicaid Program Integrity Act may be served by the Attorney General, any peace officer, or any competent person over eighteen (18) years of age, and may require attendance or production at any place in this state. A refusal to obey such subpoena, or willful failure to appear, be sworn, testify, or produce records at the place and time specified shall constitute contempt and shall be enforced by the district court of the county where issued or the county where served, at the election of the Attorney General, as if it was a contempt on that court.

D. The Attorney General shall have authority to collect all fines, penalties, amounts of restitution, or interest accruing on any amount of restitution to be made and any penalties to be paid from and after default in the payment thereof levied pursuant to the provisions of the Oklahoma Medicaid Program Integrity Act, the Oklahoma Medicaid False Claims Act, or any other charge, cause of action, prelitigation settlement or other settlement which recovers money wrongfully paid by the Oklahoma Health Care Authority on a claim submitted to the Oklahoma Health Care Authority. However, this subsection is not in any way intended to affect the contempt power of any court. Funds collected by the Attorney General pursuant to this section shall be deposited as follows:

1. Restitution recovered and interest thereon shall be returned to the Oklahoma Health Care Authority for deposit to the Oklahoma Health Care Authority Medicaid Program Fund created pursuant to Section 5020 of Title 63 of the Oklahoma Statutes;

2. Costs of investigation, litigation, attorney fees, and other expenses shall be retained by the Office of the Attorney General and shall be deposited in the Attorney General's Medicaid Fraud Revolving Fund created pursuant to subsection E of this section; and

3. Fines and penalties and other funds recovered and interest thereon shall be deposited in the Attorney General's Medicaid Fraud Revolving Fund; provided, the balance in the Attorney General's Medicaid Fraud Revolving Fund shall not exceed an amount equal to fifty percent (50%) of the current-year budget for operating costs of the Medicaid Fraud Control Unit. Any funds exceeding that amount shall be deposited as follows:

a. seventy-five percent (75%) to the General Revenue Fund, and

b. twenty-five percent (25%) to the Attorney General's Evidence Fund created pursuant to Section 19 of Title 74 of the Oklahoma Statutes.

E. There is hereby created in the State Treasury a revolving fund for the Office of the Attorney General, to be designated the "Attorney General's Medicaid Fraud Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of any monies designated to the fund by law. All

monies accruing to the credit of said fund are hereby appropriated and may be budgeted and expended by the Attorney General for activities related to the Medicaid Fraud Control Unit. Expenditures from said fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

Added by Laws 1989, c. 220, § 3, operative July 1, 1989. Amended by Laws 1990, c. 144, § 2, emerg. eff. May 1, 1990; Laws 1995, c. 306, § 2, eff. July 1, 1995; Laws 2011, c. 306, § 1; Laws 2012, c. 244, § 1, eff. Nov. 1, 2012; Laws 2013, c. 15, § 36, emerg. eff. April 8, 2013; Laws 2013, c. 106, § 1, eff. Nov. 1, 2013.

NOTE: Laws 2012, c. 304, § 240 repealed by Laws 2013, c. 15, § 37, emerg. eff. April 8, 2013.

§56-1004. Potential recipient's authorization to examine records - Provider's signed statement as to accuracy of reports, etc. - Maintenance of records - Access to records - Confidentiality of records and information - Disclosure - Liability.

A. No potential Medicaid recipient shall be eligible for medical assistance unless such recipient has, in writing, authorized the Oklahoma Health Care Authority and the Attorney General to examine all records maintained as required by the Oklahoma Medicaid Program by the recipient, or of those receiving or having received Medicaid benefits through the recipient, whether the receipt of such benefits would be allowed by the Oklahoma Medicaid Program or not.

B. 1. Each application to participate as a provider in the Oklahoma Medicaid Program, each report stating income or expense upon which rates of payment are or may be based, and each invoice for payment for a good or a service provided to recipient, shall contain a statement that all matters stated therein are true and accurate, signed by the provider or his or her agent. Any person who signs this statement or causes another to sign this statement knowing the statement to be false shall be guilty of perjury. For purposes of this subsection, an individual who signs on behalf of a provider shall be presumed to have the authorization of the provider and to be acting at his or her direction.

2. All providers subject to the Oklahoma Medicaid Program are required to maintain at their or its principal place of Medicaid business all such records at least for a period of six (6) years from the date of claimed provision of any goods or services to any Medicaid recipient.

C. The Attorney General shall be allowed access to all records of persons and Medicaid recipients under the Oklahoma Medicaid Program which are held by a provider or the Oklahoma Health Care Authority for the purpose of investigating whether any person may have committed the crime of Medicaid fraud, or for use or potential

use in any legal, administrative, or judicial proceeding. In carrying out the purposes of the Oklahoma Medicaid Program Integrity Act, the Attorney General may take possession of records held by a provider by subpoena, in which case copies of those records obtained by the Attorney General which are necessary for the provider to continue doing business shall be supplied to the provider, or the Attorney General may elect to require that the provider supply the Medicaid fraud control unit within the office of the Attorney General with copies of the records. Upon request, the Attorney General shall be granted access to records, including electronic data, held by the Oklahoma Health Care Authority for the purpose of investigating whether any person or entity may have committed the crime of Medicaid fraud.

D. Records obtained or created by the Authority or the Attorney General pursuant to the Oklahoma Medicaid Program Integrity Act shall be classified as confidential information and shall not be subject to the Oklahoma Open Records Act or to outside review or release by any individual except, if authorized by the Attorney General, in relation to legal, administrative, or judicial proceeding.

E. No person holding such records may refuse to provide the Authority or the Attorney General with access to such records on the basis that release would violate any recipient's right of privacy, any recipient's privilege against disclosure or use, or any professional or other privilege or right. The disclosure of patient information as required by the Oklahoma Medicaid Program Integrity Act shall not subject any physician or other health services provider to liability for breach of any confidential relationship between a patient and a provider.

Added by Laws 1989, c. 220, § 4, operative July 1, 1989. Amended by Laws 1990, c. 144, § 3, emerg. eff. May 1, 1990; Laws 1995, c. 306, § 3, eff. July 1, 1995; Laws 2012, c. 244, § 2, eff. Nov. 1, 2012.

§56-1005. Unlawful acts.

A. It shall be unlawful for any person to willfully and knowingly:

1. Make or cause to be made a claim, knowing the claim to be false, in whole or in part, by commission or omission;
2. Make or cause to be made a statement or representation for use in obtaining or seeking to obtain authorization to provide a good or a service knowing the statement or representation to be false, in whole or in part, by commission or omission;
3. Make or cause to be made a statement or representation for use by another in obtaining a good or a service under the Oklahoma Medicaid Program, knowing the statement or representation to be false, in whole or in part, by commission or omission;

4. Make or cause to be made a statement or representation for use in qualifying as a provider of a good or a service under the Oklahoma Medicaid Program, knowing the statement or representation to be false, in whole or in part, by commission or omission;

5. Charge any recipient or person acting on behalf of a recipient, money or other consideration in addition to or in excess of rates of remuneration established under the Oklahoma Medicaid Program;

6. Solicit or accept a benefit, pecuniary benefit, or kickback in connection with goods or services paid or claimed by a provider to be payable by the Oklahoma Medicaid Program; or

7. Having submitted a claim for or received payment for a good or a service under the Oklahoma Medicaid Program, fail to maintain or destroy such records as required by law or the rules of the Oklahoma Health Care Authority for a period of at least six (6) years following the date on which payment was received.

B. For the purposes of this section, a person shall be deemed to have made or caused to be made a claim, statement, or representation if the person:

1. Had the authority or responsibility to make the claim, statement, or representation, to supervise those who made the claim, statement, or representation, or to authorize the making of the claim, statement, or representation, whether by operation of law, business or professional practice, or office procedure; and

2. Exercised such authority or responsibility or failed to exercise such authority or responsibility and as a direct or indirect result, the false statement was made.

C. The provisions of this section shall not be construed to prohibit any payment, business arrangement or payment practice not prohibited by 42 U.S.C., Section 1320a-7b(b) or any regulations promulgated pursuant thereto or to prohibit any payment, business arrangement or payment practice not prohibited by Section 1-742 of Title 63 of the Oklahoma Statutes.

D. For the purposes of this section, a person shall be deemed to have known that a claim, statement, or representation was false if the person knew, or by virtue of the person's position, authority or responsibility, had reason to know, of the falsity of the claim, statement or representation.

E. Any employee of the State Department of Health, the Department of Human Services or the Oklahoma Health Care Authority who knowingly or willfully fails to promptly report a violation of the Oklahoma Medicaid Program, subject to the provisions of this section, to the chief administrative officer of such agency or the State Attorney General shall, upon conviction thereof, be guilty of a misdemeanor.

Added by Laws 1989, c. 220, § 5, operative July 1, 1989. Amended by Laws 1990, c. 144, § 4, emerg. eff. May 1, 1990; Laws 1995, c. 306,

§ 4, eff. July 1, 1995; Laws 2000, c. 198, § 1, emerg. eff. May 9, 2000; Laws 2000, c. 340, § 9, eff. July 1, 2000; Laws 2000, c. 344, § 1, emerg. eff. June 6, 2000.

§56-1005.1. Definitions - Fraudulent receipt of assistance.

A. As used in this section:

1. "Administrative sanction" means the court may enter an order making an individual who violates a provision of this section ineligible for assistance for a specified period of time. Such order shall be communicated to the Oklahoma Health Care Authority Legal Division; and

2. "Insure Oklahoma" means the program administered by the Oklahoma Health Care Authority pursuant to Sections 1010.1 through 1010.13 of Title 56 of the Oklahoma Statutes.

B. Any individual who:

1. Obtains or attempts to obtain, or aids, abets or assists any individual to obtain, by means of a false statement or representation, or by false impersonation, or by a fictitious transfer, conveyance or encumbrance of property or income, or by a knowing and willful failure to report to the Department of Human Services or the Oklahoma Health Care Authority income, personal property, real property, household members, or other material eligibility factors at the time of application or during the receipt of assistance, or by other fraudulent device, assistance to which an applicant is not entitled or assistance greater than that to which an applicant is justly entitled shall be guilty of a misdemeanor or a felony;

2. By sale, barter, purchase, theft, acquisition, possession or use of any medical identification card or any other device authorizing participation in the Oklahoma Medicaid Program, knowingly obtains, aids, abets or assists any individual to obtain or attempt to obtain assistance to which an individual is not entitled shall be guilty of a misdemeanor or a felony; or

3. Attempts to obtain Medicaid or Insure Oklahoma benefits by omitting income, personal property, household members, or other material eligibility factors shall, upon conviction, be guilty of a misdemeanor punishable by either a fine of three times the amount of assistance, or up to three (3) months in the county jail. In addition, the individual may also be punished by an administrative sanction regarding Medicaid benefits. The court shall have discretion in determining penalties.

C. If the acts in either paragraph 1 or 2 of subsection B of this section or both paragraphs 1 and 2 of subsection B of this section cause the Oklahoma Health Care Authority to determine that an individual or family is eligible for Medicaid or the Insure Oklahoma program and the aggregate amount of assistance paid on behalf of the individual or individuals is less than Five Thousand

Dollars (\$5,000.00), the penalty, upon conviction, shall be a misdemeanor punishable by fine or imprisonment, or both a fine and imprisonment for three (3) months or an administrative sanction regarding Medicaid benefits in the discretion of the court. If the acts in paragraph 1 or 2 of subsection B of this section or both paragraphs 1 and 2 of subsection B of this section cause the Oklahoma Health Care Authority to determine an individual or family eligible for Medicaid or the Insure Oklahoma program and the aggregate amount of assistance paid on behalf of the individual or individuals is equal to or greater than Five Thousand Dollars (\$5,000.00), the penalty, upon conviction, shall be a felony punishable by fine or imprisonment or both a fine and imprisonment for not more than five (5) years or an administrative sanction regarding Medicaid benefits in the discretion of the court.
Added by Laws 2011, c. 134, § 2, eff. Nov. 1, 2011.

§56-1005.2. Short title - Defunding Fetal-Body-Parts Trafficking Act.

This act shall be known and may be cited as the "Defunding Fetal-Body-Parts Trafficking Act".

Added by Laws 2018, c. 202, § 1, eff. Nov. 1, 2018.

§56-1005.3. Definitions.

For purposes of this act:

1. "Provider" means a provider of services for compensation;
2. "Affiliate" means an entity which licenses the use of a trademark or other recognized name to the provider, and which exercises control over the use of part or all of the provider's name, or any entity so licensed or controlled; and
3. "Fetal body parts" means tissue or cells obtained from a dead human embryo or fetus.

Added by Laws 2018, c. 202, § 2, eff. Nov. 1, 2018.

§56-1005.4. Violations - Penalties - Investigation.

A. No provider shall be eligible for reimbursement through Medicaid or any other federal or state program or any other funding from any political subdivision of this state including but not limited to cities, towns, municipalities or counties, directly or by subcontract with any other party, if that provider, or any affiliate of that provider, has been found by a court of law, either civilly or criminally, to have violated 42 U.S.C., Section 289g-2 (2010) or any other federal or state law prohibiting trafficking in fetal body parts.

B. Any provider found to be ineligible for reimbursement or other funding pursuant to this section shall be able to reapply after a period of five (5) years and a showing that they and their

affiliates no longer participate in the trafficking of fetal body parts.

C. Within sixty (60) calendar days of receipt of a complaint of a violation under this section, the Oklahoma Health Care Authority shall publish the findings of its investigation of the complaint and issue a determination of whether a provider has committed a violation of the provisions of this section. Nothing in the Defunding Fetal-Body-Parts Trafficking Act shall preclude other law enforcement entities or a party in qui tam litigation from initiating action regarding this section.

Added by Laws 2018, c. 202, § 3, eff. Nov. 1, 2018. Amended by Laws 2021, c. 288, § 1, eff. July 1, 2021.

§56-1006. Medicaid fraud - Penalties.

A. Any person found to have committed any violation of paragraphs 1 through 6 of subsection A of Section 1005 of this title shall be deemed guilty of Medicaid fraud.

B. 1. Any person committing Medicaid fraud where the aggregate amount of payments illegally claimed or received is One Thousand Dollars (\$1,000.00) or more shall be guilty of a felony, and upon conviction thereof shall pay a fine of not more than three times the amount of payments illegally claimed or received or Ten Thousand Dollars (\$10,000.00) whichever is greater, or be imprisoned for not more than three (3) years, or by both such fine and imprisonment.

2. Any person committing Medicaid fraud where the aggregate amount of payments illegally claimed or received is less than One Thousand Dollars (\$1,000.00) shall be guilty of a misdemeanor and upon conviction thereof shall pay a fine of not more than three times the amount of payments illegally claimed or received or One Thousand Dollars (\$1,000.00) whichever is greater, or imprisoned for not more than one (1) year, or by both such fine and imprisonment.

Any person who violates paragraph 7 of subsection A of Section 1005 of this title shall be guilty of a felony, and upon conviction thereof shall pay a fine of not more than three times the amount of payments (claimed or received) equaling the services which would have been reflected in the absent records or Ten Thousand Dollars (\$10,000.00), whichever is greater, or be imprisoned for not more than three (3) years, or by both such fine and imprisonment.

Additionally, the person found guilty hereunder shall be liable for the cost of the investigation, litigation, and attorney fees, which, in addition to all fines assessed, shall be deposited in the Attorney General's Medicaid Revolving Fund.

Added by Laws 1989, c. 220, § 6, operative July 1, 1989. Amended by Laws 1990, c. 144, § 5, emerg. eff. May 1, 1990; Laws 1997, c. 133, § 501, eff. July 1, 1999; Laws 1999, 1st Ex. Sess., c. 5, § 366, eff. July 1, 1999; Laws 2024, c. 310, § 3, eff. Nov. 1, 2024.

NOTE: Laws 1998, 1st Ex. Sess., c. 2, § 23 amended the effective date of Laws 1997, c. 133, § 501 from July 1, 1998, to July 1, 1999.

§56-1007. Additional penalties.

A. Any person who receives payment for furnishing goods or services under the Oklahoma Medicaid Program, which the person is not entitled to receive by reason of offenses under paragraphs 1 through 6 of subsection A of Section 1005 of this title, shall, in addition to any other penalties provided by law, be liable for:

1. Full restitution to the Oklahoma Health Care Authority of all funds or payments received in violation of the Oklahoma Medicaid Program Integrity Act which shall be returned to the Authority for deposit to the Oklahoma Health Care Authority Medicaid Program Fund, created in Section 6 of this act;

2. Payment of interest on the amount of the excess payment at the maximum legal rate in effect on the date the payment was made to the person for the period from the date upon which payment was made to the date upon which the repayment is made to the Authority. All such payments shall be deposited in the Oklahoma Health Care Authority Medicaid Program Fund, created in Section 6 of this act; and

3. The cost of investigation, litigation, and attorney fees, which shall be deposited to the General Revenue Fund.

B. 1. In addition to the penalties imposed by paragraphs 1, 2 and 3 of subsection A of this section, any person who receives payment for furnishing goods or services under the Oklahoma Medicaid Program, which the person is not entitled to receive by reason of violation of paragraphs 1 through 6 of subsection A of Section 1005 of this title, shall be liable for one of the following penalties:

- a. a civil penalty of two (2) times the amount of restitution and interest thereon from date of judgment, which shall be deposited to the General Revenue Fund, or
- b. a civil penalty in the sum of Two Thousand Dollars (\$2,000.00) and interest thereon from date of judgment for each false or fraudulent claim, statement, or representation submitted for providing goods or services, which shall be deposited to the General Revenue Fund.

2. A criminal action need not be brought against the person before civil liability attaches under this section.

C. In addition to the sanctions provided by the Oklahoma Medicaid Program Integrity Act, the Authority may, upon the conviction of or the entry of an administrative, civil or criminal judgment against any person wherein Medicaid fraud on the person's part is involved, suspend the provider agreement between the Authority and the person and stop reimbursement to the person for

goods or services claimed for a period of up to five (5) years from the date of final adjudication of the matter.

Added by Laws 1989, c. 220, § 7, operative July 1, 1989. Amended by Laws 1990, c. 144, § 6, emerg. eff. May 1, 1990; Laws 1995, c. 306, § 5, eff. July 1, 1995.

§56-1007.1. Short title - Defunding Statutory Rape Cover-up Act.

This act shall be known and may be cited as the "Defunding Statutory Rape Cover-up Act".

Added by Laws 2019, c. 239, § 1, eff. Nov. 1, 2019.

§56-1007.2. Definitions.

As used in the Defunding Statutory Rape Cover-up Act:

1. "Provider" shall mean a provider of services for compensation; and

2. "Affiliate" shall mean an entity which licenses the use of a trademark or other recognized name to the provider, and which exercises control over the use of part or all of the provider's name, or any entity so licensed or controlled.

Added by Laws 2019, c. 239, § 2, eff. Nov. 1, 2019.

§56-1007.3. Eligibility for Medicaid reimbursement - Failure to report statutory rape.

A. No provider shall be eligible for reimbursement through Medicaid or any other federal or state program, directly or by subcontract with any other party, if:

1. That provider, or any affiliate of that provider, has been found by a court of law, either civilly or criminally, to have failed to report statutory rape as part of mandatory potential child abuse reporting laws applicable to the medical provider, when that provider, or the affiliate of that provider, provides services relating to pregnancy or termination of pregnancy to that minor female for compensation; or

2. The entity or an affiliate of the entity failed to report statutory rape of a patient as child abuse as required by law, where the abuser was later convicted of abusing that patient, whether or not the entity or an affiliate of the entity was itself adjudicated of failing to report statutory rape.

B. Any provider found to be ineligible for reimbursement under this section shall be able to reapply after a period of five (5) years and a showing that procedures have been put in place to provide for reporting to appropriate law enforcement authorities.

Added by Laws 2019, c. 239, § 3, eff. Nov. 1, 2019.

§56-1007.4. Promulgation of rules to investigate complaints.

The Oklahoma Health Care Authority shall promulgate rules to investigate complaints pursuant to the Defunding Statutory Rape

Cover-up Act. Nothing in the Defunding Statutory Rape Cover-up Act shall preclude the Oklahoma Attorney General or any district attorney with jurisdiction from prosecuting violations of the Defunding Statutory Rape Cover-up Act.

Added by Laws 2019, c. 239, § 4, eff. Nov. 1, 2019.

§56-1008. Annual report on Medicaid fraud.

The Attorney General shall submit an annual report, due by July 1 of each year, to the Speaker of the House of Representatives, the President Pro Tempore of the Senate, the Governor and the Secretary of State detailing the number of Medicaid fraud cases investigated and litigated and the amount of monies collected in the previous fiscal year.

Added by Laws 1989, c. 220, § 8, operative July 1, 1989.

§56-1009.1. Short title - Legislative findings.

A. Sections 1 and 2 of this act shall be known and may be cited as the "All Kids Act".

B. The Legislature finds that, for the economic and social benefit of all residents of the State of Oklahoma, it is important to enable all children of this state to access affordable health insurance that offers comprehensive coverage and emphasizes preventative health care. Numerous studies, including the Institute of Medicine's report, Health Insurance Matters, demonstrate that lack of insurance negatively affects health status. The Legislature further finds that access to health care is a key component for children's healthy development and successful education. The effects of lack of insurance also negatively impact those who are insured because the cost of paying for care for the uninsured is shifted to those who have insurance in the form of higher health insurance premiums. A Families USA 2005 report indicates that by 2010, family premiums in Oklahoma will increase by Two Thousand Eleven Dollars (\$2,011.00) due to cost-shifting from the uninsured. It is, therefore, the intent of the All Kids Act to provide access to affordable health insurance to all children in Oklahoma.

Added by Laws 2007, c. 318, § 1, emerg. eff. June 4, 2007.

§56-1009.2. Medical coverage for children 18 and under - Eligibility - Privately sponsored insurance - Partial coverage - Cost-sharing - Rules - Waivers - Funding.

A. On or before January 1, 2011, the Oklahoma Health Care Authority shall establish and maintain a program with a voucher and/or other subsidy to provide medical coverage assistance to children, eighteen (18) years of age or younger, whose family incomes are between one hundred eighty-five percent (185%) and three hundred percent (300%) of the federal poverty level.

B. To be eligible for the program, the child must:

1. Be a lawful resident of the State of Oklahoma;
2. Be ineligible for medical assistance under the state Medicaid program; and
3. Have been without health insurance coverage for a period set forth by the Authority, but not less than six (6) months during the first month of operation of the program, except in the following situations:
 - a. loss of employment by a parent which made available affordable dependent health insurance coverage, until such time as affordable employer-sponsored dependent health insurance coverage is again available for the child as set forth by the Authority,
 - b. affordable private or employer-sponsored health insurance is unavailable to the responsible relative of a newborn, or
 - c. loss of medical benefits under the state Medicaid program within one year of applying for coverage under the All Kids Act.

C. The Authority shall provide assistance to families in gaining health care benefits for children in the program by offering a voucher and/or other subsidy toward the cost of privately sponsored health insurance, including, but not limited to, employer-sponsored health insurance provided through the state's premium assistance program.

D. If privately sponsored health insurance is not available, the Authority may allow applicants to purchase access to the state-administered health care benefit under the premium assistance program.

E. The Authority is authorized to offer partial coverage to children who are enrolled in a high-deductible private health insurance plan or to offer a limited package of benefits to children in families who have private or employer-sponsored health insurance coverage which does not cover certain benefits, including, but not limited to, dental or vision benefits.

F. The families of children who are enrolled in this program shall be subject to the following cost-sharing requirements:

1. Cost-sharing provisions stated in privately sponsored health insurance plans for children enrolled in such plans; and
2. Cost-sharing methods and levels to be set forth by the Authority for individuals participating in the state-administered premium assistance program. Such cost-sharing shall be on a sliding scale based on family income and may be periodically modified by the Authority.

Notwithstanding paragraphs 1 and 2 of this subsection, there shall be no co-payment required for well-baby or well-child health care for children enrolled in the program, including, but not

limited to, age-appropriate immunizations as required under state or federal law.

G. The Authority shall promulgate rules to determine eligibility and enrollment of children in the program.

H. The Authority shall submit to the federal Centers for Medicare and Medicaid Services an application for any waivers or any state plan amendments required to amend the state Medicaid plan to enact the provisions of the All Kids Act. Subject to federal approval, the program shall utilize a voucher and/or related subsidy system for participating families.

I. Funding for this act shall be provided from the unused funds from the Oklahoma Employer/Employee Partnership for Insurance Coverage pursuant to Section 1010.1 of Title 56 of the Oklahoma Statutes, not to exceed Eight Million Dollars (\$8,000,000.00). Added by Laws 2007, c. 318, § 2, emerg. eff. June 4, 2007.

§56-1010.1. Short title - Oklahoma Medicaid Program Reform Act of 2003 - Purpose - Coverage - Waivers - Health Employee and Economy Improvement Act (HEEIA) Revolving Fund.

A. Section 1010.1 et seq. of this title shall be known and may be cited as the "Oklahoma Medicaid Program Reform Act of 2003".

B. Recognizing that many Oklahomans do not have health care benefits or health care coverage, that many small businesses cannot afford to provide health care benefits to their employees, and that, under federal law, barriers exist to providing Medicaid benefits to the uninsured, the Legislature hereby establishes provisions to lower the number of uninsured, assist businesses in their ability to afford health care benefits and coverage for their employees, and eliminate barriers to providing health coverage to eligible enrollees under federal law.

C. Unless otherwise provided by law, the Oklahoma Health Care Authority shall provide coverage under the state Medicaid program to children under the age of eighteen (18) years whose family incomes do not exceed one hundred eighty-five percent (185%) of the federal poverty level.

D. 1. The Authority is directed to apply for a waiver or waivers to the Centers for Medicare and Medicaid Services (CMS) that will accomplish the purposes outlined in subsection B of this section. The Authority is further directed to negotiate with CMS to include in the waiver authority provisions to:

- a. increase access to health care for Oklahomans,
- b. reform the Oklahoma Medicaid Program to promote personal responsibility for health care services and appropriate utilization of health care benefits through the use of public-private cost sharing,
- c. enable small employers, and/or employed, uninsured adults with or without children to purchase employer-

sponsored, state-approved private, or state-sponsored health care coverage through a state premium assistance payment plan. If by January 1, 2012, the Oklahoma Employer/Employee Partnership for Insurance Coverage premium assistance program is not consuming more than seventy-five percent (75%) of its dedicated source of funding, then the program will be expanded to include parents of children eligible for Medicaid, and

d. develop flexible health care benefit packages based upon patient need and cost.

2. The Authority may phase in any waiver or waivers it receives based upon available funding.

3. The Authority is authorized to develop and implement a premium assistance plan to assist small businesses and/or their eligible employees to purchase employer-sponsored insurance or "buy-in" to a state-sponsored benefit plan.

4. a. The Authority is authorized to seek from the Centers for Medicare and Medicaid Services any waivers or amendments to existing waivers necessary to accomplish an expansion of the premium assistance program to:

- (1) include for-profit employers with two hundred fifty employees or less up to any level supported by existing funding resources, and
- (2) include not-for-profit employers with five hundred employees or less up to any level supported by existing funding resources.

b. Foster parents employed by employers with greater than two hundred fifty employees shall be exempt from the qualifying employer requirement provided for in this paragraph and shall be eligible to qualify for the premium assistance program provided for in this section if supported by existing funding.

E. For purposes of this paragraph, "for-profit employer" shall mean an entity which is not exempt from taxation pursuant to the provisions of Section 501(c)(3) of the Internal Revenue Code and "not-for-profit employer" shall mean an entity which is exempt from taxation pursuant to the provisions of Section 501(c)(3) of the Internal Revenue Code.

F. The Authority is authorized to seek from the Centers for Medicare and Medicaid Services any waivers or amendments to existing waivers necessary to accomplish an extension of the premium assistance program to include qualified employees whose family income does not exceed two hundred fifty percent (250%) of the federal poverty level, subject to the limit of federal financial participation.

G. The Authority is authorized to create as part of the premium assistance program an option to purchase a high-deductible health insurance plan that is compatible with a health savings account.

H. 1. There is hereby created in the State Treasury a revolving fund to be designated the "Health Employee and Economy Improvement Act (HEEIA) Revolving Fund".

2. The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of:

- a. all monies received by the Authority pursuant to this section and otherwise specified or authorized by law,
- b. monies received by the Authority due to federal financial participation pursuant to Title XIX of the Social Security Act, and
- c. interest attributable to investment of money in the fund.

3. All monies accruing to the credit of the fund are hereby appropriated and shall be budgeted and expended by the Authority to implement a premium assistance plan and to fund the state share for the Oklahoma Medicaid Program on or after July 1, 2020, unless otherwise provided by law.

I. 1. The Authority shall establish a procedure for verifying an applicant's individual income by utilizing available Oklahoma Tax Commission records, new hire report data collected by the Oklahoma Employment Security Commission, and child support payment data collected by the Department of Human Services in accordance with federal and state law.

2. The Oklahoma Tax Commission, Oklahoma Employment Security Commission, and Department of Human Services shall cooperate in accordance with federal and state law with the Authority to establish procedures for the secure electronic transmission of an applicant's individual income data to the Authority.

3. The Department of Public Safety shall cooperate in accordance with federal and state law with the Authority to establish procedures for the secure electronic transmission of an applicant's individual identification data to the Authority.

J. An employer participating in the premium assistance program created under this section as of May 1, 2024, may utilize a self-funded or self-insured health care plan as a participating health care plan if:

1. The self-funded or self-insured health care plan is recognized by the Insurance Department under Section 6012 of Title 36 of the Oklahoma Statutes;

2. The self-funded or self-insured health care plan covers all essential health benefits as required by the Authority and all other health benefits required under applicable federal laws;

3. The self-funded or self-insured health care plan otherwise complies with all applicable federal laws including but not limited to the Employee Retirement Income Security Act of 1974 (ERISA);

4. The self-funded or self-insured health care plan assesses a monthly premium on members and maintains a rate schedule for provider reimbursement;

5. The self-funded or self-insured health care plan meets actuarial standards for the premium assistance program as determined by the Authority and the employer submits an attestation to the Insurance Department that the self-funded or self-insured health care plan meets such actuarial standards; and

6. The Authority receives the necessary federal approval for self-funded or self-insured health care plans to participate in the premium assistance program.

Added by Laws 1993, c. 336, § 1, eff. July 1, 1993. Amended by Laws 1997, c. 421, § 1; Laws 1999, c. 288, § 1, eff. Sept. 1, 1999; Laws 1999, c. 323, § 1, emerg. eff. June 8, 1999; Laws 2000, c. 251, § 3, eff. July 1, 2000; Laws 2003, c. 464, § 1, eff. July 1, 2003; Laws 2004, c. 136, § 1, eff. July 1, 2004; Laws 2006, c. 315, § 15, emerg. eff. June 9, 2006; Laws 2007, c. 230, § 1, eff. Nov. 1, 2007; Laws 2008, c. 3, § 27, emerg. eff. Feb. 28, 2008; Laws 2008, c. 158, § 1, eff. Nov. 1, 2008; Laws 2008, c. 412, § 1, eff. Nov. 1, 2008; Laws 2009, c. 128, § 5, eff. Nov. 1, 2009; Laws 2010, c. 309, § 3, eff. Nov. 1, 2010; Laws 2017, c. 136, § 1, eff. Nov. 1, 2017; Laws 2020, c. 19, § 1, eff. July 1, 2020; Laws 2022, c. 309, § 2, eff. Nov. 1, 2022; Laws 2024, c. 133, § 2, eff. July 1, 2024.

NOTE: Laws 2007, c. 318, § 3 repealed by Laws 2008, c. 3, § 28, emerg. eff. Feb. 28, 2008.

§56-1010.2. Repealed by Laws 2022, c. 395, § 25, eff. July 1, 2022.

§56-1010.3. Repealed by Laws 2022, c. 395, § 25, eff. July 1, 2022.

§56-1010.4. Repealed by Laws 2022, c. 395, § 25, eff. July 1, 2022.

§56-1010.5. Repealed by Laws 2022, c. 395, § 25, eff. July 1, 2022.

§56-1010.6. Repealed by Laws 2003, c. 8, § 4, eff. July 1, 2003.

§56-1010.7. Repealed by Laws 2000, c. 251, § 4, eff. July 1, 2000.

§56-1010.7A. Repealed by Laws 2007, c. 93, § 5, eff. Nov. 1, 2007.

§56-1010.8. Repealed by Laws 2022, c. 395, § 25, eff. July 1, 2022.

§56-1010.8A. Medicaid Health Improvement Revolving Fund.

There is hereby created in the State Treasury a revolving fund for the Oklahoma Health Care Authority to be designated the "Medicaid Health Improvement Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received from the premium tax levied on contracted entities under paragraph 2 of subsection A of Section 624 of Title 36 of the Oklahoma Statutes and such other funds as may be provided by law. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Authority for the following purposes:

1. To supplement the state Medicaid program;
2. To supplement the Supplemental Hospital Offset Payment Program; and
3. To supplement the Rate Preservation Fund created in Section 5020A of Title 63 of the Oklahoma Statutes.

Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

Added by Laws 2022, c. 395, § 23, eff. July 1, 2022.

§56-1010.10. Repealed by Laws 2001, c. 277, § 12, eff. July 1, 2001.

§56-1010.12. Prescriptions for non-sedating antihistamines - Exemption from prior authorization procedures.

Subject to the provisions of subsection B of Section 204 of Title 56 of the Oklahoma Statutes, effective September 1, 1998, children age eighteen (18) or younger may be prescribed non-sedating antihistamines under the state Medicaid plan without prior authorization by the Medicaid Drug Utilization Review Board. Adults age nineteen (19) or older shall continue to be subject to the prior authorization procedures of the Medicaid Drug Utilization Review Board for non-sedating antihistamines.

Added by Laws 1998, c. 392, § 3, eff. Sept. 1, 1998.

§56-1010.13. Representatives of incompetent Medicaid beneficiaries.

A Medicaid beneficiary, including, but not limited to, a beneficiary currently enrolled in a fully or partially capitated managed care delivery model pursuant to the provisions of the Oklahoma Medicaid Healthcare Options System, who is not medically or legally competent may have another person act on the beneficiary's behalf for purposes of enrollment or reenrollment into any of the managed care delivery models. A person so authorized shall be a member of one of the following classes of persons:

1. An authorized representative pursuant to the provisions of 20 U.S. Code of Federal Regulations, Section 404.2021;

2. The beneficiary's spouse;
3. The guardian of the person appointed pursuant to the Oklahoma Guardianship and Conservatorship Act;
4. The attorney-in-fact for health care decisions acting pursuant to the provisions of the Uniform Durable Power of Attorney Act or the health care proxy acting pursuant to the provisions of the Oklahoma Rights of the Terminally Ill or Persistently Unconscious Act;
5. A child of the beneficiary who is at least eighteen (18) years of age;
6. A parent of the beneficiary; or
7. A brother or sister of the beneficiary who is at least eighteen (18) years of age.

Added by Laws 1999, c. 416, § 1, eff. Nov. 1, 1999. Amended by Laws 2003, c. 2, § 2, emerg. eff. March 17, 2003.

§56-1010.21. Short title - Purpose - Definition.

A. This act shall be known and may be cited as the "Oklahoma Pharmacy Connection Program".

B. Initial implementation of the program shall target senior citizens and shall utilize the existing toll-free Senior Info-Line telephone number for senior citizen services.

C. The purpose of the Oklahoma Pharmacy Connection Program shall be to improve access to prescription drugs for citizens who have no or inadequate health insurance or other resources for the purchase of medically necessary prescription drugs by:

1. Providing a clearinghouse to assist citizens of this state to access manufacturer-sponsored prescription drug assistance programs for which they are or may be eligible;

2. Disseminating information about and advertising the program that will assist citizens with purchasing prescription drugs at a lower cost;

3. Assisting citizens with accessing pharmaceutical discount or insurance programs that may be of benefit to them;

4. Serving as a resource for pharmaceutical benefit issues; and

5. Implementing additional strategies to assist citizens to access prescription drugs as appropriate.

D. For the purposes of the Oklahoma Pharmacy Connection Program, "manufacturer-sponsored prescription drug assistance program" means a program offered by a pharmaceutical company through which the company provides a drug or drugs to eligible persons at no charge or at a substantially reduced cost. The term does not include the provision of a drug as part of a clinical trial.

Added by Laws 2002, c. 337, § 1, emerg. eff. May 30, 2002.

§56-1010.22. Establishment of program - Services to be offered - Target population.

A. The Department of Human Services shall establish a program through which health care providers and members of the public can obtain information about manufacturer-sponsored prescription drug assistance programs and shall provide such information to pharmacies, physicians and other appropriate health care providers, and to the general public. The Department shall ensure that the program has staff available who can, at a minimum:

1. Determine whether a pharmaceutical program is offered for the drug or drugs;

2. Determine whether a person is eligible for assistance through a pharmaceutical program; and

3. Assist a person to make application to and enroll in a pharmaceutical assistance program.

B. Initial implementation of the program shall target senior citizens and shall utilize the existing toll-free Senior Info-Line telephone number for senior citizen services.

C. The Department shall implement additional strategies, subject to available resources and the recommendations of the Oklahoma Pharmacy Connection Council, to improve access to prescription drugs for citizens who have no or inadequate health insurance or other resources for the purchase of medically necessary prescription drugs.

D. The Department may apply for and accept grants or gifts and may enter into contracts with other state agencies or private organizations to assist with the implementation of the Oklahoma Pharmacy Connection Program including, but not limited to, contracts, gifts or grants from pharmaceutical manufacturers to assist with the direct costs of the program, and take such other action as necessary and appropriate to accomplish the purposes of and implement the provisions of the Oklahoma Pharmacy Connection Program.

E. The Department of Human Services shall notify pharmaceutical companies doing business in Oklahoma of the Oklahoma Pharmacy Connection Program. Any pharmaceutical company that does business in this state and that offers a pharmaceutical assistance program shall notify the Department of Human Services of the existence of the program, the drugs covered by the program, and all information necessary to apply for assistance under the program.

Added by Laws 2002, c. 337, § 2, emerg. eff. May 30, 2002.

§56-1010.23. Repealed by Laws 2016, c. 46, § 1, eff. Nov. 1, 2016.

§56-1011.1. Short title.

Sections 1 through 10 of this act shall be known and cited as the "Oklahoma Medicaid Reform Act of 2006".

Added by Laws 2006, c. 315, § 1, emerg. eff. June 9, 2006.

§56-1011.2. Program to improve service delivery system - Waivers of federal laws - Implementation of phase one of act - Independent evaluation - Purpose.

A. The Oklahoma Health Care Authority is authorized to seek waivers and/or other federal authorizations to create a statewide program to provide for a more efficient and effective service delivery system that enhances quality of care and client outcomes in the Oklahoma Medicaid Program.

B. The Oklahoma Health Care Authority shall develop and submit for approval, applications for waivers of applicable federal laws and regulations as necessary to implement the provisions of the Oklahoma Medicaid Reform Act of 2006. Copies of all waivers submitted to and approved by the United States Centers for Medicare and Medicaid Services under this section shall be provided to the Legislature within ten (10) days of their approval. The Oklahoma Health Care Authority shall submit a plan containing a recommended timeline for implementation of any waivers and budgetary projections of the effect of the Oklahoma Medicaid Reform Act of 2006. This implementation plan shall be submitted to the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate.

C. 1. For the purposes of this subsection:

- a. "rural" means outside the corporate limits of any municipal corporation and includes open country, unincorporated communities, and any municipality having a population of ten thousand (10,000) or less according to the latest Federal Decennial Census, and
- b. "urban" means any area which is not rural.

2. By July 1, 2010, phase one of this act shall be implemented within an area of the state with rural and urban characteristics. The Oklahoma Health Care Authority shall contract for an independent evaluation and report findings of this phase of the act to the Governor and the Legislature. After an independent evaluation and report to the Governor and Legislature, if it is determined that the evaluation establishes improved access to health care, improved health care outcomes, and improved cost efficiencies, it is the intent of the Legislature that components of the act be phased in statewide.

D. Upon this evaluation and determination of improvement by the Governor and Legislature, the Oklahoma Health Care Authority shall negotiate a plan for statewide expansion of the act from the Centers for Medicare and Medicaid Services.

E. The Oklahoma Health Care Authority may contract with a pay-for-performance program provider. The purpose of the program is to test a program's value proposition that offers financial incentives to both the health care provider and the patient for incorporating evidence-based medicine guidelines and information therapy

prescriptions in the rendering and utilizing of health care. This program may offer the health care provider the flexibility to use the health care provider's clinical judgment to adhere to or deviate from the program's guidelines and still receive a financial incentive as long as the health care provider prescribes information therapy to the patient. The program shall offer a financial reward to the patient for responding to the information therapy prescription by demonstrating the patient's understanding of the patient's health condition, by demonstrating adherence to recommended care, and by judging the quality of care given to the patient against these guidelines. The program shall be offered and administered through an Internet application. This demonstration project shall collect and analyze data over a period of two (2) years or other reasonable time frame in order to determine its effectiveness.

F. The purpose of the Oklahoma Medicaid Reform Act of 2006 is to:

1. Stabilize Medicaid expenditures in the act areas compared to Medicaid expenditures in the test areas for the three (3) years preceding implementation of the act, while ensuring:

- a. consumer education and choice,
- b. access to medically necessary services,
- c. coordination of preventative, acute, and long-term care services, and
- d. reductions in unnecessary service utilization;

2. Provide an opportunity to evaluate the progress of statewide implementation of the Oklahoma Medicaid Reform Act of 2006 as a replacement for the current Medicaid system; and

3. Introduce competition as a factor that lowers the cost of the act.

Added by Laws 2006, c. 315, § 2, emerg. eff. June 9, 2006. Amended by Laws 2008, c. 412, § 2, eff. Nov. 1, 2008.

§56-1011.3. Powers, duties and responsibilities of Health Care Authority - Program opt-out option.

A. The Oklahoma Health Care Authority shall have the following powers, duties, and responsibilities with respect to the development of the program established in Section 1011.2 of this title:

1. The consumer education component shall include the following:

- a. to develop a choice counseling system to ensure that the choice counseling process and related material are designed to provide consumers an understanding of both public and private health insurance options provided by this act including incentives through face-to-face interaction, by telephone, and in writing, and through other forms of relevant media,

- b. to develop a system to ensure that there is record of recipient acknowledgment that choice counseling has been provided, and
- c. to develop a choice counseling system that promotes health literacy and includes an educational component that is intended to promote proper utilization of the health care system;

2. The consumer choice component shall include a comprehensive feasibility study to allow individuals more choices in their health care coverage including, but not limited to, employer-sponsored insurance options, and may include the following:

- a. to develop a system to enable Medicaid consumers to opt out of their current Medicaid program and purchase health care coverage through their employer-sponsored health insurance plan or access commercial health insurance policies for their eligible family members,
- b. to develop an actuarially sound average cost per Medicaid consumer to provide medically necessary services. This value shall be used for a voucher system to subsidize Medicaid consumers' premium costs for their employer-sponsored or commercial health insurance option,
- c. to develop a process for Medicaid consumers to select commercial health insurance options, the Oklahoma Health Care Authority may develop a plan to implement a personal health account system as an enhanced benefit. Monies deposited into a personal health account shall only be used by the recipient to defray health-care-related costs including, but not limited to, copayments, noncovered benefits, and wellness initiatives. The Health Care Authority shall promulgate rules guiding personal health account transactions;

3. To provide a grievance-resolution process for Medicaid consumers enrolled in a health plan. This process shall include a mechanism for an expedited review of a grievance if the life of a Medicaid recipient is in imminent and emergent jeopardy; and

4. To provide a grievance-resolution process for health care providers employed by or contracted with a health plan to settle disputes among the provider and the health plan or the provider and the Oklahoma Health Care Authority.

B. Medicaid consumers electing to opt out of the current program shall be subject to cost-sharing requirements, preexisting-condition clauses and the possibility of different benefits of their employer-sponsored insurance or selected commercial health care provider. The consumer shall also be responsible to pay for any cost differential between the state subsidy and their premium cost

should their premium cost be higher. If the cost is lower than the state subsidy, then the difference may be placed into a personal health account.

C. Notwithstanding any other provision of this section, coverage, cost sharing, and any other component of employer-sponsored health insurance shall be governed by applicable state and federal laws.

D. The Oklahoma Health Care Authority shall develop a system to ensure that the implementation of the provisions of this act do not negatively affect the ability of American Indian or Alaska Native beneficiaries to access services at Indian Health Service facilities, tribally operated health facilities and Urban Indian Health Programs.

E. The Oklahoma Health Care Authority shall develop a system to ensure that the implementation of the provisions of this act do not negatively affect the reimbursement structure between the Oklahoma Health Care Authority and the Indian Health Service facilities, tribally operated health facilities and urban health programs.

F. The Oklahoma Health Care Authority shall develop mechanisms through intergovernmental transfers which will allow tribally operated facilities that elect to provide services to beneficiaries other than American Indian or Alaska Native beneficiaries to receive reimbursement for such services.

Added by Laws 2006, c. 315, § 3, emerg. eff. June 9, 2006. Amended by Laws 2008, c. 412, § 3, eff. Nov. 1, 2008.

§56-1011.4. Database of clinical utilization information - Needs analysis - Electronic prescribing pilot program.

A. The Oklahoma Health Care Authority shall conduct a needs analysis to design a database of clinical utilization information or electronic medical records for Medicaid providers. This system shall be web-based and allow providers to review on a real-time basis the utilization of Medicaid services including, but not limited to, office visits, inpatient and outpatient hospitalizations, laboratory and pathology services, radiological and other imaging services, dental care, and patterns of dispensing prescription drugs in order to coordinate care and identify potential fraud and abuse. The Oklahoma Health Care Authority shall evaluate and report findings to the Governor and the Legislature by January 1, 2008.

B. The Oklahoma Health Care Authority shall design and implement an electronic prescribing pilot program. The pilot program may include, but is not limited to, providing hardware, software, and connectivity for a limited number of prescribers. The prescribers who participate may be given vouchers for hardware, software, and connectivity, or the Oklahoma Health Care Authority

may use direct vendor contracts. The Oklahoma Health Care Authority shall:

1. Within the messaging capabilities of the electronic prescribing system alert prescribers when patients are prescribed multiple drugs that may be duplicative, contraindicated, or have other potential problems related either to other medications or health status of the patient;

2. Track spending trends for prescription drugs and deviation from best-practice guidelines and notify prescribers who consistently fall outside those guidelines, comparing those prescribers who are using the electronic prescribing system to those who are not in order to determine whether the pilot program should be expanded; and

3. In conjunction with disease management programs or other targeted interventions, alert prescribers to patients who fail to refill ongoing or maintenance medication prescriptions in a timely fashion.

C. A report of this pilot program shall be submitted to the Governor and the Legislature no later than eighteen (18) months after the start of the program.

Added by Laws 2006, c. 315, § 4, emerg. eff. June 9, 2006.

§56-1011.5. Nursing facility incentive reimbursement rate plan.

A. 1. The Oklahoma Health Care Authority shall develop an incentive reimbursement rate plan for nursing facilities focused on improving resident outcomes and resident quality of life.

2. Under the current rate methodology, the Authority shall reserve Five Dollars (\$5.00) per patient day designated for the quality assurance component that nursing facilities can earn for improvement or performance achievement of resident-centered outcomes metrics. To fund the quality assurance component, Two Dollars (\$2.00) shall be deducted from each nursing facility's per diem rate, and matched with Three Dollars (\$3.00) per day funded by the Authority. Payments to nursing facilities that achieve specific metrics shall be treated as an "add back" to their net reimbursement per diem. Dollar values assigned to each metric shall be determined so that an average of the five-dollar-quality incentive is made to qualifying nursing facilities.

3. Pay-for-performance payments may be earned quarterly and based on facility-specific performance achievement of four equally-weighted, Long-Stay Quality Measures as defined by the Centers for Medicare and Medicaid Services (CMS).

4. Contracted Medicaid long-term care providers may earn payment by achieving either five percent (5%) relative improvement each quarter from baseline or by achieving the National Average Benchmark or better for each individual quality metric.

5. Pursuant to federal Medicaid approval, any funds that remain as a result of providers failing to meet the quality assurance metrics shall be pooled and redistributed to those who achieve the quality assurance metrics each quarter. If federal approval is not received, any remaining funds shall be deposited in the Nursing Facility Quality of Care Fund authorized in Section 2002 of this title.

6. The Authority shall establish an advisory group with consumer, provider and state agency representation to recommend quality measures to be included in the pay-for-performance program and to provide feedback on program performance and recommendations for improvement. The quality measures shall be reviewed annually and shall be subject to change every three (3) years through the agency's promulgation of rules. The Authority shall insure adherence to the following criteria in determining the quality measures:

- a. provides direct benefit to resident care outcomes,
- b. applies to long-stay residents, and
- c. addresses a need for quality improvement using the Centers for Medicare and Medicaid Services (CMS) ranking for Oklahoma.

7. The Authority shall begin the pay-for-performance program focusing on improving the following CMS nursing home quality measures:

- a. percentage of long-stay, high-risk residents with pressure ulcers,
- b. percentage of long-stay residents who lose too much weight,
- c. percentage of long-stay residents with a urinary tract infection, and
- d. percentage of long-stay residents who got an antipsychotic medication.

B. The Oklahoma Health Care Authority shall negotiate with the Centers for Medicare and Medicaid Services to include the authority to base provider reimbursement rates for nursing facilities on the criteria specified in subsection A of this section.

C. The Oklahoma Health Care Authority shall audit the program to ensure transparency and integrity.

D. The Oklahoma Health Care Authority shall provide an annual report of the incentive reimbursement rate plan to the Governor, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate by December 31 of each year. The report shall include, but not be limited to, an analysis of the previous fiscal year including incentive payments, ratings, and notable trends. Added by Laws 2006, c. 315, § 5, emerg. eff. June 9, 2006. Amended by Laws 2010, c. 310, § 1, eff. Nov. 1, 2010; Laws 2019, c. 489, § 1, eff. Oct. 1, 2019.

§56-1011.6. Disease management program.

A. The Oklahoma Health Care Authority shall develop a formal program for disease management to improve the quality of care and reduce the cost of care. The Authority is authorized to contract for the development of the program if contracting is more cost effective to the state than developing the program internally. The disease management program may utilize pharmacy services including, but not limited to, Medication Management Therapy. The program may include, but not be limited to, asthma, diabetes, chronic obstructive pulmonary disease, renal disease and/or congestive heart failure.

The disease management program shall consist of:

1. Claims data analysis;
2. Population selection and targeting;
3. Intervention through educational tools for patients and providers and treatment guidelines for physicians;
4. Quality measurements of program structure, performance indicators, and outcome measures; and
5. Reporting of outcome measure data.

B. The Oklahoma Health Care Authority shall evaluate and report findings to the Governor and the Legislature no later than eighteen (18) months after the start of the program.

Added by Laws 2006, c. 315, § 6, emerg. eff. June 9, 2006.

§56-1011.7. Plan to implement alternatives for long-term care.

The Oklahoma Health Care Authority shall develop and administer a plan for the implementation of alternatives for long-term care. The plan shall include, but not be limited to:

1. The continued development and funding of community-based options throughout the State of Oklahoma;
2. The establishment of a cash and counseling program that focuses on increasing personal responsibility, efficiency in utilization, and consumer satisfaction. The program shall include:
 - a. provisions ensuring that existing benefits shall not be terminated or decreased as a result of the development of the cash and counseling program,
 - b. provisions ensuring that consumers receive a monthly budget based on the needs of that individual,
 - c. authority for consumers to use the budget to obtain personal care services and make home modifications to suit the needs of the individual, and
 - d. counselors available to work with consumers to develop and revise individual budgets;
3. The establishment of a program providing for state incentives to Oklahoma citizens for long-term care planning; and

4. Stronger private/public partnerships at the community level in order to address unmet patient needs.

Added by Laws 2006, c. 315, § 7, emerg. eff. June 9, 2006. Amended by Laws 2010, c. 303, § 2, eff. Nov. 1, 2010.

§56-1011.8. Program to encourage use of primary care services in lieu of emergency room services.

A. The Oklahoma Health Care Authority and the State Department of Health, subject to the availability of funds, may develop and administer a program to encourage the timely and appropriate use of primary care services in lieu of emergency room utilization. The Authority and the Department may collaborate with city-county and county health departments and other relevant stakeholders in the development of the program. The program may include, but not be limited to, the implementation of:

1. Educational strategies to increase health literacy for participants in the Oklahoma Medicaid Program;
2. Technology-based monitoring;
3. Co-payment structures and other payment arrangements; and
4. Other policy proposals to improve the delivery of health care services to Medicaid enrollees.

B. The Oklahoma Health Care Authority may develop a pilot program utilizing state-licensed health care professionals to perform educational interventions with consumers who highly utilize emergency room services or to perform other services to reduce unnecessary emergency room visits.

C. The Oklahoma Health Care Authority shall develop and implement a telephone information health line pilot program under which physicians are available by telephone twenty-four (24) hours a day to answer medical questions and provide health information for the Medicaid population. If the Health Care Authority determines that the pilot program reduces unnecessary emergency room visits and the pilot program demonstrates a net cost-savings, the Health Care Authority shall expand the program into a statewide initiative.

D. The Oklahoma Health Care Authority and the State Department of Health shall evaluate and report findings relevant to the provisions of subsection A of this section to the Governor and the Legislature by January 1, 2019.

Added by Laws 2006, c. 315, § 8, emerg. eff. June 9, 2006. Amended by Laws 2017, c. 322, § 1, eff. Nov. 1, 2017.

§56-1011.9. Establishment of method to reduce payment error rate - Reporting of errors.

A. 1. The Oklahoma Health Care Authority shall establish a method to deter abuse and reduce errors in Medicaid billing, payment, and eligibility through the use of technology and accountability measures for the Authority, providers, and consumers.

The Authority shall achieve a payment error rate measurement of no greater than five percent (5%) by fiscal year 2009. The Oklahoma Health Care Authority shall evaluate and report findings to the Governor and the Legislature.

2. For the purposes of this section, "error rate" means errors based on clearly defined objective documentation standards that are readily available to providers. Training to meet the standards shall be provided on at least an annual basis by the Oklahoma Health Care Authority.

B. 1. If errors are suspected to be the result of fraudulent acts, the errors shall be reported and investigated by the Oklahoma Attorney General.

2. Recoupment of overpayments due to identified errors determined not to be fraudulent and shall occur only after the provider has had the opportunity to exercise the right to an appeal that shall include a hearing conducted by an administrative law judge appointed by the Oklahoma Attorney General. The provider shall have the right to participate in the hearing and to be represented by legal counsel.

C. The Oklahoma Health Care Authority shall evaluate and report findings concerning the limited use of the extrapolation method to the Governor and the Legislature.

Added by Laws 2006, c. 315, § 9, emerg. eff. June 9, 2006. Amended by Laws 2010, c. 375, § 1, eff. Nov. 1, 2010.

§56-1011.10. Health care benefit waiver for full-time state university or college students.

The Oklahoma Health Care Authority shall apply for any necessary waiver to extend health care benefits to persons up to the age of twenty-three (23) years if the person is enrolled as a full-time student in an accredited university or college in the State of Oklahoma.

Added by Laws 2006, c. 315, § 10, emerg. eff. June 9, 2006.

NOTE: Editorially renumbered from § 1011.10 of Title 63 to provide consistency in numbering.

§56-1011.11. Durable medical equipment retrieval program - Rules - Definition.

A. The Oklahoma Health Care Authority shall develop and implement, as funds become available, a durable medical equipment retrieval program that will allow the Authority to:

1. Retrieve durable medical equipment, purchased with Medicaid funds, from the Medicaid consumers who no longer utilize the equipment; and

2. Donate such equipment to community-based programs that will distribute the equipment to individuals who are disabled or elderly.

B. The Oklahoma Health Care Authority Board shall promulgate rules and establish procedures necessary to implement the program established in this section.

C. For the purpose of this section, "durable medical equipment" means equipment that is primarily and customarily used to serve a medical purpose, can withstand repeated use and is appropriate for use in the home.

Added by Laws 2007, c. 270, § 3, emerg. eff. June 4, 2007. Amended by Laws 2010, c. 309, § 4, eff. Nov. 1, 2010.

§56-1011.12. Feasibility study for state plan amendment for applied behavior analysis treatment of autism spectrum disorder.

A. The Oklahoma Health Care Authority, in conjunction with the Department of Mental Health and Substance Abuse Services, the State Department of Health and the State Department of Education shall examine the feasibility of a state plan amendment to the Oklahoma Medicaid Program for applied behavior analysis treatment of autism spectrum disorders.

B. On or before December 31, 2016, the Authority and partnering agencies shall submit a report to the President Pro Tempore of the Senate, the Speaker of the House of Representatives and the Governor estimating the potential costs to the state, clinical findings, reviews of pilot projects and research from other states on the effects of applied behavioral analysis treatment on autism spectrum disorders.

C. Beginning July 1, 2017, and subject to the availability of funding, the Authority and partnering agencies shall draft a state plan amendment for applied behavior analysis treatment of autism spectrum disorders. The provisions of this subsection shall only apply if the report required by subsection B of this section demonstrates applied behavioral analysis treatment to be evidence-based and essential to qualifying participants in the Oklahoma Medicaid Program.

D. As used in this section:

1. "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior;

2. "Autism spectrum disorder" means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the edition that was in effect at the time of diagnosis;

3. "Behavioral health treatment" means counseling and treatment programs, including applied behavior analysis, that are:

- a. necessary to develop, maintain or restore, to the maximum extent practicable, the functioning of an individual, and
- b. provided by a board-certified behavior analyst or by a licensed doctoral-level psychologist so long as the services performed are commensurate with the psychologist's university training and supervised experience; and

4. "Treatment for autism spectrum disorder" means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed doctoral-level psychologist who determines the care to be medically necessary, including, but not limited to:

- a. behavioral health treatment,
- b. pharmacy care,
- c. psychiatric care,
- d. psychological care, and
- e. therapeutic care.

Added by Laws 2016, c. 230, § 2, eff. Nov. 1, 2016.

§56-1011.13. Nursing Facility Supplemental Payment Program Revolving Fund.

A. There is hereby created in the State Treasury a revolving fund for the Oklahoma Health Care Authority to be designated the "Nursing Facility Supplemental Payment Program Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of:

1. All monies received by the Authority from nonstate governmental organizations pursuant to the Nursing Facility Supplemental Payment Program;

2. Any interest or penalties levied and collected in conjunction with the administration of this act; and

3. All interest attributable to investment of money in the fund.

B. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Authority for the purposes of:

1. Transferring funds for the state share of supplemental payments for the Oklahoma Medicaid Program;

2. Transferring funds for the state share of administrative expenses incurred by the Authority or its agents and employees in performing the activities authorized by the Nursing Facility Supplemental Payment Program; or

3. Transferring funds for the maintenance of nursing facility reimbursement rates; provided, such transfers shall only include funds remaining after the transfers authorized by paragraphs 1 and 2 of this subsection.

C. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

D. Except for the transfers described in subsection B of this section, monies in the Nursing Facility Supplemental Payment Program Revolving Fund shall not be used to replace other general revenues appropriated and funded by the Legislature or other revenues used to support Medicaid.

Added by Laws 2017, c. 324, § 1, eff. July 1, 2017.

§56-1011.14. Penalties and interest for failing to timely pay.

The Oklahoma Health Care Authority shall promulgate administrative rules that govern the assessment of penalties and interest against any nonstate governmental organization that fails to timely pay the full amount of a quarterly intergovernmental transfer; provided, however, that the penalty assessed shall not exceed five percent (5%) of the quarterly amount not paid on or before the due date. Penalties and interest collected pursuant to this section shall be deposited in the Nursing Facility Supplemental Payment Program Revolving Fund, as described in Section 1 of this act.

Added by Laws 2017, c. 324, § 2, eff. July 1, 2017.

§56-1011.15. SoonerCare eligibility modifications.

A. The Oklahoma Health Care Authority (OHCA) shall seek Medicaid waiver authority to pursue modifications to Medicaid eligibility criteria so that receipt of SoonerCare coverage for certain Medicaid populations is conditional upon documentation of certain education, skills, training, work or job activities. Insure Oklahoma eligibility criteria is excluded from this requirement. This requirement is contingent upon approval from the federal Centers for Medicare and Medicaid Services and available state funding.

B. The SoonerCare eligibility modifications provided in subsection A of this section shall include criteria for work or job activities as required for the Supplemental Nutrition Assistance Program (SNAP) in 7 U.S.C., Section 2015(o). In order for an enrollee to remain eligible for SoonerCare, he or she shall comply with the work requirements for SNAP in 7 U.S.C., Section 2015(o). The SoonerCare eligibility criteria work requirements shall be the same as the eligibility criteria work requirements for SNAP in 7 U.S.C., Section 2015(o).

C. Exemptions to the eligibility criteria in this section shall be the same as the exemption criteria for SNAP in 7 U.S.C., Section 2015(o) (3) (A), (B), (D) and (E) or Medicaid populations excluded pursuant to federal Medicaid laws and guidelines. Populations

excluded from the requirements shall include those which are excluded by SNAP in 7 U.S.C., Section 2015(o)(3)(A), (B), (D) and (E) or federal Medicaid laws and guidelines. The state may adopt additional exemptions subject to agency rule-making and federal approval.

Added by Laws 2018, c. 220, § 1, eff. Nov. 1, 2018.

§56-1011.25. Coverage for hospice services.

A. As used in this act, "hospice care" means a comprehensive, holistic program of palliative and/or comfort care and support provided to the member and his or her family when a physician certifies that the member has a terminal illness and has a life expectancy of six (6) months or less.

1. Hospice services must be related to the palliation and management of the member's illness, symptom control, or to enable the individual to maintain activities of daily living and basic functional skills; and

2. Hospice care is performed under the direction of a physician as per the member's plan of care in an approved hospital hospice facility, in-home hospice program, or nursing facility.

B. 1. Coverage for hospice services shall be provided to all Medicaid eligible members.

2. Hospice care eligibility requires physician certification that the member is terminally ill and includes a medical prognosis with a life expectancy of six (6) months or less if the illness runs its normal course. The terminal prognosis also must be supported by clinical documentation in the medical record.

Added by Laws 2024, c. 221, § 1, eff. Nov. 1, 2024.

§56-1012.1. Short title - Commitment to Care for People with Complex Physical Disabilities Act.

This act shall be known and may be cited as the "Commitment to Care for People with Complex Physical Disabilities Act".

Added by Laws 2015, c. 324, § 2, eff. Nov. 1, 2015.

§56-1012.2. Definitions.

As used in the Commitment to Care for People with Complex Physical Disabilities Act:

1. "Complex physical disability" means a diagnosis or medical condition that results in significant physical impairment and/or functional limitation. Such term shall include, but not be limited to, individuals with spinal cord injury, traumatic brain injury, cerebral palsy, muscular dystrophy, spina bifida, osteogenesis imperfecta, arthrogryposis, amyotrophic lateral sclerosis, multiple sclerosis, demyelinating disease, myelopathy, myopathy, progressive muscular atrophy, anterior horn cell disease, post-polio syndrome, cerebellar degeneration, dystonia, Huntington's disease,

spinocerebellar disease, and certain types of amputation, paralysis, or paresis that result in significant physical impairment and/or functional limitation. The term "complex physical disability" does not negate the requirement that an individual meet medical necessity requirements under Oklahoma Health Care Authority rules to qualify for receiving complex rehabilitation technology;

2. "Complex rehabilitation technology" (CRT) means items classified within the Medicaid program as of January 1, 2013, as durable medical equipment that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for basic activities of daily living and instrumental activities of daily living identified as medically necessary. Such items shall include, but not be limited to, complex rehabilitation manual and power wheelchairs and options/accessories, adaptive seating and positioning items and options/accessories, and other specialized equipment such as standing frames and gait trainers and options/accessories;

3. "Employee" means a person whose taxes are withheld by a qualified CRT supplier and reported to the Internal Revenue Service;

4. "Healthcare Common Procedure Coding System (HCPCS)" means the billing codes used by Medicare and overseen by the federal Centers for Medicare and Medicaid Services that are based on the current procedural technology codes developed by the American Medical Association;

5. "Individually configured" means a device has a combination of sizes, features, adjustments, or modifications that a qualified complex rehabilitation technology supplier can customize to the specific individual by measuring, fitting, programming, adjusting, or adapting the device as appropriate so that the device is consistent with an assessment or evaluation of the individual by a qualified health care professional and consistent with the individual's medical condition, physical and functional needs and capacities, body size, period of need, and intended use;

6. "Qualified complex rehabilitation technology professional" means an individual who is certified as an Assistive Technology Professional (ATP) by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA);

7. "Qualified complex rehabilitation technology supplier" means a company or entity that:

- a. is accredited by a recognized accrediting organization as a supplier of CRT,
- b. is an enrolled Medicare supplier and meets the supplier and quality standards established for durable medical equipment suppliers, including those for CRT, under the Medicare program,
- c. employs as a W-2 employee at least one qualified CRT professional for each location to:

- (1) analyze the needs and capacities of the complex-needs patient in consultation with qualified health care professionals,
 - (2) participate in the selection of appropriate CRT for such needs and capacities, and
 - (3) provide technology-related training in the proper use of the CRT,
- d. requires a qualified complex rehabilitation technology professional be physically present for the evaluation and determination of appropriate CRT,
 - e. has the capability to provide service and repair by qualified technicians for all CRT it sells, and
 - f. provides written information to the complex-needs patient prior to ordering CRT as to how the complex-needs patient may receive service and repair; and

8. "Qualified health care professional" means a health care professional licensed by the State Department of Health who has no financial relationship with a qualified complex rehabilitation technology supplier. Qualified health care professional includes, but is not limited to:

- a. a licensed physician,
- b. a licensed physical therapist,
- c. a licensed occupational therapist, or
- d. other licensed health care professional who performs specialty evaluations within the professional's scope of practice.

Added by Laws 2015, c. 324, § 3, eff. Nov. 1, 2015.

§56-1012.3. Coverage for specialty provider services.

A. The Oklahoma Health Care Authority shall take into consideration the unique medical and functional needs of members with complex physical disabilities when preparing or adjusting its budget.

B. The Oklahoma Health Care Authority shall provide coverage for specialty provider services, specialized equipment, and supplies for people with complex physical disabilities. Such coverage shall take into consideration the unique medical and functional needs of people with complex physical disabilities by:

1. Identifying a means by which to recognize people with complex physical disabilities through ID codes and/or billing modifiers;

2. Determining current procedure terminology billing codes that recognize specialized provider care and preserve a specialized rate which will ensure access to care;

3. Identifying criteria required to establish qualifications as a specialty provider; and

4. Classifying specialty products and goods into a separate category and establishing a reasonable access protocol for certain items.

Added by Laws 2015, c. 324, § 4, eff. Nov. 1, 2015.

§56-1012.4. Regulations and policies for CRT products and services.

The Oklahoma Health Care Authority shall establish focused regulations and policies for CRT products and services. These focused regulations and policies shall take into consideration the customized nature of CRT and the broad range of services necessary to meet the unique medical and functional needs of people with complex physical disabilities by:

1. Designating specific HCPCS billing codes as CRT and, as needed, creating new billing codes or modifiers for services and products covered for people with complex physical disabilities;

2. Establishing specific supplier standards for companies or entities that provide CRT and restricting the provision of CRT to only qualified CRT suppliers that meet such standards as defined in Section 3 of this act;

3. Requiring complex-needs patients receiving a complex rehabilitation manual wheelchair, power wheelchair, or seating component to be evaluated by:

a. a qualified health care professional as defined in Section 3 of this act, and

b. a qualified complex rehabilitation technology professional as defined in Section 3 of this act;

4. Maintaining payment policies and rates for complex rehabilitation technology to ensure payment amounts are adequate to provide people with complex physical disabilities with access to such items. Such policies and rates shall take into account the significant resources, infrastructure, and staff needed to appropriately provide CRT to meet the unique needs of complex-needs patients;

5. Exempting the HCPCS billing codes defined in Section 3 of this act from inclusion in any bidding, selective contracting, or similar such initiative, if the specialty provider service, specialized equipment or supply can only be obtained from a sole source;

6. Requiring that Managed Care Medicaid plans adopt the regulations and policies outlined in this act and contract with any willing, qualified CRT supplier; and

7. Making other changes as needed to protect access to CRT for complex-needs patients.

Added by Laws 2015, c. 324, § 5, eff. Nov. 1, 2015.

§56-1015.1. Short title.

This act shall be known and may be cited as the "Consumer Protection for Wheeled Mobility Act".

Added by Laws 2008, c. 410, § 1, eff. July 1, 2008.

§56-1015.2. Definitions.

As used in the Consumer Protection for Wheeled Mobility Act:

1. "Assistive technology practitioner" or "ATP" means a for-service provider who is involved in analysis of the needs and training of a consumer in the use of a particular assistive technology device;

2. "Assistive technology supplier" or "ATS" means a service provider involved in the sale and service of rehabilitation equipment or commercially available assistive technology products and devices;

3. "RESNA" means the Rehabilitation Engineering and Assistive Technology Society of North America; and

4. "Specialty evaluation" means the determination and documentation of the consumer's pathology, history and prognosis, and the physiological, functional, and environmental factors that impact the selection of an appropriate wheeled mobility system.

Added by Laws 2008, c. 410, § 2, eff. July 1, 2008.

§56-1015.3. Requirements for Medicaid claims on wheeled mobility purchases.

A. Contingent upon the availability of funding, for Medicaid claims with dates of service on or after April 1, 2009, on all purchased wheeled mobility, the patient shall either have:

1. A specialty evaluation that was performed by a licensed or certified medical professional, such as a physical therapist, occupational therapist, or physician who has specific training and experience in rehabilitation wheelchair evaluations, and that documents the medical necessity for the wheelchair and its special features; or

2. The wheelchair provided by a supplier that employs a RESNA-certified assistive technology supplier or assistive technology practitioner who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient; and

3. Met the requirements for medical necessity as determined and approved by the Oklahoma Health Care Authority.

B. The Oklahoma Health Care Authority shall promulgate rules to implement the Consumer Protection Act for Wheeled Mobility in accordance with the Consumer Protection Act for Wheeled Mobility.

Added by Laws 2008, c. 410, § 3, eff. July 1, 2008.

§56-1016. Study of coverage for prosthetic and orthotic devices for Medicaid-eligible individuals.

A. The Oklahoma Health Care Authority shall study and recommend coverage for prosthetic devices and orthotic devices for Medicaid-eligible individuals. The study shall include the review of payment rates necessary to provide the benefit. The study shall be filed with the Speaker of the House and the President Pro Tempore of the Senate no later than December 31, 2011.

B. As used in this section:

1. "Prosthetic device" means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg; and

2. "Orthotic device" means a support or brace used to assist weak or ineffective joints or muscles.

Added by Laws 2011, c. 334, § 1, eff. Nov. 1, 2011.

§56-1017.1. Oklahoma Choices for Long-Term Care Act - Purpose.

A. Sections 1 through 5 of this act shall be known and may be cited as the "Oklahoma Choices for Long-Term Care Act".

B. The purpose of the Oklahoma Choices for Long-Term Care Act is to make long-term services and supports for citizens easily accessible, cost-effective and of high quality and to provide a comprehensive and systematic approach to addressing these needs. The Oklahoma Choices for Long-Term Care Act shall provide older Oklahomans and adults with physical disabilities the opportunity to choose where they live and receive their services, and provide efficient administration of the ADvantage Waiver Program.

Added by Laws 2011, c. 297, § 1, eff. Sept. 1, 2011.

§56-1017.2. Legislative findings.

The Legislature finds that:

1. Oklahoma has a successful home- and community-based services program known as the ADvantage Waiver Program for the frail, elderly and adults with physical disabilities age twenty-one (21) and over who do not have an intellectual disability nor a cognitive impairment. The ADvantage Waiver Program provides the following services: case management, transitional case management, personal care, advanced supportive/restorative, skilled nursing - home health setting, RN assessment evaluation, occupational therapy, physical therapy, respiratory therapy, speech/language therapy, adult day health, personal care in adult day health, therapy in adult day health, home-delivered meals, NF extended respite, in-home respite, in-home extended respite, environmental modifications, hospice, consumer-directed personal care assistant services and supports, assisted living, and specialized medical equipment and supplies;

2. Many Oklahomans who could safely stay at home with cost-effective home- and community-based services go into nursing facilities the day assistance is needed because their eligibility for nursing facility supports is "presumed" by the nursing facility,

while eligibility for home and community supports can take weeks or months. If their circumstances are such that they need immediate or urgent care, they lose their choice to live and receive their services at home. Once they are in a nursing facility, they may lose their home or the supports they need to stay at home; and

3. The cost of serving Oklahomans who are in nursing facilities when they could be living and receiving services at home is significantly higher than the cost of serving them with home- and community-based services.

Added by Laws 2011, c. 297, § 2, eff. Sept. 1, 2011. Amended by Laws 2019, c. 475, § 35, eff. Nov. 1, 2019.

§56-1017.3. Eligibility.

To be eligible for the ADvantage Waiver Program, a person shall:

1. Qualify financially for Medicaid;
2. Be sixty-five (65) years of age or older or be a physically disabled adult as determined by the Social Security Administration, age twenty-one (21) years or older without an intellectual disability or cognitive impairment;
3. Be determined to meet the nursing facility institutional level of care by the Aging Services Division of the Department of Human Services;
4. Reside in his or her own home or a family member's home; and
5. Have needs that can be safely met with waiver services and family or community supports.

Added by Laws 2011, c. 297, § 3, eff. Sept. 1, 2011. Amended by Laws 2019, c. 475, § 36, eff. Nov. 1, 2019.

§56-1017.4. Enrollment system.

A. The Oklahoma Health Care Authority is directed to create a system of enrollment, Medicaid eligibility, and certification for home- and community-based services provided by the ADvantage Waiver Program that provides for presumptive Medicaid eligibility and certification that is the same as that which exists for nursing facilities as provided for in administrative rules promulgated by the Oklahoma Health Care Authority Board. The system shall facilitate the provision of home- and community-based services to persons at risk of placement in a nursing facility but who elect to be served in a home- and community-based setting in lieu of nursing facility services.

B. The Department of Human Services is directed to make such changes in its regulations, policies and procedures as are necessary to implement the enrollment, Medicaid eligibility, and certification requirements established pursuant to subsection A of this section.

C. The Oklahoma Health Care Authority shall develop and submit for approval no later than November 1, 2011, applications for waivers or amendments to waivers of applicable federal laws and

regulations as necessary to implement the provisions of the Oklahoma Choices for Long-Term Care Act. Copies of all waivers submitted to the United States Centers for Medicare and Medicaid Services shall be provided to the Governor, the Speaker of the Oklahoma House of Representatives and the President Pro Tempore of the Oklahoma State Senate within ten (10) days of their submissions. Waivers and amendments to waivers approved by the United States Centers for Medicare and Medicaid Services as provided in this section shall be provided to the Governor, the Speaker of the Oklahoma House of Representatives and the President Pro Tempore of the Oklahoma State Senate within ten (10) days of their approval. The Oklahoma Health Care Authority shall implement any waivers and amendments to waivers approved by the United States Centers for Medicare and Medicaid Services no later than January 1, 2012, or within sixty (60) days of their approval. The Oklahoma Health Care Authority shall report the savings as the result of the Oklahoma Choices for Long-Term Care Act each year in its annual report.

Added by Laws 2011, c. 297, § 4, eff. Sept. 1, 2011.

§56-1017.5. Request for Proposal.

A. On or before January 1, 2012, the Oklahoma Health Care Authority shall initiate a Request for Proposal (RFP) which shall outline specific expectations and requirements of suppliers to competitively bid on administrative agent services for the ADvantage Waiver Program. The RFP shall comply with all requirements of The Oklahoma Central Purchasing Act related to state procurement.

The RFP shall:

1. Require outsourcing of administrative agent services for a period of one (1) year;
2. Outline minimum requirements;
3. Direct the Oklahoma Central Purchasing Office to award a contract for administrative agent services;
4. Have a submission deadline of April 1, 2012;
5. Provide that the administrative agent contract award be announced on May 15, 2012; and
6. Provide that the administrative agent contract awarded begin July 1, 2012.

B. The State of Oklahoma shall not discriminate against suppliers from states or nations outside Oklahoma and shall reciprocate the bidding preference given by other states or nations to suppliers domiciled in their jurisdictions for acquisitions pursuant to The Oklahoma Central Purchasing Act. The state shall give preference to a resident bidder over other state or foreign bidders if goods or services provided in this state are equal in price, fitness, availability or quality.

C. Suppliers shall be required to have comprehensive experience in the administration of a Medicaid home- and community-based

service delivery system for elders in frail health and adults with disabilities. The administrative agent contract shall be awarded to one supplier based on qualification, merit and cost competitiveness and evaluation criteria that include:

1. Qualifications and experience in providing similar services;
2. Knowledge and technical competence;
3. Management, key personnel and other professional certifications;
4. Timeliness and responsiveness of services;
5. Detailed budget/costs;
6. Proposal for management and administration with detailed description of:
 - a. administrative structures that shall be in place prior to contract implementation to support the scope of services,
 - b. processes and procedures for daily operations,
 - c. expected outcomes along with the performance measures used to measure the effectiveness of each function,
 - d. description of data collection methods and reporting mechanisms,
 - e. methods used to collaborate and communicate with members, service providers, local and state health and human service agencies, regulatory agencies, and other stakeholders, and
 - f. detailed description and supporting documentation of how each waiver assurance will be met.

D. State employees currently performing such function shall be allowed to compete by submitting a bid to perform the administrative agency functions required in the day-to-day operations of the ADvantage Waiver Program; provided, however, that any and all such bids shall be submitted to and certified by the Oklahoma Health Care Authority, who shall for purposes of this section constitute the "agency" as such term is defined in the Oklahoma Privatization of State Functions Act.

E. The Oklahoma Health Care Authority Board shall promulgate rules and establish procedures necessary to implement the request for proposals and for the administration of the ADvantage Waiver Program pursuant to this section.

Added by Laws 2011, c. 297, § 5, eff. Sept. 1, 2011.

§56-1017.6. Options counseling for long-term care for persons 55 or older.

A. As used in this section, "Program of All-Inclusive Care for the Elderly (PACE)" means a full risk-bearing program that provides comprehensive health services for individuals age fifty-five (55) and over who are sufficiently frail to be categorized as nursing home eligible by the state's Medicaid program. PACE shall be

reimbursed on a fixed per-member per-month rate and, in return for such fixed payment, is responsible for providing all health services, including transportation.

B. 1. Persons who are fifty-five (55) years of age or older, or their legal guardians or lay caregivers, shall receive options counseling for long-term care as defined in Section 3002.7 of Title 56 of the Oklahoma Statutes prior to admission to a long-term care facility, except in the case of an emergency admission. Options counseling shall include, but not be limited to, PACE, if so applicable, nursing facilities and home- and community-based services.

2. In the case of an emergency admission, the options counseling for long-term care shall take place within fourteen (14) days of the emergency admission or as soon as is reasonably possible.

3. Persons who are fifty-five (55) years of age or older and live within the defined service area of a PACE provider shall receive information regarding PACE as part of options counseling for long-term care as defined in Section 3002.7 of Title 56 of the Oklahoma Statutes.

4. Any person currently residing in a nursing facility shall be able to receive options counseling for long-term care as defined in Section 3002.7 of Title 56 of the Oklahoma Statutes at the person's, or their legal guardian's or lay caregiver's, request or at the time of any reevaluation or renewal of long-term care. Nothing in this section shall require any person currently residing in a nursing facility to receive options counseling if they do not desire to do so.

C. A PACE organization shall be permitted to engage in enrollment practices throughout the entirety of each month, to be effective the first day of the following month.

Added by Laws 2019, c. 436, § 1, eff. Nov. 1, 2019.

§56-1017.7. Administering PACE agreements.

A. As used in this section:

1. "PACE" stands for programs of all-inclusive care for the elderly; and

2. The terms "PACE program agreement", "PACE organization", "participant" and "state administering agency" have the same meaning as provided by 42 C.F.R., Section 460.6.

B. The Oklahoma Health Care Authority shall serve as the state administering agency responsible for administering PACE program agreements under 42 C.F.R., Part 460, Subpart C.

C. The Authority shall enforce the federal regulations of the Centers for Medicare and Medicaid Services governing PACE codified at 42 C.F.R., Part 460. The Authority shall have all the powers and

duties provided to the state administering agency under 42 C.F.R., Part 460.

D. PACE organizations shall be exempt from licensure by the State Department of Health under the Home Care Act, the Adult Day Care Act, or any other act that governs a different type of facility or provider. This subsection shall not be construed to prevent the Department from enforcing such acts with respect to facilities or providers contracted by the PACE organization to provide services to PACE program participants.

E. The Authority may, as necessary, execute an interagency agreement with the State Department of Health to carry out any of the functions of the state administering agency under 42 C.F.R., Part 460.

F. The Oklahoma Health Care Authority Board may promulgate rules as necessary to implement this section.

Added by Laws 2024, c. 294, § 1, emerg. eff. May 13, 2024.

§56-1018. Reductions in planned services - Prospective application only.

A. As used in this section, "contracted community-based service provider" means any entity contracted by the Department of Human Services, the Oklahoma Health Care Authority, or any private person providing the support, or promotion of support, for a service recipient to remain in such person's home or residence and shall include, but not be limited to, entities and persons providing personal support, professional support, case management, transportation services and services through a Home and Community-Based Waiver or ADvantage Waiver as defined by Title XIX of the Social Security Act, Section 1915(c).

B. Beginning on the effective date of this act, any reductions in planned services provided by a contracted community-based service provider shall comply with the following:

1. All reductions in planned services shall be applied prospectively and shall not be changed retroactively. Any prior authorized services rendered under the current plan shall be reimbursed; and

2. The updated algorithms shall not affect any prior authorized service.

Added by Laws 2019, c. 386, § 1, eff. Nov. 1, 2019.

§56-1020. Community-based program of services - Administration - Gifts.

A. The Director of the Department of Human Services shall, within the constraints of funding appropriated to the Department, establish and maintain a community-based program of services that includes, but is not limited to, establishment of foster care and supported living arrangements for persons affected by Prader-Willi

syndrome. The purpose of this section of law shall be to improve the quality of life of persons with developmental disabilities and to integrate such persons into the mainstream of society by ensuring availability of community services.

B. The programs established pursuant to this section shall be administered by the Developmental Disabilities Service Division. The Commission for Human Services shall promulgate rules for the operation of community-based programs for persons with developmental disabilities including, but not limited to, rules regarding the delivery of:

1. Health-related services. As used in this section, health-related services means services provided by community services providers or community services workers to persons with developmental disabilities, and includes, but is not limited to:

- a. personal hygiene,
- b. transferring,
- c. range of motion,
- d. supervision or assistance with activities of daily living,
- e. basic nursing care, such as taking the person's temperature, pulse or respiration, positioning, incontinent care, and identification of signs and symptoms of disease. Certain tasks that may be performed as basic nursing care by community services workers require appropriate training provided or approved by the Department, written agreement by the service recipient's personal support team, and the primary care physician's acknowledgment and specific order related to the task. Under such circumstances, basic nursing care may include, but need not be limited to:
 - (1) nutrition, including meals by gastrostomy tube or jejeunostomy tube,
 - (2) blood glucose monitoring,
 - (3) ostomy bag care,
 - (4) oral suctioning, and
 - (5) administration of oral metered dose inhalers and nebulizers;

2. Supportive assistance, which means the service rendered to persons with developmental disabilities that is sufficient to enable such person to meet an adequate level of daily living. Supportive assistance includes, but is not limited to, training and supervision of persons with developmental disabilities, assistance in housekeeping, assistance in the preparation of meals, and assistance in activities of daily living as necessary for the health and comfort of persons with developmental disabilities; and

3. Safe storage and administration of medications, first aid treatments and nutrition by oral, rectal, vaginal, otic, ophthalmic, nasal, skin, topical, transdermal and gastrostomy tube routes by community service workers who have successfully completed competency-based training approved by the Department.

C. The Department shall undertake to identify and utilize any and all federal funding which may be available for such services.

D. The Department is authorized to accept any gift of real or personal property made for the use or benefit of any program or services established pursuant to this section. Such gift may only be utilized for the purpose or purposes for which it is given.

Added by Laws 1994, c. 133, § 1, emerg. eff. May 2, 1994. Amended by Laws 2005, c. 38, § 1, eff. Nov. 1, 2005.

§56-1021. Repealed by Laws 2005, c. 108, § 2, eff. July 1, 2005.

§56-1025.1. Definitions.

For the purposes of Sections 1025.2 through 1025.4 of this title:

1. "Administrative information" means information reported to or obtained by the Department of Human Services regarding the community services provider during the investigative process that may be appropriate for internal administrative action but does not have the potential to impact the immediate health, safety or welfare of recipients of community services, has not been verified as true and is for informational purposes only;

2. "Area of concern" means an issue that does not rise to the level of abuse or neglect but may constitute a possible deficiency, irregularity or deviation from policies and best practices by the community services provider which has the potential to impact the health, safety or welfare of recipients of community-based services, and the Department of Human Services has conducted sufficient inquiry into the issue to meet the probable cause investigative standard;

3. "Bureau" means the Oklahoma State Bureau of Investigation;

4. "Community services provider" means a community-based program, corporation, or individual who contracts with, or is licensed or funded by, the Department of Human Services to provide residential or vocational services through in-person supports or through the use of remote supports to persons who are elderly or persons with intellectual or developmental disabilities, or contracts with the Oklahoma Health Care Authority to provide services to individuals with intellectual disabilities through a Home and Community-Based Waiver, except a private ICF/IID;

5. "Community services worker" means any person employed by or under contract with a community services provider who provides, for compensation or as a volunteer, health-related services, training,

or supportive assistance to persons who are elderly or persons with developmental disabilities, and who is not a licensed health professional or any person who contracts with the Oklahoma Health Care Authority to provide specialized foster care, habilitation training specialist services, or homemaker services to persons with developmental disabilities;

6. "Department" means the Department of Human Services;

7. "Developmental disability" means a severe, chronic disability of a person which:

- a. is attributable to a mental or physical impairment or combination of mental and physical impairments, such as an intellectual development disorder, cerebral palsy, or autism,
- b. is manifested before the person attains twenty-two (22) years of age,
- c. is likely to continue indefinitely,
- d. results in substantial functional limitations in three or more of the following areas of major life activity:
 - (1) self-care,
 - (2) receptive and expressive language,
 - (3) learning,
 - (4) mobility,
 - (5) self-direction,
 - (6) capacity for independent living, and
 - (7) economic self-sufficiency, and
- e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated;

8. "Health-related services" means those services provided by community services providers or community services workers to persons who are elderly or persons with developmental disabilities that include, but are not limited to, personal hygiene, transferring, range of motion, supervision or assistance in activities of daily living, basic nursing care such as taking temperature, pulse or respiration, positioning, incontinent care, and identification of signs and symptoms of disease. Certain tasks that may be performed as basic nursing care by community services workers require appropriate training provided or approved by the Department, written agreement by the service recipient's personal support team, and the primary care physician's acknowledgement and specific order related to the task. Under such circumstances, basic nursing care may include, but need not be limited to:

- a. nutrition including meals by gastrostomy tube or jejunostomy tube,
- b. blood glucose monitoring,

- c. ostomy bag care,
- d. oral suctioning, and
- e. administration of oral metered dose inhalers and nebulizers;

9. "Supportive assistance" means the service rendered to persons with developmental disabilities which is sufficient to enable such person to meet an adequate level of daily living. Supportive assistance includes, but is not limited to, training, supervision, assistance in housekeeping, assistance in the preparation of meals, and assistance in activities of daily living as necessary for the health and comfort of persons with developmental disabilities;

10. "Remote supports" means the utilization of technology by community services workers who are in remote locations, away from the residences or locations of individuals with developmental or intellectual disabilities, to provide health-related services or supportive assistance to those individuals. Communication with individuals with developmental or intellectual disabilities shall be achieved with the use of two-way communications by community services workers through such means as telephone or video feeds;

11. "Maltreatment" means abuse, verbal abuse, sexual abuse, neglect, financial neglect, exploitation or sexual exploitation of vulnerable adults as defined in Section 10-103 of Title 43A of the Oklahoma Statutes or abuse, neglect, sexual abuse or sexual exploitation of children as defined in Section 1-1-105 of Title 10A of the Oklahoma Statutes;

12. "Personal care" means a level of assistance provided in the home of an individual to meet the individual's activities of daily living needs such as bathing, grooming, meal preparation, light housekeeping, laundry, and care plan-directed errands;

13. "Medicaid personal care services provider" means a program, corporation or individual who provides services under the state Medicaid personal care program or ADvantage Waiver Program to individuals who are elderly or who have a physical disability;

14. "Medicaid personal care assistant" means a person who provides Medicaid services funded under the state Medicaid personal care program, who is not a certified nurse aide or a licensed professional;

15. "Specialized foster care" means the home- and community-based service as defined in the 1915(c) waiver approved by the Centers for Medicare and Medicaid Services;

16. "Habilitation training specialist services" means the home- and community-based service as defined in the 1915(c) waiver approved by the Centers for Medicare and Medicaid Services; and

17. "Homemaker services" means the home- and community-based service as defined in the 1915(c) waiver approved by the Centers for Medicare and Medicaid Services.

Added by Laws 1997, c. 407, § 11, eff. Nov. 1, 1997. Amended by Laws 2002, c. 378, § 1, eff. Nov. 1, 2002; Laws 2005, c. 38, § 2, eff. Nov. 1, 2005; Laws 2008, c. 71, § 1, eff. Nov. 1, 2008; Laws 2009, c. 234, § 144, emerg. eff. May 21, 2009; Laws 2019, c. 475, § 37, eff. Nov. 1, 2019; Laws 2021, c. 89, § 1, eff. Nov. 1, 2021; Laws 2024, c. 79, § 1, eff. Nov. 1, 2024.

§56-1025.2. Criminal history records searches on community services worker applicants, Medicaid personal care assistants and contractors.

A. 1. Except as otherwise provided by subsection C of this section, before any community services provider or Medicaid personal care services provider makes an offer to employ or to contract with a community services worker applicant or a Medicaid personal care assistant applicant to provide health-related services, training, or supportive assistance to a person with a developmental disability, or personal care services to a person who receives the services of the state Medicaid personal care program, the community services provider or Medicaid personal care services provider shall:

- a. provide, prior to a check with the Department of Human Services, for a criminal history records search to be made on the community services worker applicant or Medicaid personal care assistant or contractor pursuant to the provisions of this section, and
- b. check with the Department of Human Services to determine if the name of the applicant seeking employment or contract has been entered on the community services worker registry created pursuant to Section 1025.3 of this title. Prior to a decision by the Department to enter the name of a community services worker or a Medicaid personal care assistant on such registry, the Department shall allow for notice and opportunity for due process for such community services worker or Medicaid personal care assistant against whom a final investigative finding by the Department of Human Services of maltreatment of an individual has been made. If the name of the applicant seeking employment or a contract with the community services provider or Medicaid personal care assistant is listed on the registry as having a finding by an Administrative Law Judge pursuant to the requirements of Section 1025.3 of this title, and the Department has allowed for notice and opportunity for due process for such applicant, the provider shall not hire the applicant.

2. If the Department of Human Services contracts directly with a Medicaid personal care assistant, the Department shall follow the

screening procedures required by this section for Medicaid personal care services providers.

3. If the Oklahoma Health Care Authority contracts directly with a specialized foster care provider or habilitation training specialist services provider or a homemaker services provider, the Department shall follow the screening procedures required by this section for community services providers.

4. Community services providers and Medicaid personal care services providers are authorized to obtain records of any criminal conviction, guilty plea, or plea of nolo contendere maintained by the Oklahoma State Bureau of Investigation (Bureau), or a Federal Bureau of Investigation (FBI) national criminal history records search, based on fingerprints which the employer is required or authorized to request pursuant to the provisions of this section.

5. The Department of Human Services is authorized to obtain a national criminal history records search based on submission of fingerprints for community services providers that provide remote supports. The search shall:

- a. be conducted by the Oklahoma State Bureau of Investigation and the Federal Bureau of Investigation pursuant to Section 150.9 of Title 74 of the Oklahoma Statutes, with the Department as the authorized agency,
- b. be submitted and have results received between the Department and the Oklahoma State Bureau of Investigation through secure electronic transmissions, and
- c. be paid for by the applicant or the community services provider.

6. A criminal history records search for community services providers shall include:

- a. an Oklahoma State Courts Network search, except for community services providers that provide remote supports,
- b. a search of the Restricted Registry established under the Oklahoma Child Care Facilities Licensing Act,
- c. a national criminal history records search for community services providers that provide remote supports in accordance with paragraph 5 of this subsection,
- d. a sex offender registry search conducted by an authorized source, when the individual has lived outside this state within the last five (5) years, and
- e. a search of the Department of Corrections' files maintained pursuant to the Sex Offenders Registration Act and conducted by the Department of Human Services.

7. A Medicaid personal care services provider shall request the Bureau or FBI to conduct a criminal history records search on Medicaid personal care assistants pursuant to the provisions of Section 1-1950.1 of Title 63 of the Oklahoma Statutes.

8. The community services provider shall request the Bureau or FBI to conduct a criminal history records search on a community services worker desiring employment or a contract with the provider and shall provide to the Bureau or FBI any relevant information required by the Bureau or FBI to conduct the search. The community services provider shall pay a reasonable fee to the Bureau for each criminal history records search that is conducted pursuant to such a request. Such fee shall be determined by the Oklahoma State Bureau of Investigation.

9. A community services provider that provides remote supports shall request the Department to conduct a national criminal history records search based on submission of fingerprints on a community services worker or applicant who will be providing remote supports and shall provide to the Department any relevant information required by the Oklahoma State Bureau of Investigation and the Federal Bureau of Investigation to conduct the search. The community services worker or applicant shall pay a reasonable fee to the Oklahoma State Bureau of Investigation for each national criminal history records search that is conducted pursuant to such a request. Such fee shall be determined by the Oklahoma State Bureau of Investigation.

10. The requirement of a criminal history records search shall not apply to an offer of employment made to:

- a. any person who is the holder of a current license or certificate issued pursuant to the laws of this state authorizing such person to practice the healing arts,
- b. a registered nurse or practical nurse licensed pursuant to the Oklahoma Nursing Practice Act,
- c. a physical therapist registered pursuant to the Physical Therapy Practice Act,
- d. a physical therapist assistant licensed pursuant to the Physical Therapy Practice Act,
- e. a social worker licensed pursuant to the provisions of the Social Worker's Licensing Act,
- f. a speech pathologist or audiologist licensed pursuant to the Speech-Language Pathology and Audiology Licensing Act,
- g. a dietitian licensed pursuant to the provisions of the Licensed Dietitian Act,
- h. an occupational therapist licensed pursuant to the Occupational Therapy Practice Act, or
- i. a respiratory care practitioner licensed pursuant to the Respiratory Care Practice Act.

B. At the request of the community services provider, the Bureau shall conduct a criminal history records search on any applicant desiring employment or a contract pursuant to subsection A of this section or any worker employed by the community services provider, including any of the workers specified in paragraph 10 of subsection A of this section, at any time during the period of employment of such worker with the provider.

C. A community services provider may make an offer of temporary employment to a community services worker pending the results of such criminal history records search and the registry review on the applicant. The community services provider in such instance shall provide to the Bureau the name and relevant information relating to the applicant within seventy-two (72) hours after the date the applicant accepts temporary employment. Temporary employment shall not extend longer than the time necessary to receive the results of the criminal history records search and registry review, not to exceed forty-five (45) days. The community services provider shall not hire or contract with an applicant as a community services worker on a permanent basis until the results of the criminal history records search and the registry review are received.

D. Within five (5) days of receipt of a request to conduct a criminal history records search, the Bureau shall complete the criminal history records search and report the results of the search to the requesting community services provider.

E. Every community services provider and Medicaid personal care services provider shall inform each applicant for employment, or each prospective contract worker, as applicable, that the community services provider or Medicaid personal care services provider is required to obtain a criminal history records search and a registry review before making an offer of permanent employment or a contract with the community services worker or Medicaid personal care assistant or applicant described in subsection A of this section.

F. When a community services provider will be providing remote supports from outside this state, the community services provider shall provide an FBI national criminal history records search, based on fingerprints, on out-of-state community services workers or applicants in lieu of a criminal history records search by the Oklahoma State Bureau of Investigation pursuant to this section.

G. 1. If the results of any criminal history records search from any jurisdiction reveals that the subject worker or applicant has been convicted, or pled guilty or nolo contendere to a felony or to a misdemeanor assault and battery, the employer shall not hire or contract with the applicant, but shall immediately terminate the community services worker's employment, contract, or volunteer arrangement, subject to the provisions of paragraph 2 of this subsection.

2. The community services provider may request, in writing, a waiver of the provisions of paragraph 1 of this subsection from the Director of the Department of Human Services, or a designee of the Director. The Director or a designee of the Director may waive the provisions based upon standards promulgated by the Commission for Human Services after concurrence by the Chief Executive Officer of the Oklahoma Health Care Authority as the State Medicaid Agency. No waiver shall be granted for offenses resulting in a felony conviction or plea of guilty or nolo contendere to a felony that occurred less than five (5) calendar years prior to the date of request. In no case shall a waiver be granted for employment of a community services worker who has been convicted of, or pled guilty or nolo contendere to, a felony count of aggravated assault and battery, homicide, murder, attempted murder, rape, incest, sodomy, or abuse, neglect, or financial exploitation of any person entrusted to the worker's care.

H. All criminal history records received by the community services provider or Medicaid personal care services provider are for the exclusive use of the Department of Human Services, the Oklahoma Health Care Authority and the community services provider or Medicaid personal care services provider that requested the information. Except as otherwise provided by this chapter or upon court order or with the written consent of the person being investigated, the criminal history records shall not be released or otherwise disclosed to any other person or agency.

I. Any person releasing or disclosing any information in violation of this section, upon conviction thereof, shall be guilty of a misdemeanor.

J. As part of any inspections required by law, the Department of Human Services shall review the employment files of the community services provider or Medicaid personal care services provider required to conduct a criminal history records search to ensure such provider is in compliance with the provisions of this section.

K. The Department of Human Services shall disclose all registry information, all criminal records gathered and any inspections conducted as a result of this section to the Oklahoma Health Care Authority upon the request of the Oklahoma Health Care Authority. Added by Laws 1997, c. 407, § 12, eff. Nov. 1, 1997. Amended by Laws 1999, c. 214, § 2, eff. Nov. 1, 1999; Laws 2002, c. 378, § 2, eff. Nov. 1, 2002; Laws 2003, c. 2, § 3, emerg. eff. March 17, 2003; Laws 2008, c. 71, § 2, eff. Nov. 1, 2008; Laws 2024, c. 79, § 2, eff. Nov. 1, 2024.

§56-1025.3. Community services worker registry.

A. The Director of the Department of Human Services shall promulgate rules to establish and maintain a community services

worker registry. Such rules may include, but need not be limited to:

1. A procedure for notation in such registry of a final Department of Human Services investigative finding or a finding by an Administrative Law Judge of maltreatment of an individual by a community services worker or a Medicaid personal care assistant;

2. A procedure for notice and due process for a community services worker, or a Medicaid personal care assistant, or applicant before the entering of such person's name in the registry as having a final Department of Human Services investigative finding or Administrative Law Judge finding of maltreatment of an individual;

3. Disclosure requirements for information in the registry; and

4. Procedures for granting a waiver of the provisions of paragraph 1 of subsection F of Section 1025.2 of this title by the Director of Human Services.

B. The community services worker registry shall include, but not be limited to, the following information on each community services worker and each Medicaid personal care assistant:

1. The individual's full name;

2. Information necessary to identify each individual;

3. The date the individual's name was placed in the registry;

and

4. Information on any final Department of Human Services investigative finding or Administrative Law Judge finding of maltreatment concerning the worker.

C. A community services worker, a Medicaid personal care assistant, or applicant who is adversely affected by an Administrative Law Judge finding of maltreatment of an individual may seek judicial review pursuant to Article II of the Administrative Procedures Act. The finding of the Administrative Law Judge may be appealed to the district court of the county in which the community services worker, Medicaid personal care assistant, or applicant resides within thirty (30) days of the date of the decision. A copy of the petition shall be served by mail upon the general counsel of the Department of Human Services.

D. An investigation conducted under Section 1025.1 et seq. of this title shall include a process for notifying a community services provider of areas of concern and administrative information. An area of concern or administrative information shall not be considered final investigative findings, nor shall the area of concern or administrative information be included in a final investigative report of the Department of Human Services. The Department shall develop a procedure by which a community services provider may request an investigative status update within ten (10) calendar days of the initiation of an investigation conducted under Section 1025.1 et seq. of this title.

Added by Laws 1997, c. 407, § 13, eff. Nov. 1, 1997. Amended by Laws 2001, c. 393, § 2, emerg. eff. June 4, 2001; Laws 2002, c. 378, § 3, eff. Nov. 1, 2002; Laws 2008, c. 71, § 3, eff. Nov. 1, 2008; Laws 2021, c. 89, § 2, eff. Nov. 1, 2021.

§56-1025.4. Violations and penalties.

Any violation of the provisions of Sections 11 through 13 of this act shall be a misdemeanor and, upon conviction or plea of guilty or nolo contendere, shall be punishable by a fine of not less than Three Hundred Dollars (\$300.00), but not to exceed One Thousand Dollars (\$1,000.00). In addition to the fine, such violator may be imprisoned in the county jail for not more than thirty (30) days. Each day that such violation continues shall be considered to be a separate violation.

Added by Laws 1997, c. 407, § 14, eff. Nov. 1, 1997.

§56-1026.1. Developmental Disability Services Revolving Fund.

There is hereby created in the State Treasury a revolving fund for the Department of Human Services to be designated the "Developmental Disability Services Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the Department from appropriations provided for the purpose of funding the state share of the following home- and community-based services waivers:

1. The In-Home Supports for Adults Waiver;
2. The In-Home Supports for Children Waiver;
3. The Homeward Bound Waiver; and
4. The Community Waiver.

All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department for the purpose provided for in this section. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

Added by Laws 2024, c. 422, § 1, eff. July 1, 2024.

§56-1030.1. Petition.

A. The Department of Human Services may, upon its own initiative or at the request of an owner, operator or resident of any agency providing residential services to individuals with intellectual disabilities, or at the request of a resident's guardian or relative, petition the court to appoint a receiver to take possession of and operate an agency providing residential services, except a facility subject to the provisions of the Nursing Home Care Act. When requested to file a petition, the Department of Human Services shall determine if proper cause exists, and shall

take whatever steps are necessary to protect the health, welfare and safety of residents including, if necessary, petitioning the court to place the agency under the control of a receiver to ensure that the residents receive adequate care.

B. Upon the filing of a petition by the Department of Human Services, subject to other provisions of this article, a court may appoint a receiver to take possession of and operate an agency licensed by or contracting with the Department of Human Services or the Oklahoma Health Care Authority to provide community residential supports to individuals with developmental or intellectual disabilities when there is actual, imminent or substantial risk of serious physical or mental harm or death to residents, and no other remedies at law are adequate to protect the health, safety and welfare of the residents.

C. Conditions and factors which may result in mental or physical harm or death, or risk of harm or death, as described in subsection B of this section include, but are not limited to, instances when any of the following occur:

1. The residential agency has violated, or has demonstrated a pattern and practice of repeated violations of, state or federal law, rule or regulation which affect health and safety;

2. The residential agency is in the process of terminating services or intends to cease operations, and arrangements for relocating residents are dangerously inadequate; or

3. The residential agency is insolvent as defined in subsection C of Section 1030.2 of this title, and a receivership is necessary to protect the health and safety of the residents.

D. Petitions filed pursuant to this section shall include the following:

1. A description of the specific conditions, conduct, or occurrences existing at the agency which have resulted in serious physical or mental harm or death or which present a substantial risk of serious physical or mental harm or death to residents;

2. A statement explaining why other remedies of law are inadequate;

3. The number of individuals receiving residential services from the agency who have been seriously harmed or died, or are at substantial risk of such harm or death;

4. A statement that the facts have been brought to the attention of the owner or administrator and that conditions have not been remedied within a reasonable period of time or that the conditions, though remedied periodically, habitually exist at the agency as a pattern or practice;

5. The name and address of the persons holding a contract for the agency or serving as the duly authorized agent of the contract and the address of a designated representative for the Director of

the Department of Human Services and the Administrator of the Oklahoma Health Care Authority; and

6. A listing of any other reasons that may apply as set forth in this subsection.

E. No party, attorney, or person interested in an action shall be appointed a receiver pursuant to this section. To assist the court in identifying persons qualified to be named as receivers, the Director of the Department of Human Services or the Director's designee shall maintain a list of the names of such persons that the court may consider.

F. The court may award to a residential agency appropriate costs and expenses, including reasonable attorney fees, if the court determines that a petitioner has initiated a proceeding in bad faith or merely for the purpose of harassing or embarrassing the residential agency.

Added by Laws 1997, c. 407, § 15, eff. Nov. 1, 1997. Amended by Laws 2019, c. 475, § 38, eff. Nov. 1, 2019.

§56-1030.2. Notice and hearing - Appointment of receiver - Reimbursement of receiver - Liability for debts - Competitive bidding not required.

A. The court shall hold a hearing within five (5) days of the filing of the petition. The petition and notice of the hearing shall be served by the petitioner on the owner, administrator or designated agent of the agency, and the Oklahoma Health Care Authority. The petition and notice shall be posted in a conspicuous place in the agency not later than three (3) days before the time specified for the hearing, unless a different time limit is fixed by order of the court.

B. The court may appoint a receiver ex parte pending the hearing if the Department of Human Services provides testimony, under oath, that there has been a loss of life or a life-endangering situation exists for which an adequate remedy at law does not exist. Following the hearing on the petition, and upon a determination that the appointment of a receiver is warranted, the court may then appoint a different receiver or extend the term of the ex parte receiver.

C. When the operating revenue of a residential agency in receivership is insufficient to meet its operating expenses, including the cost of bringing the agency and residences into compliance with state or federal laws or rules or regulations or provisions of the agency's contract, or to protect the health and safety of the residents, the operator shall be deemed insolvent. The Department of Human Services may reimburse the receiver for those expenses from funds available for such uses and expenses.

D. The receiver, the Department of Human Services and the Oklahoma Health Care Authority are not liable for debts incurred by

the owner or operator of an agency providing community residential services for which a receiver has been appointed.

E. Notwithstanding any other provision of law, contracts that are necessary to carry out the powers and duties of the receiver need not be competitively bid.

Added by Laws 1997, c. 407, § 16, eff. Nov. 1, 1997.

§56-1030.3. Compensation of receiver.

The Department of Human Services shall have a lien against the owner of the agency for any such reimbursements made during the receivership under the same terms, procedures, and conditions as provided for long-term care facilities pursuant to Section 1-1914.2 of Title 63 of the Oklahoma Statutes. The court shall set the compensation of the receiver in accordance with other receiverships generally.

Added by Laws 1997, c. 407, § 17, eff. Nov. 1, 1997.

§56-1030.4. Oath and bond - Powers and duties of receiver - Court approval of certain expenditures required - Termination of receivership - Technical assistance.

A. Before a receiver is appointed, a nominee shall be sworn to faithfully perform the duties of a receiver. At the initial hearing, the receiver shall seek and obtain court approval of one or more sureties and shall execute a bond in such amount as the court shall direct.

B. In establishing a receivership, the court shall set forth the powers and duties of the receiver. The court shall authorize the receiver to do all that is prudent and necessary to protect the health, safety and welfare of all persons served by the agency and to efficiently administer residential services within the requirements of state and federal law, relevant policy, and the agency's contracts with the Department of Human Services and the Oklahoma Health Care Authority. These powers and duties shall include those generally ascribed to receivers and may also include the powers and duties of trustees under the U.S. Bankruptcy Code, as amended. In addition to the powers specified by this section, the court shall authorize the receiver to:

1. Honor all leases, mortgages and secured transactions governing all buildings, goods and fixtures of which the receiver has taken possession and continues to use, but, in the case of a rental agreement, only to the extent of payments that are for the use of the property during the period of the receivership, or, in the case of a purchase agreement, only to the extent of payments that are received during the period of the receivership;

2. If transfer of residents is necessary, provide for the orderly transfer of residents by doing the following:

- a. cooperate with all appropriate state and local agencies in carrying out the transfer of residents to alternative community placements,
- b. arrange for the transportation of residents' belongings and records,
- c. help to locate alternative placements and develop discharge plans,
- d. prepare residents for the trauma of discharge, and
- e. permit residents or guardians to participate in transfer or discharge planning except when an emergency exists and immediate transfer is necessary;

3. Make periodic reports on the status of the residential program to the appropriate state agency, parents, guardians, and residents;

4. Compromise demands or claims with prior notice to the Department of Human Services and the Oklahoma Health Care Authority, subject to approval by the court; and

5. Subject to the supervision and control of the court, bring and defend actions in the receiver's name, in the official capacity as receiver, and take and keep possession of property.

C. The court shall require the receiver to obtain court approval prior to making any single expenditure of more than Five Thousand Dollars (\$5,000.00) to correct deficiencies in the structure or furnishings of residences supported by an agency. The court shall require regular and detailed reports including a final report. The receivership shall be reviewed at least every sixty (60) days.

D. Upon motion by the receiver, the Department of Human Services or other interested party, a receivership established pursuant to this section may be terminated by the court, and the receiver discharged, following notification of the appropriate parties and interested persons and a hearing, if the court determines the following:

1. The residential agency and owners have ceased operations and the former residents have been relocated to an appropriate service setting; or

2. Circumstances no longer exist at the agency that present a substantial risk of physical or mental harm or death to residents, and there is no deficiency in the agency that is likely to create such risk of harm or death.

E. Upon motion of the receiver, the Department of Human Services or other interested party, the court may, during the hearing to consider termination of the receivership and discharge of the receiver, approve the return of control of the agency, corporation, or assets to the original owner or approve the sale of the same to a new owner. The Department of Human Services, the Oklahoma Health Care Authority, all other interested parties, and

other persons with a known interest in the proceedings shall receive written notice from the receiver of such hearing.

F. The Department of Human Services and the Oklahoma Health Care Authority shall provide technical assistance to any receiver appointed pursuant to this section.

Added by Laws 1997, c. 407, § 18, eff. Nov. 1, 1997.

§56-2001. Repealed by Laws 2004, c. 378, § 4, emerg. eff. June 3, 2004.

§56-2002. Nursing Facilities Quality of Care Fee.

A. For the purpose of providing quality care enhancements, the Oklahoma Health Care Authority is authorized to and shall assess a Nursing Facilities Quality of Care Fee pursuant to this section upon each nursing facility licensed in this state. Facilities operated by the Oklahoma Department of Veterans Affairs shall be exempt from this fee. Quality of care enhancements include, but are not limited to, the purposes specified in this section.

B. As a basis for determining the Nursing Facilities Quality of Care Fee assessed upon each licensed nursing facility, the Authority shall calculate a uniform per-patient day rate. The rate shall be calculated by dividing six percent (6%) of the total annual patient gross receipts of all licensed nursing facilities in this state by the total number of patient days for all licensed nursing facilities in this state. The result shall be the per-patient day rate. Beginning July 15, 2004, the Nursing Facilities Quality of Care Fee shall not be increased unless specifically authorized by the Legislature.

C. Pursuant to any approved Medicaid waiver and pursuant to subsection N of this section, the Nursing Facilities Quality of Care Fee shall not exceed the amount or rate allowed by federal law for nursing home licensed bed days.

D. The Nursing Facilities Quality of Care Fee owed by a licensed nursing facility shall be calculated by the Authority by adding the daily patient census of a licensed nursing facility, as reported by the facility for each day of the month, and by multiplying the ensuing figure by the per-patient day rate determined pursuant to the provisions of subsection B of this section.

E. Each licensed nursing facility which is assessed the Nursing Facilities Quality of Care Fee shall be required to file a report on a monthly basis with the Authority detailing the daily patient census and patient gross receipts at such time and in such manner as required by the Authority.

F. 1. The Nursing Facilities Quality of Care Fee for a licensed nursing facility for the period beginning October 1, 2000, shall be determined using the daily patient census and annual

patient gross receipts figures reported to the Authority for the calendar year 1999 upon forms supplied by the Authority.

2. Annually the Nursing Facilities Quality of Care Fee shall be determined by:

- a. using the daily patient census and patient gross receipts reports received by the Authority for the most recent available twelve (12) months, and
- b. annualizing those figures.

Each year thereafter, the annualization of the Nursing Facilities Quality of Care Fee specified in this paragraph shall be subject to the limitation in subsection B of this section unless the provision of subsection C of this section is met.

G. The payment of the Nursing Facilities Quality of Care Fee by licensed nursing facilities shall be an allowable cost for Medicaid reimbursement purposes.

H. 1. There is hereby created in the State Treasury a revolving fund to be designated the "Nursing Facility Quality of Care Fund".

2. The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of:

- a. all monies received by the Authority pursuant to this section and otherwise specified or authorized by law,
- b. monies received by the Authority due to federal financial participation pursuant to Title XIX of the Social Security Act, and
- c. interest attributable to investment of money in the fund.

3. All monies accruing to the credit of the fund are hereby appropriated and shall be budgeted and expended by the Authority for:

- a. reimbursement of the additional costs paid to Medicaid-certified nursing facilities for purposes specified by Sections 1-1925.2 and 5022.2 of Title 63 of the Oklahoma Statutes,
- b. reimbursement of the Medicaid rate increases for intermediate care facilities for individuals with intellectual disabilities (ICFs/IID),
- c. nonemergency transportation services for Medicaid-eligible nursing home clients,
- d. eyeglass and denture services for Medicaid-eligible nursing home clients,
- e. fifteen ombudsmen employed by the Department of Human Services,
- f. ten additional nursing facility inspectors employed by the State Department of Health,
- g. pharmacy and other Medicaid services to qualified Medicare beneficiaries whose incomes are at or below

one hundred percent (100%) of the federal poverty level; provided however, pharmacy benefits authorized for such qualified Medicare beneficiaries shall be suspended if the federal government subsequently extends pharmacy benefits to this population,

- h. costs incurred by the Authority in the administration of the provisions of this section and any programs created pursuant to this section,
- i. durable medical equipment and supplies services for Medicaid-eligible elderly adults, and
- j. personal needs allowance increases for residents of nursing homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) from Thirty Dollars (\$30.00) to Fifty Dollars (\$50.00) per month per resident.

4. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

5. The fund and the programs specified in this section funded by revenues collected from the Nursing Facilities Quality of Care Fee pursuant to this section are exempt from budgetary cuts, reductions, or eliminations.

6. The Medicaid rate increases for intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) shall not exceed the net Medicaid rate increase for nursing facilities including, but not limited to, the Medicaid rate increase for which Medicaid-certified nursing facilities are eligible due to the Nursing Facilities Quality of Care Fee less the portion of that increase attributable to treating the Nursing Facilities Quality of Care Fee as an allowable cost.

7. The reimbursement rate for nursing facilities shall be made in accordance with Oklahoma's Medicaid reimbursement rate methodology and the provisions of this section.

8. No nursing facility shall be guaranteed, expressly or otherwise, that any additional costs reimbursed to the facility will equal or exceed the amount of the Nursing Facilities Quality of Care Fee paid by the nursing facility.

I. 1. In the event that federal financial participation pursuant to Title XIX of the Social Security Act is not available to the Oklahoma Medicaid program, for purposes of matching expenditures from the Nursing Facility Quality of Care Fund at the approved federal medical assistance percentage for the applicable fiscal year, the Nursing Facilities Quality of Care Fee shall be null and void as of the date of the nonavailability of such federal funding, through and during any period of nonavailability.

2. In the event of an invalidation of this section by any court of last resort under circumstances not covered in subsection J of this section, the Nursing Facilities Quality of Care Fee shall be null and void as of the effective date of that invalidation.

3. In the event that the Nursing Facilities Quality of Care Fee is determined to be null and void for any of the reasons enumerated in this subsection, any Nursing Facilities Quality of Care Fee assessed and collected for any periods after such invalidation shall be returned in full within sixty (60) days by the Authority to the nursing facility from which it was collected.

J. 1. If any provision of this section or the application thereof shall be adjudged to be invalid by any court of last resort, such judgment shall not affect, impair or invalidate the provisions of the section, but shall be confined in its operation to the provision thereof directly involved in the controversy in which such judgment was rendered. The applicability of such provision to other persons or circumstances shall not be affected thereby.

2. This subsection shall not apply to any judgment that affects the rate of the Nursing Facilities Quality of Care Fee, its applicability to all licensed nursing homes in the state, the usage of the fee for the purposes prescribed in this section, or the ability of the Authority to obtain full federal participation to match its expenditures of the proceeds of the fee.

K. The Authority shall promulgate rules for the implementation and enforcement of the Nursing Facilities Quality of Care Fee established by this section.

L. The Authority shall provide for administrative penalties in the event nursing facilities fail to:

1. Submit the Quality of Care Fee;
2. Submit the fee in a timely manner;
3. Submit reports as required by this section; or
4. Submit reports timely.

M. As used in this section:

1. "Nursing facility" means any home, establishment or institution, or any portion thereof, licensed by the State Department of Health as defined in Section 1-1902 of Title 63 of the Oklahoma Statutes;

2. "Medicaid" means the medical assistance program established in Title XIX of the federal Social Security Act and administered in this state by the Authority;

3. "Patient gross revenues" means gross revenues received in compensation for services provided to residents of nursing facilities including, but not limited to, client participation. The term "patient gross revenues" shall not include amounts received by nursing facilities as charitable contributions; and

4. "Additional costs paid to Medicaid-certified nursing facilities under Oklahoma's Medicaid reimbursement methodology"

means both state and federal Medicaid expenditures including, but not limited to, funds in excess of the aggregate amounts that would otherwise have been paid to Medicaid-certified nursing facilities under the Medicaid reimbursement methodology which have been updated for inflationary, economic, and regulatory trends and which are in effect immediately prior to the inception of the Nursing Facilities Quality of Care Fee.

N. 1. As per any approved federal Medicaid waiver, the assessment rate subject to the provision of subsection C of this section is to remain the same as those rates that were in effect prior to January 1, 2012, for all state-licensed continuum of care facilities.

2. Any facilities that made application to the State Department of Health to become a licensed continuum of care facility no later than January 1, 2012, shall be assessed at the same rate as those facilities assessed pursuant to paragraph 1 of this subsection; provided, that any facility making the application shall receive the license on or before September 1, 2012. Any facility that fails to receive such license from the State Department of Health by September 1, 2012, shall be assessed at the rate established by subsection C of this section subsequent to September 1, 2012.

O. If any provision of this section, or the application thereof, is determined by any controlling federal agency, or any court of last resort to prevent the state from obtaining federal financial participation in the state's Medicaid program, such provision shall be deemed null and void as of the date of the nonavailability of such federal funding and through and during any period of nonavailability. All other provisions of the bill shall remain valid and enforceable.

Added by Laws 2000, c. 340, § 2, eff. July 1, 2000. Amended by Laws 2000, c. 418, § 31, eff. July 1, 2000; Laws 2001, c. 379, § 4, emerg. eff. June 4, 2001; Laws 2001, c. 428, § 6, emerg. eff. June 5, 2001; Laws 2002, c. 22, § 17, emerg. eff. March 8, 2002; Laws 2004, c. 378, § 2, emerg. eff. June 3, 2004; Laws 2012, c. 122, § 1, eff. Nov. 1, 2012; Laws 2013, c. 15, § 38, emerg. eff. April 8, 2013; Laws 2013, c. 183, § 1, emerg. eff. April 29, 2013; Laws 2019, c. 475, § 39, eff. Nov. 1, 2019; Laws 2020, c. 161, § 28, emerg. eff. May 21, 2020.

NOTE: Laws 2001, c. 331, § 1 repealed by Laws 2002, c. 22, § 34, emerg. eff. March 8, 2002. Laws 2012, c. 304, § 241 repealed by Laws 2013, c. 15, § 39, emerg. eff. April 8, 2013. Laws 2019, c. 489, § 2 repealed by Laws 2020, c. 161, § 29, emerg. eff. May 21, 2020.

§56-2003. Repealed by Laws 2004, c. 378, § 4, emerg. eff. June 3, 2004.

§56-2004. Home-Based Support Quality Assurance Assessment.

A. As used in this section:

1. "Additional costs reimbursed to the contracted community-based service provider" means both state and federal Medicaid expenditures in excess of the aggregate amounts that would otherwise have been paid to a contracted community-based service provider including, but not limited to, costs related to an audit required by the Department of Human Services, the Oklahoma Health Care Authority, or the State Auditor and Inspector;

2. "Contracted community-based service provider" means any entity contracted by the Department of Human Services, the Oklahoma Health Care Authority, or any private person providing the support, or promotion of support, for a service recipient to remain in such person's home or residence and shall include, but not be limited to, entities and persons providing personal support, professional support, case management, transportation services, and services through a Home and Community-Based Waiver or Advantage Waiver as defined by Title XIX of the Social Security Act, Section 1915 (C);

3. "Gross receipts" means annual gross revenues received in compensation for services rendered by a contracted community-based service provider, but shall not include any amount received by a contracted service provider as a charitable contribution or any amount received by a provider as compensation for services rendered that is not reimbursed; and

4. "Medicaid" means the medical assistance program established in Title XIX of the federal Social Security Act and administered in the state by the Oklahoma Health Care Authority.

B. Information required to calculate the Home-Based Support Quality Assurance Assessment provided in Section 4002 of Title 68 of the Oklahoma Statutes for a contracted community-based service provider shall be reported to the Oklahoma Health Care Authority using forms supplied by the Oklahoma Health Care Authority.

C. The payment of the Home-Based Quality Assurance Assessment by contracted community-based service providers shall be an allowable cost for Medicaid reimbursement purposes.

D. 1. There is hereby created in the State Treasury a revolving fund for the Oklahoma Health Care Authority to be designated the "Home-Based Quality Assurance Fund".

2. The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of:

- a. all monies received by the Oklahoma Health Care Authority pursuant to Section 4002 of Title 68 of the Oklahoma Statutes and otherwise specified or authorized by law,
- b. monies received by the Oklahoma Health Care Authority due to federal financial participation pursuant to Title XIX of the Social Security Act, and

c. interest attributable to investment of money in the Home-Based Quality Assurance Fund.

3. All monies accruing to the credit of the fund are appropriated and may be budgeted and expended by the Oklahoma Health Care Authority for Medicaid services provided by contracted community-based service providers.

4. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

5. The Home-Based Quality Assurance Fund and the programs specified in this section that are funded by revenues collected from the Home-Based Quality Assurance Assessment pursuant to this section are exempt from budgetary cuts, reductions, or eliminations.

6. The reimbursement rate for contracted community-based service providers shall be made in accordance with Oklahoma's Medicaid reimbursement rate methodology and the provisions of this section.

7. No contracted community-based service provider shall be guaranteed, expressly or otherwise, that any additional costs reimbursed to the contracted community-based service provider shall equal or exceed the amount of the Home-Based Quality Assurance Assessment paid by the contracted community-based service provider.

E. 1. If federal financial participation pursuant to Title XIX of the Social Security Act is not available to the Oklahoma Medicaid program, for purposes of matching expenditures from the Home-Based Quality Assurance Fund at the approved federal medical assistance percentage for the applicable fiscal year, the Home-Based Quality Assurance Assessment shall be null and void as of the date of the nonavailability of such federal funding, through and during any period of nonavailability.

2. If this section is invalidated by any court of last resort under circumstances not covered in subsection F of this section, the Home-Based Quality Assurance Assessment shall be void as of the effective date of that invalidation.

3. If the Home-Based Quality Assurance Assessment is determined to be void for any of the reasons enumerated in this section, any Home-Based Quality Assurance Assessment assessed and collected for any periods after such invalidation shall be returned in full within sixty (60) days by the Oklahoma Health Care Authority to the contracted community-based service provider from which it was collected.

4. If any provision of this section, or the application thereof, is determined by any court of last resort to prevent the state from obtaining federal financial participation in the state Medicaid program, such provision shall be deemed void as of the date

of the nonavailability of such federal funding and through and during any period of nonavailability.

F. 1. If any provision of this section or the application thereof shall be adjudged to be invalid by any court of last resort, such judgment shall not affect, impair or invalidate the remaining provisions of the section, but shall be confined in its operation to the provision thereof directly involved in the controversy in which such judgment was rendered. The applicability of such provision to other persons or circumstances shall not be affected thereby.

2. This subsection shall not apply to any judgment that affects the rate of the Home-Based Quality Assurance Assessment, its applicability to all contracted community-based service providers in the state, the usage of the fee for the purposes prescribed in this section, or the ability of the Oklahoma Health Care Authority to obtain full federal participation to match its expenditures of the proceeds of the assessment.

G. The Oklahoma Health Care Authority shall:

1. Promulgate rules for the implementation and enforcement of the Home-Based Quality Assurance Assessment established by this section; and

2. Provide for administrative penalties in the event a contracted community-based service provider fails to:

- a. submit the Home-Based Quality Assurance Assessment,
- b. submit the Home-Based Quality Assurance Assessment in a timely manner, or
- c. submit reports as required by this section or by the Oklahoma Health Care Authority.

Added by Laws 2010, c. 133, § 1, eff. Nov. 1, 2010. Amended by Laws 2012, c. 304, § 242.

§56-2005. Repealed by Laws 2022, c. 177, § 1, emerg. eff. May 3, 2022.

§56-3001. Short title - Purpose - Joint implementation by state agencies.

A. Sections 1 through 3 of this act shall be known and may be cited as the "Coordination of Services for Older Oklahomans Act".

B. The purpose of the Coordination of Services for Older Oklahomans Act is to establish a coordinated system for the delivery of information, referral and follow-up services to older Oklahomans through a process of joint public and private agency planning and collaboration.

C. The system is to be implemented through interagency agreements and will utilize a shared, computerized data base in order to reduce duplication and improve efficiency in the delivery of such services. The data base is to be jointly developed, implemented and utilized by the public agencies responsible for

information, referral and follow-up services to older Oklahomans and private agencies that provide such services pursuant to a contract with a state agency.

Added by Laws 1996, c. 123, § 1, emerg. eff. April 23, 1996.

§56-3002. Designation of participating agencies - Respective responsibilities - Report.

A. The following agencies are directed to jointly design and implement a coordinated system of information, referral and follow-up services for older Oklahomans:

1. The Aging Services Division of the Department of Human Services;

2. The State Department of Health;

3. The Department of Mental Health and Substance Abuse Services;

4. The Oklahoma Health Care Authority;

5. The Oklahoma Department of Veterans Affairs; and

6. The Office of Management and Enterprise Services.

B. 1. The Aging Services Division of the Department of Human Services shall be the lead agency for the design and implementation of the system required by the Coordination of Services for Older Oklahomans Act and shall be responsible for convening meetings and providing meeting space, administrative, staff and other necessary support services. The Division shall convene the first meeting of the agencies on or before July 1, 1996.

2. The remaining agencies listed in subsection A of this section shall be responsible for providing information, staff and other assistance as necessary to design and implement the system required by the Coordination of Services for Older Oklahomans Act.

3. The Aging Services Division shall invite representatives of the Area Agencies on Aging, Eldercare, managed health care organizations and other appropriate public and private entities to participate in the design of the system required by the Coordination of Services for Older Oklahomans Act.

4. The Office of Management and Enterprise Services shall provide technical assistance and support necessary for the development of the shared, computerized data base required by the Coordination of Services for Older Oklahomans Act.

C. On or before December 1 of each year, the agencies listed in subsection A of this section shall jointly submit a report to the Governor, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the chairs of the appropriate legislative committees. The report shall include, but not be limited to:

1. A statement on the progress in the design and implementation of the system required by the Coordination of Services for Older Oklahomans Act; and

2. Identification of any statutory changes and funding necessary to implement the system.

Added by Laws 1996, c. 123, § 2, emerg. eff. April 23, 1996.

Amended by Laws 2012, c. 304, § 243.

§56-3002.1. Aging and Disability Resource Consortium initiative.

The Aging Services Division of the Department of Human Services is encouraged and authorized to work collaboratively with other national, state and local agencies and community groups to establish, develop, and implement a single-point-of-entry concept for aging and disability groups in Oklahoma referred to as an Aging and Disability Resource Consortium (ADRC) initiative.

The Aging Services Division is designated as the lead agency in the establishment of an ADRC initiative in Oklahoma. The Aging Services Division shall collaborate and coordinate with the disability and aging network to ensure appropriate inclusion in the ADRC initiative. The Aging Services Division is authorized to pursue national, state or local grants to comply with national, state or local rules or regulations to effect this enabling legislation.

The ADRC initiative shall streamline access to long-term support services and assist disabled and elderly Oklahomans to make informed decisions about their service and support options. The ADRC initiative shall coordinate existing systems of information, assistance and access for the elderly and disabled, and shall form state and local partnerships that provide information and assistance to individuals or professionals needing either public or private resources for themselves or their clients, especially when planning for long-term support service needs.

Added by Laws 2009, c. 67, § 1, eff. Nov. 1, 2009.

§56-3002.2. Short title - Oklahoma Caregiver Support Act.

This act shall be known and may be cited as the "Oklahoma Caregiver Support Act".

Added by Laws 2017, c. 91, § 1, eff. Nov. 1, 2017.

§56-3002.3. Expansion of service locations.

The Department of Human Services shall work with caregiver community groups across the state in a cost-neutral manner using existing resources to:

1. Support expansion of the number of locations in which services to caregivers are provided;

2. Ensure that such geographic locations include low-, mid- and high-economic-income areas in order to provide greater accessibility to caregivers; and

3. Provide that the locations to be selected shall include schools, city and county facilities in which no usage fee shall be charged.

Added by Laws 2017, c. 91, § 2, eff. Nov. 1, 2017.

§56-3002.4. Support for awareness of information, services and training.

The Department of Human Services shall work with caregiver community groups across the state in a cost-neutral manner using existing resources to support awareness of:

1. Information to caregivers regarding available services;
2. Assistance to caregivers in gaining access to available services;
3. Individual counseling, support groups and caregiver training; and
4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.

Added by Laws 2017, c. 91, § 3, eff. Nov. 1, 2017.

§56-3002.5. Oklahoma Options Counseling for Long-term Care Program Act.

This act shall be known and may be cited as the "Oklahoma Options Counseling for Long-term Care Program Act".

Added by Laws 2011, c. 144, § 1, eff. Nov. 1, 2011.

§56-3002.6. Legislative findings.

The Oklahoma Legislature finds that access to information regarding all components of a long-term care support system is necessary to empower the elderly and persons with disabilities in planning, evaluating, and making decisions to meet their individual long-term care support needs appropriately. This access to information shall be provided through the Options Counseling for Long-term Care Program provided by the Aging and Disability Resource Consortium and its partner community organizations. The Options Counseling for Long-term Care Program shall be designed to allow for an integrated system that facilitates navigation of the variety of private and public resources available; minimizes service fragmentation; reduces duplication of administrative paperwork procedures; enhances individual choice; supports informed decision making; and increases the cost-effectiveness of long-term care services and support systems.

Added by Laws 2011, c. 144, § 2, eff. Nov. 1, 2011.

§56-3002.7. Definitions - Options Counseling for Long-term Care Program - Consultation.

A. As used in the Oklahoma Options Counseling for Long-term Care Program Act:

1. "Long-term care facility" means a nursing facility or assisted living facility;

2. "Options counseling for long-term care" means the process of providing services pursuant to the Oklahoma Options Counseling for Long-term Care Program within the Aging and Disability Resource Consortium (ADRC); and

3. "Representative" means a family member, attorney, hospital social worker, or any other person chosen by an individual to act on behalf of the individual:

- a. seeking a long-term care consultation, or
- b. admitted to a long-term care program or facility.

B. The Options Counseling for Long-term Care Program is hereby created within the Department of Human Services Aging Services Division and administered within the Aging Services Division Aging and Disability Resource Consortium.

C. Subject to available funding, the Options Counseling for Long-term Care Program, through its partner community agencies, shall provide individuals or their representatives, or both, with long-term care options consultation by phone or in person, which shall include at a minimum the following:

1. A basic review of an individual's need for information;
2. A review of appropriate long-term care options and costs, if available;
3. A review of providers who accept either public or private payment or both public and private payment for long-term care services;

4. A summary of factors to consider when choosing among the available programs, services, and benefits; and

5. A summary of opportunities and methods for maximizing the independence and self-reliance of the individual, including support services provided by the family and friends of the individual.

D. Options counseling for long-term care under this section may be provided at any time, whether before or after the individual who is the subject of a long-term care consultation has been admitted to a long-term facility.

E. Nothing in the Oklahoma Options Counseling for Long-term Care Program Act shall be used to implement any provisions of the federal Patient Protection and Affordable Care Act.

Added by Laws 2011, c. 144, § 3, eff. Nov. 1, 2011.

§56-3003. Contents of coordinated system - Implementation deadlines.

A. The design of a coordinated system of information, referral and follow-up services for older Oklahomans shall:

1. Be based upon the coordination of existing state and local programs that provide information, referral and follow-up services for older Oklahomans;

2. Conform with the requirements of the 1915c Medicaid Home and Community Based Waiver, commonly known as the "Advantage Program", and, to the extent possible and feasible, shall incorporate the forms and procedures developed for the implementation of the Waiver;

3. Include, but not be limited to:

- a. delineation of agency responsibilities, and the methods of coordinating the delivery of services,
- b. identification of programs and procedures necessary for implementation, and adoption of such procedures by the responsible agencies,
- c. the adoption of common service procedures across program and agency lines,
- d. the use of common referral and other forms,
- e. the development of a shared, computerized data base to identify client information necessary to reduce duplication of effort and improve service delivery, including, but not limited to, a common intake data set,
- f. procedures for sharing of confidential information in accordance with state and federal laws, which shall include, but not be limited to, methods for restricting access to confidential information and for sharing confidential information between public and private agencies and individuals in accordance with the policies and procedures set forth in interagency agreements pursuant to the Coordination of Services for Older Oklahomans Act,
- g. joint training of personnel responsible for implementation of the system and delivery of services,
- h. methods for resolving disputes by mediation or other means,
- i. a funding and implementation plan, which may include phased-in implementation, and
- j. procedures for monitoring and improving services and data collection, and continued coordination of services and data.

B. 1. Preliminary recommendations for the data base and coordinated system shall be completed on or before October 1, 1996.

2. On or before January 1, 1997, the agencies subject to the provisions of the Coordination of Services for Older Oklahomans Act shall enter into interagency agreements to implement the coordinated system.

The data base and coordinated system of information, referral and follow-up shall be fully implemented on or before January 1, 1998.

Added by Laws 1996, c. 123, § 3, emerg. eff. April 23, 1996.

§56-3021. Oklahoma 2-1-1 Collaborative - Duties and responsibilities.

A. Beginning on January 1, 2011, the Oklahoma 2-1-1 Advisory Collaborative shall be renamed the 2-1-1 Oklahoma Coordinating Council. Beginning on July 1, 2021, the 2-1-1 Oklahoma Coordinating Council shall be renamed the Oklahoma 2-1-1 Collaborative. The Oklahoma 2-1-1 Collaborative is hereby designated as the state lead entity of all 2-1-1 call centers in this state.

B. The Oklahoma 2-1-1 Collaborative shall have the following duties and responsibilities:

1. Develop and maintain a statewide coordinated approach for the promotion of a 2-1-1 system;

2. Develop and maintain an integrated statewide 2-1-1 service that avoids overlap of 2-1-1 call centers in the state;

3. Certify information and referral providers who wish to become 2-1-1 call centers;

4. Develop and maintain certification standards for providers that operate as a 2-1-1 call center in the state in compliance with the Alliance for Information and Referral Systems;

5. Assure that each 2-1-1 call center is accountable and maintains compliance with Corporation Commission standards;

6. Develop and maintain a process for 2-1-1 call center accountability and compliance with state and national standards for any contractual obligations;

7. Provide leadership and coordination for 2-1-1 call centers as it relates to large-scale emergencies and homeland security needs;

8. Develop and implement a statewide, outcome-driven strategic plan for 2-1-1 Oklahoma;

9. Advocate for funding to support and sustain 2-1-1 system delivery;

10. Coordinate with national, state and local partners in the provision of 2-1-1 services;

11. Collaborate with such entities as may be required and to the extent required under federal law or to receive federal funding;

12. Provide funding formula recommendations to the administering entity responsible for the allocation of state and federal funds appropriated for 2-1-1 Oklahoma; and

13. Submit an annual report no later than September 1 of each year to the cabinet Secretary for the cabinet area consisting of the Department of Human Services, of the services rendered in the past fiscal year by the 2-1-1 system. The report may also include recommendations of the Oklahoma 2-1-1 Collaborative.

C. 1. The membership of the Oklahoma 2-1-1 Collaborative shall be comprised of fifteen (15) members, five of whom shall be public sector representatives and ten of whom shall be private sector representatives. The initial members shall be selected by the

current 2-1-1 call centers in this state as of the effective date of this act. Vacancies that occur after the selection of the initial members shall be filled by the Oklahoma 2-1-1 Collaborative.

2. The Oklahoma 2-1-1 Collaborative shall meet not less than two times per year for the purpose of reviewing and carrying out its duties and responsibilities.

3. The members of the Oklahoma 2-1-1 Collaborative shall adopt by-laws governing its operations including terms of office, the conduct of meetings and such other functions as the Oklahoma 2-1-1 Collaborative deems necessary to carry out its duties and responsibilities.

4. Members shall serve without compensation or reimbursement for expenses; provided, that members who are public officers may be reimbursed for necessary expenses as provided by law.

D. If federal funding related to 2-1-1 services becomes available to the state, the state may comply with any requirements necessary to make application for and receive such federal funding. Added by Laws 2004, c. 411, § 1, emerg. eff. June 3, 2004. Amended by Laws 2010, c. 144, § 1, eff. Nov. 1, 2010; Laws 2021, c. 387, § 1, eff. July 1, 2021.

§56-3050. Repealed by Laws 2011, c. 315, § 2, eff. Nov. 1, 2011.

§56-3051. Discontinuance of state-administered resource centers.

A. The Department of Human Services shall develop a plan which contains targeted dates to change or discontinue the operation of state-administered resource centers. In developing the plan, the Department shall consult with the families and guardians of the residents as well as affected employees of the resource centers, and shall take into consideration the recommendations and concerns of the families and guardians of the residents and affected employees.

B. The plan shall be submitted no later than January 1, 2012. The plan shall be subject to disapproval by the Legislature on or before March 1, 2012. The plan shall not be implemented until after March 1, 2012.

Added by Laws 2011, c. 315, § 1, eff. Nov. 1, 2011.

§56-3100. Aging Services Division - Duties.

A. 1. The Aging Services Division of the Department of Human Services shall, in accordance with the provisions of this section and in consultation with area agencies on aging, establish a program to provide leadership for improving the quality and quantity of legal and advocacy assistance as a means of ensuring a comprehensive elder rights system for Oklahoma's vulnerable elderly.

2. In carrying out the program established in paragraph 1 of this subsection, the Aging Services Division shall coordinate and

provide assistance to area agencies on aging and other entities in Oklahoma that assist older individuals in:

- a. understanding the rights of the older individual,
- b. exercising choice,
- c. benefiting from services and opportunities authorized by law,
- d. maintaining the rights of the older individual and, in particular, of the older individual with reduced capacity, and
- e. resolving disputes.

B. In carrying out the provisions of this section, the Aging Services Division shall:

1. Establish an Office of Elder Rights and Legal Assistance Services Development as the focal point for leadership on elder rights policy review, analysis, and advocacy at the state level, including, but not limited to, such elder rights issues as guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits, and dispute resolution;

2. Designate a person to administer the program, who shall be known as the State Legal Services Developer and who shall serve on a full-time basis, and other personnel, sufficient to ensure:

- a. leadership in securing and maintaining legal rights for the older individual,
- b. capacity for coordinating the provision of legal assistance,
- c. capacity to provide technical assistance, training and other supportive functions to area agencies on aging, legal assistance providers, ombudsmen, and other persons as appropriate,
- d. capacity to promote financial management services for older individuals at risk of guardianship,
- e. capacity to analyze, comment on, monitor, develop, and promote federal, state, and local laws, rules and regulations, and other governmental policies and actions that pertain to the issues listed in paragraph 1 of this subsection, and
- f. capacity to provide such information as necessary to public and private agencies, legislators, and other persons regarding the issues listed in paragraph 1 of this subsection;

3. Develop, in conjunction with area agencies on aging and legal assistance providers, statewide standards for the delivery of legal assistance to older individuals;

4. Provide technical assistance to area agencies on aging and legal assistance providers to enhance and monitor the quality and quantity of legal assistance to older individuals, including

technical assistance in developing plans for targeting services to reach the older individual with greatest economic need and the older individual with greatest social need, with particular attention to low-income minority individuals;

5. Provide consultation to area aging agencies to ensure coordination of their activities with:

- a. the legal assistance initiatives provided under the Older Americans Act,
- b. services provided by the Legal Services Corporation, and
- c. services provided under other state or federal programs, administered at the state and local level, that address the legal assistance needs of older individuals;

6. Provide for the education and training of professionals, volunteers, and older individuals concerning elder rights, the requirements and benefits of specific laws, and methods for enhancing the coordination of services;

7. Promote and provide, as appropriate, education and training for individuals who are or who might become guardians or representative payees of older individuals, including information on:

- a. the powers and duties of guardians or representative payees, and
- b. alternatives to guardianship;

8. Promote the development of, and provide technical assistance concerning:

- a. pro bono legal assistance programs,
- b. state and local bar committees on aging,
- c. legal hot lines,
- d. alternative dispute resolution,
- e. programs and curricula, and
- f. other issues related to the rights and benefits of older individuals;

in law schools and other institutions of higher education, and promote other methods to expand access by older individuals to legal assistance and advocacy and vulnerable elder rights protection activities;

9. Provide for periodic assessment of the status of elder rights in Oklahoma, including analysis of:

- a. (1) the unmet need for assistance in resolving legal problems and benefits-related problems,
- (2) methods for expanding advocacy services,
- (3) the status of substitute decision-making systems and services, including, but not limited to, systems and services regarding guardianship, representative payeeship, and advance directives,

- (4) access to courts and the justice system, and
 - (5) the implementation of civil rights and age discrimination laws in Oklahoma, and
- b. problems and unmet needs identified in programs established under the Older Americans Act; and

10. For the purpose of identifying vulnerable elder rights protection activities provided by the entities under this act and coordinating such activities with programs established under the Older Americans Act, develop working agreements with:

- a. state entities, including the state consumer protection agency, the court system, the Attorney General, the state agency responsible for equal employment opportunity initiatives, and other state agencies, and
- b. federal entities, including the Social Security Administration, the Health Care Financing Administration, the Department of Veterans' Affairs, and other federal agencies.

C. As used in this section, the term "representative payee" means the person who enters into a contractual relationship with the United States Social Security Administration to receive a social security recipient's check and to disburse funds to meet the needs of the recipient.

Added by Laws 2001, c. 101, § 1, eff. Nov. 1, 2001.

§56-3121. Compassionate Care Task Force.

A. There is hereby created until July 1, 2010, the "Compassionate Care Task Force". The Compassionate Care Task Force shall be composed of the following members:

- 1. The Attorney General, or a designee;
- 2. The Commissioner of the State Department of Health, or a designee;
- 3. The Director of the Department of Human Services, or a designee;
- 4. The Commissioner of the Department of Mental Health and Substance Abuse Services, or a designee;
- 5. The Director of the Office of Faith-Based and Community Initiatives, as created under the direction of the Secretary of Health and Human Services in July 2000, or a designee;
- 6. Two bipartisan members of the Oklahoma House of Representatives appointed by the Speaker of the Oklahoma House of Representatives;
- 7. Two bipartisan members of the Oklahoma State Senate appointed by the President Pro Tempore of the Oklahoma State Senate;
- 8. One member of the Oklahoma City-County Health Department; and
- 9. One member of the Tulsa City-County Health Department.

B. 1. Members shall serve at the pleasure of their appointing authorities. A vacancy on the Task Force shall be filled by the original appointing authority.

2. A majority of the members of the Task Force shall constitute a quorum. A majority of the members present at a meeting may act for the Task Force.

3. The chair shall be appointed by the Speaker of the Oklahoma House of Representatives on or before August 1, 2008. The vice-chair shall be appointed by the President Pro Tempore of the Oklahoma State Senate on or before August 1, 2008.

4. The chair shall convene the first meeting of the Task Force on or before September 1, 2008. The Task Force shall meet as often as necessary.

5. Task Force members employed by the state shall be reimbursed for travel expenses related to their service on the Task Force by their respective agencies pursuant to the provisions of the State Travel Reimbursement Act. Legislative members of the Task Force shall be reimbursed for their necessary travel expenses incurred in the performance of their duties in accordance with Section 456 of Title 74 of the Oklahoma Statutes.

C. Staff of the State Department of Health shall serve as primary staff for the Task Force. The Task Force may use the expertise and services of the staffs of the Oklahoma House of Representatives and the Oklahoma State Senate and may, if necessary, seek the advice and services of experts in the field as well as other necessary professional and clerical staff.

D. All departments, officers, agencies and employees of this state shall cooperate with the Task Force in fulfilling its duties and responsibilities including, but not limited to, providing any information, records, or reports requested by the Task Force.

E. The meetings of the Task Force shall be subject to the Oklahoma Open Meeting Act.

F. The Compassionate Care Task Force shall determine and make recommendations regarding:

1. The role of charitable, voluntary, and faith-based organizations in the Oklahoma health care system;

2. The role of charitable, voluntary, and faith-based organizations in community-based health education, advocacy and direct care for the uninsured;

3. The role of charitable, voluntary, and faith-based organizations in improving access to health care and ensuring affordable and stable health care coverage;

4. The level of collaboration between charitable, voluntary, and faith-based organizations and public health agencies in the state;

5. The utilization of health-related services currently being provided by charitable, voluntary, and faith-based organizations in the state; and

6. The role of charitable, voluntary, and faith-based organizations and the pandemic influenza preparedness plan for Oklahoma.

G. The Compassionate Care Task Force shall provide a progress report in electronic form to the Governor, the President Pro Tempore of the Oklahoma State Senate and the Speaker of the Oklahoma House of Representatives on or before March 1 of each year.

Added by Laws 2008, c. 153, § 1, eff. July 1, 2008.

§56-4000. Oklahoma College Savings Plan exemption.

An Oklahoma College Savings Plan account shall be exempt for purposes of determining eligibility for public assistance, provided that the federal rules for these programs permit such an exemption. Added by Laws 2008, c. 118, § 1, eff. Nov. 1, 2008.

§56-4001.1. Definitions.

As used in this act:

1. "ABLE" means achieving a better life experience;

2. "ABLE account" means an individual trust account or savings account owned by the designated beneficiary of the account and established to pay qualified disability expenses as prescribed in this act. Money and assets in the accounts established under the Oklahoma ABLE program or an ABLE program in any other state shall not be considered for the purpose of determining eligibility to receive, or the amount of, any assistance or benefits from local or state means-tested programs;

3. "Account owner" means a resident of this state, designated as eligible to be a beneficiary pursuant to Section 529A of the Internal Revenue Code;

4. "Contracting state" means a state without a qualified ABLE program of its own, which contracts with another state having such a program;

5. "Contribution" means any payment directly allocated to an ABLE account for the benefit of a designated beneficiary;

6. "Designated beneficiary" means:

- a. with respect to an account, the individual who is the owner of the ABLE account and who either established the account at a time when he or she was eligible or who has succeeded the former designated beneficiary in that capacity,
- b. if the designated beneficiary is not able to exercise signature authority over his or her ABLE account or chooses to establish an ABLE account but not exercise signature authority, references to the designated

beneficiary with respect to his or her actions include actions by the designated beneficiary's designated representative under a power of attorney or, if none, a parent or legal guardian of the designated beneficiary, and

- c. in the case of a change in beneficiaries described in subsection E of Section 5 of this act, the individual who is the new beneficiary;

7. "Designated representative" means an individual who is authorized to act on behalf of the designated beneficiary if the designated beneficiary is a minor or has a guardian, conservator or other fiduciary who has been appointed for purposes of managing that beneficiary's financial affairs;

8. "Disability certification" means, with respect to an individual, a certification by the individual or the parent or guardian of the individual that:

- a. the individual has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months, or is blind within the meaning of Section 1614(a)(2) of the Social Security Act, and
- b. a copy of the individual's diagnosis relating to the individual's relevant impairment or impairments, signed by a physician meeting the criteria of Section 1861(r)(1) of the Social Security Act, can be provided;

9. "Eligible individual" means, for a taxable year, an individual who either:

- a. is entitled during that taxable year to benefits based on blindness or disability under the Social Security Act, or
- b. is the subject of a disability certification filed for such taxable year;

10. "Financial institution" means any bank, commercial bank, national bank, savings bank, savings and loan association, credit union, insurance company, brokerage firm or other similar entity that is authorized to do business in this state;

11. "Internal Revenue Code" means the Internal Revenue Code of 1986, as amended;

12. "Program" means the Oklahoma ABLE Savings Plan established under this act and implemented by the State Treasurer;

13. "Qualified disability expenses" means any expenses related to the eligible individual's blindness or disability which are made for the benefit of an eligible individual who is the designated

beneficiary, including education, housing, transportation, employment training and support, assistive technology and personal support services, health, prevention and wellness, financial management and administrative expenses, legal fees, expenses for oversight and monitoring, funeral and burial expenses and other expenses approved under Section 529A of the Internal Revenue Code;

14. "Qualified withdrawal" means a withdrawal from an account to pay the qualified disability expenses of the designated beneficiary of the account, but only if the withdrawal is made in accordance with this act; and

15. "Partner ABLE program" means a qualified ABLE program established by another state or consortium of states which the State Treasurer has contracted or entered into an agreement with to facilitate access to a qualified ABLE program.

Added by Laws 2016, c. 354, § 2, eff. Jan. 1, 2017.

§56-4001.2. Options for a qualified ABLE program.

A. The State Treasurer shall facilitate access to a qualified ABLE program through the selection of one or more of the following options:

1. Establishing an Achieving a Better Life Experience program as provided under the Tax Increase Prevention Act of 2014, Pub. L. No. 113-295;

2. Contracting with a state with a qualified ABLE program;

3. Joining a consortium of states in administering a qualified ABLE program; or

4. Operating a website to assist eligible individuals with the selection of a qualified program.

B. In the event the State Treasurer elects to establish an ABLE program pursuant to paragraph 1 of subsection A of this section, he or she shall:

1. Develop and implement the program in a manner consistent with this act through the adoption of guidelines and procedures;

2. Retain professional services, if necessary, including accountants, auditors, consultants and other experts;

3. Seek rulings and other guidance, if necessary, from the United States Department of the Treasury, the Internal Revenue Service and the Oklahoma Attorney General relating to the program;

4. Make changes to the program required for the participants in the program to obtain the federal income tax benefits or treatment provided by Section 529A of the Internal Revenue Code;

5. Interpret, in policies, guidelines and procedures, the provisions of the ABLE program broadly in light of its purpose and objectives;

6. Develop a schedule of application fees and other necessary fees and charges in connection with any agreement, contract or transaction relating to the program that are sufficient to offset

the administrative and staffing costs associated with the implementation and administration of this program;

7. Select the financial institution or institutions to act as the depositories and managers of the program accounts in accordance with this act. For purposes of selecting such institutions and managers, the Office of the State Treasurer shall be exempt from The Oklahoma Central Purchasing Act. The Treasurer shall develop a competitive process by which the institutions and managers will be selected; and

8. Be exempt from the rulemaking provisions of the Administrative Procedures Act when adopting guidelines for the ABLE program; provided, any such guidelines affecting existing or potential participants in the ABLE program may only be implemented after reasonable notice to the public and a public hearing in a manner similar to the requirements of the Administrative Procedures Act.

C. In the event the State Treasurer elects to contract with another state or join a consortium pursuant to the provisions of subsection A of this section, he or she shall:

1. Select the state or consortium which the Treasurer has determined will provide the greatest benefit to eligible individuals. For purposes of selecting such state or consortium, the Office of the State Treasurer shall be exempt from The Oklahoma Central Purchasing Act. The Treasurer shall develop a competitive process by which the state or consortium will be selected; and

2. Develop procedures to assist in the promotion of a partner ABLE program which the Treasurer has selected pursuant to subsection A of this section, whether such program is established by another state or a consortium of states.

Added by Laws 2016, c. 354, § 3, eff. Jan. 1, 2017.

§56-4001.3. Use of financial institutions as depositories and managers.

A. The State Treasurer may implement this act through the use of one or more financial institutions to act as the depositories and managers. Under the program, persons may establish accounts through the program at a depository that has been selected by the Treasurer.

B. The Treasurer may solicit proposals from financial institutions to act as the depositories and managers of the program. Financial institutions that submit proposals shall provide all information required by the Treasurer which is sufficient to enable the evaluation of the investment strategies and asset allocations consistent with the program objectives set by the Treasurer.

C. The Treasurer may select as program depositories and managers, the financial institution or institutions from among bidding financial institutions that demonstrate the most

advantageous combination, both to potential program participants and this state, of the following factors:

1. Financial stability and integrity;
2. The safety of the investment instruments being offered by the financial institution, taking into account any insurance provided with respect to these instruments;
3. The ability of the financial institution to ensure that the plan it offers tracks requirements of the Internal Revenue Code, regulations of the Internal Revenue Service, other pertinent federal and state laws and regulations, and rules and requirements of the Regents;
4. The ability of the financial institution to track estimated costs of the expenses for care of individuals with disabilities as provided by the Department of Human Services and provided by the financial institution to the account holder;
5. The ability of the financial institutions, directly or through a subcontract, to satisfy recordkeeping and reporting requirements, including those created by Section 529A of the Internal Revenue Code and Internal Revenue Service regulations;
6. The financial institution's plan for promoting the program and the investment it is willing to make to promote the program, including any use of institutions with offices in Oklahoma as plan marketers and enrollment agents;
7. The fees, if any, proposed to be charged to persons for maintaining accounts;
8. The minimum initial deposit and minimum contributions that the financial institution will require and the willingness of the financial institution to accept contributions through payroll deduction plans and other deposit plans; and
9. Any other benefits to this state or its residents included in the proposal, including an account opening fee payable to the Treasurer by the account owner and an additional fee from the financial institution for statewide program marketing by the Treasurer.

D. The Treasurer may enter into a contract with a financial institution or institutions provided in subsection E of this section to serve as program managers and depositories.

E. The Treasurer may determine a minimum term for contracts executed between the Treasurer and a financial institution pursuant to this section and shall establish procedures by which a contract may be renewed.

F. The Treasurer may select more than one financial institution and investment for the program if the following conditions exist:

1. The United States Internal Revenue Service has provided guidance that giving a contributor a choice of more than one investment instrument under a state plan will not cause the plan to

fail to qualify for favorable tax treatment under Section 529A of the Internal Revenue Code; and

2. The Treasurer concludes that the choice of instrument vehicles is in the best interest of program participants and will not interfere with the promotion of the program.

G. A program manager shall:

1. Take all action required to keep the program in compliance with the requirements of this act and shall not take action contrary to this act or its contract to manage the program so that it is treated as a qualified plan under Section 529A of the Internal Revenue Code;

2. Keep adequate records of each account, keep each account segregated from each other account and provide the Treasurer with the information necessary to prepare statements required by federal and state law or regulation or file these statements on behalf of the Treasurer;

3. Compile and total information contained in statements required to be prepared under federal and state law and regulation and provide these compilations to the Treasurer;

4. If there is more than one program manager, the program managers shall provide the Treasurer with sufficient information to determine compliance with this act;

5. Provide the Treasurer and other contractors or other state agencies, if necessary, access to the books and records of the program manager to the extent needed to determine compliance with the contract; and

6. Hold all accounts in trust for the benefit of this state and the account owner.

H. If a contract executed between the Treasurer and a financial institution pursuant to this section is not renewed, all of the following conditions apply at the end of the term of the nonrenewed contract:

1. Accounts previously established and held in investment instruments at the financial institution shall not be terminated;

2. Additional contributions may be made to the accounts; and

3. No new accounts may be placed with that financial institution.

I. The Treasurer may terminate a contract with a financial institution at any time for good cause. If a contract is terminated pursuant to this section, the Treasurer shall take custody of accounts held at that financial institution and shall seek to promptly transfer the accounts to another financial institution that is selected as a program manager and into investment instruments as similar to the original investments as possible.

Added by Laws 2016, c. 354, § 4, eff. Jan. 1, 2017.

§56-4001.4. Establishment of accounts - Contributions - Withdrawals.

A. The program shall be operated through the use of accounts. An account may be established to save for the qualified disability expenses of the account owner by:

1. Completing an application in the form prescribed by the Treasurer;

2. Paying the one-time application fee established by the Treasurer;

3. Making the minimum contribution required by the Treasurer or by opening an account; and

4. Designating a single ABLE account per beneficiary, except in the case of rollovers or program-to-program transfers.

B. Any person may make contributions to an account after the account is opened.

C. Contributions to accounts may be made only in cash.

D. Account owners may withdraw all or part of the balance from an account on sixty (60) days' notice, or a shorter period as may be authorized by the Treasurer, under rules prescribed by the Treasurer. These rules shall include provisions that will generally enable the Treasurer or program manager to determine if a withdrawal is a nonqualified withdrawal or a qualified withdrawal. The rules may, but need not, require one or more of the following:

1. Account owners seeking to make a qualified withdrawal or other withdrawal that is not a nonqualified withdrawal shall provide certifications, copies of bills for qualified disability expenses or other supporting material; and

2. Withdrawals not meeting certain requirements shall be treated as nonqualified withdrawals by the program manager.

E. An account owner may change the designated beneficiary of an account to an individual as provided under Section 529A of the Internal Revenue Code.

F. An account owner may make the changes, transfers and withdrawals described in Section 529A of the Internal Revenue Code to an account that is owned by the account owner. If a change of beneficiary or transfer causes the total account balance for all accounts under the program for the new beneficiary to exceed the maximum account balance limit, the excess amount shall be rejected and returned to the account owner as provided in Section 529A of the Internal Revenue Code.

G. Each account for each designated beneficiary shall be maintained separately from each other account under the program.

H. Separate records and accounting shall be maintained for each account for each designated beneficiary.

I. An account owner may direct the investment of any contributions to an account or the earnings from the account only as permitted by Section 529A of the Internal Revenue Code.

J. If the Treasurer terminates the authority of a financial institution to hold accounts and accounts must be moved from that financial institution to another financial institution, the Treasurer shall select the financial institution and type of investment to which the balance of the account is moved unless the Internal Revenue Service provides guidance stating that allowing the account owner to select among several financial institutions that are then contractors would not cause a plan to cease to be a qualified state tuition plan.

K. No account owner may use an interest in an account as security for a loan. Any pledge of an interest in an account is of no force and effect.

L. The Treasurer shall adopt guidelines and procedures to prevent contributions on behalf of a designated beneficiary in excess of those allowed pursuant to Section 529A of the Internal Revenue Code to pay the qualified disability expenses of the designated beneficiaries.

M. The financial institution(s) shall make all reports and informational returns as required by the Internal Revenue Service, the Oklahoma Tax Commission and other pertinent federal and state laws and regulations.

N. The program manager shall make such reports with respect to contributions, distributions and other matters that the Treasurer may require pursuant to federal and state law reporting requirements. The statement shall identify the contributions made during a preceding twelve-month period, the total contributions made through the end of the period, the value of the account as of the end of this period, distributions made during this period and any other matters that the Treasurer requires be reported to the account owner.

Added by Laws 2016, c. 354, § 5, eff. Jan. 1, 2017.

§56-4001.5. Exemption from levy and sale, garnishment, attachment and other processes - Exclusion from consideration for assistance or benefits.

A. Account balances and distributions from savings accounts established pursuant to this act shall be exempt from levy and sale, garnishment, attachment or any other process whatsoever and shall be unassignable.

B. Money and assets residing in an account established pursuant to this act or residing in an ABLE account established in another state shall not be considered for purposes of determining eligibility for assistance or benefits or for determining the amount of assistance or benefits to be received from the Temporary Assistance for Needy Families program or from any other local or state means-tested public assistance programs.

Added by Laws 2016, c. 354, § 6, eff. Jan. 1, 2017.

§56-4002.1. Short title - Ensuring Access to Medicaid Act.

This act shall be known and may be cited as the "Ensuring Access to Medicaid Act".

Added by Laws 2021, c. 542, § 1, eff. Sept. 1, 2021.

§56-4002.1a. Legislative intent.

It is the intent of the Legislature to transform the state's current Medicaid program to provide budget predictability for the taxpayers of this state while ensuring quality care to those in need. The state Medicaid program shall be designed to achieve the following goals:

1. Improve health outcomes for Medicaid members and the state as a whole;

2. Ensure budget predictability through shared risk and accountability;

3. Ensure access to care, quality measures, and member satisfaction;

4. Ensure efficient and cost-effective administrative systems and structures; and

5. Ensure a sustainable delivery system that is a provider-led effort and that is operated and managed by providers to the maximum extent possible.

Added by Laws 2022, c. 395, § 1, eff. July 1, 2022.

§56-4002.2. See the following versions:

OS 56-4002.2v1 (HB 3367, Laws 2024, c. 206, § 1).

OS 56-4002.2v2 (SB 1675, Laws 2024, c. 448, § 1).

§56-4002.2v1. Definitions.

As used in the Ensuring Access to Medicaid Act:

1. "Adverse determination" has the same meaning as provided by Section 6475.3 of Title 36 of the Oklahoma Statutes;

2. "Accountable care organization" means a network of physicians, hospitals, and other health care providers that provides coordinated care to Medicaid members;

3. "Claims denial error rate" means the rate of claims denials that are overturned on appeal;

4. "Capitated contract" means a contract between the Oklahoma Health Care Authority and a contracted entity for delivery of services to Medicaid members in which the Authority pays a fixed, per-member-per-month rate based on actuarial calculations;

5. "Children's Specialty Plan" means a health care plan that covers all Medicaid services other than dental services and is designed to provide care to:

a. children in foster care,

- b. former foster care children up to twenty-five (25) years of age,
- c. juvenile justice involved children,
- d. children receiving adoption assistance,
- e. children involved in a Family Centered Services (FCS) case through the Child Welfare Services division of the Department of Human Services,
- f. children in the custody of the Department of Human Services and placed at home under court supervision,
- g. children who are placed at home in a trial reunification plan administered by the Department of Human Services, and
- h. Medicaid enrolled parents and guardians whose children are in a Family Centered Services case, are in trial reunification, or are in the custody of the Department of Human Services in Foster Care or under court supervision;

6. "Clean claim" means a properly completed billing form with Current Procedural Terminology, 4th Edition or a more recent edition, the Tenth Revision of the International Classification of Diseases coding or a more recent revision, or Healthcare Common Procedure Coding System coding where applicable that contains information specifically required in the Provider Billing and Procedure Manual of the Oklahoma Health Care Authority, as defined in 42 C.F.R., Section 447.45(b);

7. "Commercial plan" means an organization or entity that undertakes to provide or arrange for the delivery of health care services to Medicaid members on a prepaid basis and is subject to all applicable federal and state laws and regulations;

8. "Contracted entity" means an organization or entity that enters into or will enter into a capitated contract with the Oklahoma Health Care Authority for the delivery of services specified in the Ensuring Access to Medicaid Act that will assume financial risk, operational accountability, and statewide or regional functionality as defined in the Ensuring Access to Medicaid Act in managing comprehensive health outcomes of Medicaid members. For purposes of the Ensuring Access to Medicaid Act, the term contracted entity includes an accountable care organization, a provider-led entity, a commercial plan, a dental benefit manager, or any other entity as determined by the Authority;

9. "Dental benefit manager" means an entity that handles claims payment and prior authorizations and coordinates dental care with participating providers and Medicaid members;

10. "Essential community provider" means:

- a. a Federally Qualified Health Center,
- b. a community mental health center,
- c. an Indian Health Care Provider,

- d. a rural health clinic,
- e. a state-operated mental health hospital,
- f. a long-term care hospital serving children (LTCH-C),
- g. a teaching hospital owned, jointly owned, or affiliated with and designated by the University Hospitals Authority, University Hospitals Trust, Oklahoma State University Medical Authority, or Oklahoma State University Medical Trust,
- h. a provider employed by or contracted with, or otherwise a member of the faculty practice plan of:
 - (1) a public, accredited medical school in this state, or
 - (2) a hospital or health care entity directly or indirectly owned or operated by the University Hospitals Trust or the Oklahoma State University Medical Trust,
- i. a county department of health or city-county health department,
- j. a comprehensive community addiction recovery center,
- k. a hospital licensed by the State of Oklahoma including all hospitals participating in the Supplemental Hospital Offset Payment Program,
- l. a Certified Community Behavioral Health Clinic (CCBHC),
- m. a provider employed by or contracted with a primary care residency program accredited by the Accreditation Council for Graduate Medical Education,
- n. any additional Medicaid provider as approved by the Authority if the provider either offers services that are not available from any other provider within a reasonable access standard or provides a substantial share of the total units of a particular service utilized by Medicaid members within the region during the last three (3) years, and the combined capacity of other service providers in the region is insufficient to meet the total needs of the Medicaid members,
- o. a pharmacy or pharmacist, or
- p. any provider not otherwise mentioned in this paragraph that meets the definition of "essential community provider" under 45 C.F.R., Section 156.235;

11. "Material change" includes, but is not limited to, any change in overall business operations such as policy, process or protocol which affects, or can reasonably be expected to affect, more than five percent (5%) of enrollees or participating providers of the contracted entity;

12. "Governing body" means a group of individuals appointed by the contracted entity who approve policies, operations, profit/loss

ratios, executive employment decisions, and who have overall responsibility for the operations of the contracted entity of which they are appointed;

13. "Local Oklahoma provider organization" means any state provider association, accountable care organization, Certified Community Behavioral Health Clinic, Federally Qualified Health Center, Native American tribe or tribal association, hospital or health system, academic medical institution, currently practicing licensed provider, or other local Oklahoma provider organization as approved by the Authority;

14. "Medical necessity" has the same meaning as provided by rules promulgated by the Oklahoma Health Care Authority Board;

15. "Participating provider" means a provider who has a contract with or is employed by a contracted entity to provide services to Medicaid members as authorized by the Ensuring Access to Medicaid Act;

16. "Provider" means a health care or dental provider licensed or certified in this state or a provider that meets the Authority's provider enrollment criteria to contract with the Authority as a SoonerCare provider;

17. "Provider-led entity" means an organization or entity that meets the criteria of at least one of the following two subparagraphs:

- a. a majority of the entity's ownership is held by Medicaid providers in this state or is held by an entity that directly or indirectly owns or is under common ownership with Medicaid providers in this state, or
- b. a majority of the entity's governing body is composed of individuals who:
 - (1) have experience serving Medicaid members and:
 - (a) are licensed in this state as physicians, physician assistants, nurse practitioners, certified nurse-midwives, or certified registered nurse anesthetists,
 - (b) at least one board member is a licensed behavioral health provider, or
 - (c) are employed by:
 - i. a hospital or other medical facility licensed by this state and operating in this state, or
 - ii. an inpatient or outpatient mental health or substance abuse treatment facility or program licensed or certified by this state and operating in this state,

- (2) represent the providers or facilities described in division (1) of this subparagraph including, but not limited to, individuals who are employed by a statewide provider association, or
- (3) are nonclinical administrators of clinical practices serving Medicaid members;

18. "Statewide" means all counties of this state including the urban region; and

19. "Urban region" means:

- a. all counties of this state with a county population of not less than five hundred thousand (500,000) according to the latest Federal Decennial Census, and
- b. all counties that are contiguous to the counties described in subparagraph a of this paragraph,

combined into one region.

Added by Laws 2021, c. 542, § 2, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 2, eff. July 1, 2022; Laws 2022, c. 334, § 1, eff. July 1, 2022; Laws 2024, c. 206, § 1, eff. Nov. 1, 2024.

§56-4002.2v2. Definitions.

As used in the Ensuring Access to Medicaid Act:

1. "Adverse determination" has the same meaning as provided by Section 6475.3 of Title 36 of the Oklahoma Statutes;

2. "Accountable care organization" means a network of physicians, hospitals, and other health care providers that provides coordinated care to Medicaid members;

3. "Claims denial error rate" means the rate of claims denials that are overturned on appeal;

4. "Capitated contract" means a contract between the Oklahoma Health Care Authority and a contracted entity for delivery of services to Medicaid members in which the Authority pays a fixed, per-member-per-month rate based on actuarial calculations;

5. "Children's Specialty Plan" means a health care plan that covers all Medicaid services other than dental services and is designed to provide care to:

- a. children in foster care,
- b. former foster care children up to twenty-five (25) years of age,
- c. juvenile-justice-involved children, and
- d. children receiving adoption assistance;

6. "Clean claim" means a properly completed billing form with Current Procedural Terminology, 4th Edition or a more recent edition, the Tenth Revision of the International Classification of Diseases coding or a more recent revision, or Healthcare Common Procedure Coding System coding where applicable that contains information specifically required in the Provider Billing and

Procedure Manual of the Oklahoma Health Care Authority, as defined in 42 C.F.R., Section 447.45(b);

7. "Commercial plan" means an organization or entity that undertakes to provide or arrange for the delivery of health care services to Medicaid members on a prepaid basis and is subject to all applicable federal and state laws and regulations;

8. "Contracted entity" means an organization or entity that enters into or will enter into a capitated contract with the Oklahoma Health Care Authority for the delivery of services specified in the Ensuring Access to Medicaid Act that will assume financial risk, operational accountability, and statewide or regional functionality as defined in the Ensuring Access to Medicaid Act in managing comprehensive health outcomes of Medicaid members. For purposes of the Ensuring Access to Medicaid Act, the term contracted entity includes an accountable care organization, a provider-led entity, a commercial plan, a dental benefit manager, or any other entity as determined by the Authority;

9. "Dental benefit manager" means an entity that handles claims payment and prior authorizations and coordinates dental care with participating providers and Medicaid members;

10. "Essential community provider" means:

- a. a Federally Qualified Health Center,
- b. a community mental health center,
- c. an Indian Health Care Provider,
- d. a rural health clinic,
- e. a state-operated mental health hospital,
- f. a long-term care hospital serving children (LTCH-C),
- g. a teaching hospital owned, jointly owned, or affiliated with and designated by the University Hospitals Authority, University Hospitals Trust, Oklahoma State University Medical Authority, or Oklahoma State University Medical Trust,
- h. a provider employed by or contracted with, or otherwise a member of the faculty practice plan of:
 - (1) a public, accredited medical school in this state, or
 - (2) a hospital or health care entity directly or indirectly owned or operated by the University Hospitals Trust or the Oklahoma State University Medical Trust,
- i. a county department of health or city-county health department,
- j. a comprehensive community addiction recovery center,
- k. a hospital licensed by this state including all hospitals participating in the Supplemental Hospital Offset Payment Program,

- l. a Certified Community Behavioral Health Clinic (CCBHC),
- m. a provider employed by or contracted with a primary care residency program accredited by the Accreditation Council for Graduate Medical Education,
- n. any additional Medicaid provider as approved by the Authority if the provider either offers services that are not available from any other provider within a reasonable access standard or provides a substantial share of the total units of a particular service utilized by Medicaid members within the region during the last three (3) years, and the combined capacity of other service providers in the region is insufficient to meet the total needs of the Medicaid members,
- o. a pharmacy or pharmacist, or
- p. any provider not otherwise mentioned in this paragraph that meets the definition of "essential community provider" under 45 C.F.R., Section 156.235;

11. "Material change" includes, but is not limited to, any change in overall business operations such as policy, process or protocol which affects, or can reasonably be expected to affect, more than five percent (5%) of enrollees or participating providers of the contracted entity;

12. "Governing body" means a group of individuals appointed by the contracted entity who approve policies, operations, profit/loss ratios, executive employment decisions, and who have overall responsibility for the operations of the contracted entity of which they are appointed;

13. "Local Oklahoma provider organization" means any state provider association, accountable care organization, Certified Community Behavioral Health Clinic, Federally Qualified Health Center, Native American tribe or tribal association, hospital or health system, academic medical institution, currently practicing licensed provider, or other local Oklahoma provider organization as approved by the Authority;

14. "Medical necessity" has the same meaning as "medically necessary" in Section 6592 of Title 36 of the Oklahoma Statutes;

15. "Participating provider" means a provider who has a contract with or is employed by a contracted entity to provide services to Medicaid members as authorized by the Ensuring Access to Medicaid Act;

16. "Provider" means a health care or dental provider licensed or certified in this state or a provider that meets the Authority's provider enrollment criteria to contract with the Authority as a SoonerCare provider;

17. "Provider-led entity" means an organization or entity, a majority of whose governing body is composed of individuals who:

- a. have experience serving Medicaid members and:
 - (1) are licensed in this state as physicians, physician assistants, or Advanced Practice Registered Nurses,
 - (2) at least one board member is a licensed behavioral health provider, or
 - (3) are employed by:
 - (a) a hospital or other medical facility licensed by this state and operating in this state, or
 - (b) an inpatient or outpatient mental health or substance abuse treatment facility or program licensed or certified by this state and operating in this state,
- b. represent the providers or facilities described in subparagraph a of this paragraph including, but not limited to, individuals who are employed by a statewide provider association, or
- c. are nonclinical administrators of clinical practices serving Medicaid members;

18. "Provider-owned entity" means an organization or entity, a majority of whose ownership is held by Medicaid providers in this state or is held by an entity that directly or indirectly owns or is under common ownership with Medicaid providers in this state;

19. "Statewide" means all counties of this state including the urban region; and

20. "Urban region" means:

- a. all counties of this state with a county population of not less than five hundred thousand (500,000) according to the latest Federal Decennial Census, and
- b. all counties that are contiguous to the counties described in subparagraph a of this paragraph,

combined into one region.

Added by Laws 2021, c. 542, § 2, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 2, eff. July 1, 2022; Laws 2022, c. 334, § 1, eff. July 1, 2022; Laws 2024, c. 448, § 1, emerg. eff. June 14, 2024.

§56-4002.3. Repealed by Laws 2022, c. 395, § 26, eff. July 1, 2022.

§56-4002.3a. Capitated contracts with contracted entities for delivery of Medicaid services.

A. 1. The Oklahoma Health Care Authority (OHCA) shall enter into capitated contracts with contracted entities for the delivery of Medicaid services as specified in the Ensuring Access to Medicaid Act to transform the delivery system of the state Medicaid program for the Medicaid populations listed in this section.

2. Unless expressly authorized by the Legislature, the Authority shall not issue any request for proposals or enter into any contract to transform the delivery system for the aged, blind, and disabled populations eligible for SoonerCare.

B. 1. The Oklahoma Health Care Authority shall issue a request for proposals to enter into public-private partnerships with contracted entities other than dental benefit managers to cover all Medicaid services other than dental services for the following Medicaid populations:

- a. pregnant women,
- b. children,
- c. deemed newborns under 42 C.F.R., Section 435.117,
- d. parents and caretaker relatives, and
- e. the expansion population.

2. The Authority shall specify the services to be covered in the request for proposals referenced in paragraph 1 of this subsection. Capitated contracts referenced in this subsection shall cover all Medicaid services other than dental services including:

- a. physical health services including, but not limited to:
 - (1) primary care,
 - (2) inpatient and outpatient services, and
 - (3) emergency room services,
- b. behavioral health services, and
- c. prescription drug services.

3. The Authority shall specify the services not covered in the request for proposals referenced in paragraph 1 of this subsection.

4. Subject to the requirements and approval of the Centers for Medicare and Medicaid Services, the implementation of the program shall be no later than April 1, 2024.

C. 1. The Authority shall issue a request for proposals to enter into public-private partnerships with dental benefit managers to cover dental services for the following Medicaid populations:

- a. pregnant women,
- b. children,
- c. parents and caretaker relatives,
- d. the expansion population, and
- e. members of the Children's Specialty Plan as provided by subsection D of this section.

2. The Authority shall specify the services to be covered in the request for proposals referenced in paragraph 1 of this subsection.

3. Subject to the requirements and approval of the Centers for Medicare and Medicaid Services, the implementation of the program shall be no later than April 1, 2024.

D. 1. Either as part of the request for proposals referenced in subsection B of this section or as a separate request for

proposals, the Authority shall issue a request for proposals to enter into public-private partnerships with one contracted entity to administer a Children's Specialty Plan.

2. The Authority shall specify the services to be covered in the request for proposals referenced in paragraph 1 of this subsection.

3. The contracted entity for the Children's Specialty Plan shall coordinate with the dental benefit managers who cover dental services for its members as provided by subsection C of this section.

4. Subject to the requirements and approval of the Centers for Medicare and Medicaid Services, the implementation of the program shall be no later than April 1, 2024.

E. The Authority shall not implement the transformation of the Medicaid delivery system until it receives written confirmation from the Centers for Medicare and Medicaid Services that a managed care directed payment program utilizing average commercial rate methodology for hospital services under the Supplemental Hospital Offset Payment Program has been approved for Year 1 of the transformation and will be included in the budget neutrality cap baseline spending level for purposes of Oklahoma's 1115 waiver renewal; provided, however, nothing in this section shall prohibit the Authority from exploring alternative opportunities with the Centers for Medicare and Medicaid Services to maximize the average commercial rate benefit.

Added by Laws 2022, c. 395, § 3, eff. July 1, 2022. Amended by Laws 2024, c. 448, § 2, emerg. eff. June 14, 2024.

§56-4002.3b. Capitated contracts - Requests for proposals - Competitive bids.

A. All capitated contracts shall be the result of requests for proposals issued by the Oklahoma Health Care Authority and submission of competitive bids by contracted entities pursuant to the Oklahoma Central Purchasing Act.

B. Statewide capitated contracts may be awarded to any contracted entity including, but not limited to, any provider-led entity or provider-owned entity, or both.

C. The Authority shall award no less than three statewide capitated contracts to provide comprehensive integrated health services including, but not limited to, medical, behavioral health, and pharmacy services and no less than two statewide capitated contracts to provide dental coverage to Medicaid members as specified in Section 4002.3a of this title.

D. 1. Except as specified in paragraph 3 of this subsection, at least one capitated contract to provide statewide coverage to Medicaid members shall be awarded to a provider-led entity, as long as the provider-led entity submits a responsive reply to the

Authority's request for proposals demonstrating ability to fulfill the contract requirements.

2. Effective with the next procurement cycle, and except as specified in paragraph 3 of this subsection, at least one capitated contract to provide statewide coverage to Medicaid members shall be awarded to a provider-owned entity, as long as the provider-owned entity submits a responsive reply to the Authority's request for proposals demonstrating ability to fulfill the contract requirements.

3. If no provider-led entity or provider-owned entity submits a responsive reply to the Authority's request for proposals demonstrating ability to fulfill the contract requirements, the Authority shall not be required to contract for statewide coverage with a provider-led entity or provider-owned entity.

4. The Authority shall develop a scoring methodology for the request for proposals that affords preferential scoring to provider-led entities and provider-owned entities, as long as the provider-led entity and provider-owned entity otherwise demonstrate an ability to fulfill the contract requirements. The preferential scoring methodology shall include opportunities to award additional points to provider-led entities and provider-owned entities based on certain factors including, but not limited to:

- a. broad provider participation in ownership and governance structure,
- b. demonstrated experience in care coordination and care management for Medicaid members across a variety of service types including, but not limited to, primary care and behavioral health,
- c. demonstrated experience in Medicare or Medicaid accountable care organizations or other Medicare or Medicaid alternative payment models, Medicare or Medicaid value-based payment arrangements, or Medicare or Medicaid risk-sharing arrangements including, but not limited to, innovation models of the Center for Medicare and Medicaid Innovation of the Centers for Medicare and Medicaid Services, or value-based payment arrangements or risk-sharing arrangements in the commercial health care market, and
- d. other relevant factors identified by the Authority.

E. The Authority may select at least one provider-led entity or one provider-owned entity for the urban region if:

1. The provider-led entity or provider-owned entity submits a responsive reply to the Authority's request for proposals demonstrating ability to fulfill the contract requirements; and

2. The provider-led entity or provider-owned entity demonstrates the ability, and agrees continually, to expand its coverage area throughout the contract term and to develop statewide

operational readiness within a time frame set by the Authority but not mandated before five (5) years.

F. At the discretion of the Authority, capitated contracts may be extended to ensure there are no gaps in coverage that may result from termination of a capitated contract; provided, the total contracting period for a capitated contract shall not exceed seven (7) years.

G. At the end of the contracting period, the Authority shall solicit and award new contracts as provided by this section and Section 4002.3a of this title.

H. At the discretion of the Authority, subject to appropriate notice to the Legislature and the Centers for Medicare and Medicaid Services, the Authority may approve a delay in the implementation of one or more capitated contracts to ensure financial and operational readiness.

Added by Laws 2022, c. 395, § 4, eff. July 1, 2022. Amended by Laws 2024, c. 448, § 3, emerg. eff. June 14, 2024.

§56-4002.3c. Process for assignment of Medicaid members to contracted entities.

A. The Authority shall develop and implement a process for assignment of Medicaid members to contracted entities.

B. The Authority may only utilize an opt-in enrollment process for the voluntary enrollment of American Indians and Alaska Natives. Notwithstanding any other provision of this act, the Authority shall comply with all Indian provisions associated with Medicaid managed care including, but not limited to, the Social Security Act, 1932(a)(2)(C), the American Recovery and Reinvestment Act of 2009, P.L. 111-5 (Feb. 17, 2009), Section 5006, the Children's Health Insurance Program Reauthorization Act of 2009, P.L. 111-3 (Feb. 4, 2009), and the Centers for Medicare and Medicaid Services (CMS) managed care protections, 25 C.F.R., 438.14.

C. In the event of the termination of a capitated contract with a contracted entity during the contract duration, the Authority shall reassign members to a remaining contracted entity with demonstrated performance and capability. If no remaining contracted entity is able to assume management for such members, the Authority may select another contracted entity by application, as specified in rules promulgated by the Oklahoma Health Care Authority Board, if the financial, operation, and performance requirements can be met, at the discretion of the Authority.

Added by Laws 2022, c. 395, § 5, eff. July 1, 2022.

§56-4002.3d. Selection of primary care provider by members.

A. Every Medicaid member enrolled in a contracted entity shall have the right to select his or her primary care provider and to change his or her primary care provider at any time, as long as the

selected primary care provider is a participating provider. Any parent or guardian of a Medicaid member who is a minor child enrolled in a contracted entity shall have the right to select the primary care provider for the member's minor child and to change the primary care provider at any time, as long as the selected primary care provider is a participating provider.

B. If a member, or parent or guardian of a member who is a minor child, does not select a primary care provider, the contracted entity shall notify the member, parent, or guardian that he or she needs to select a primary care provider and shall send the member, parent, or guardian the name, contact information, employer, and any other applicable information as determined by the Oklahoma Health Care Authority of the three primary care providers nearest to the member's home address that are contracted with the contracted entity.

C. 1. If, after the contracted entity sends the information described in subsection B of this section, the member, parent, or guardian does not select a primary care provider within a time determined by the Authority, the contracted entity shall assign the member to a primary care provider in accordance with the process described in paragraph 2 of this subsection.

2. The Authority shall develop and implement a process for the assignment by contracted entities of Medicaid members who do not select a primary care provider to a primary care provider. The process shall prioritize existing patient-provider relationships and geographic proximity of the patient to the provider, and shall assign families to the same primary care provider to the extent possible.

Added by Laws 2022, c. 395, § 6, eff. July 1, 2022.

§56-4002.4. Network adequacy standards for contracted entities.

A. The Oklahoma Health Care Authority shall develop network adequacy standards for all contracted entities that, at a minimum, meet the requirements of 42 C.F.R., Sections 438.3 and 438.68. Network adequacy standards established under this subsection shall include distance and time standards and shall be designed to ensure members covered by the contracted entities who reside in health professional shortage areas (HPSAs) designated under Section 332(a)(1) of the Public Health Service Act (42 U.S.C., Section 254e(a)(1)) have access to in-person health care and telehealth services with providers, especially adult and pediatric primary care practitioners.

B. The Authority shall require all contracted entities to offer or extend contracts with all essential community providers, all providers who receive directed payments in accordance with 42 C.F.R., Part 438 and such other providers as the Authority may specify. The Authority shall establish such requirements as may be

necessary to prohibit contracted entities from excluding essential community providers, providers who receive directed payments in accordance with 42 C.F.R., Part 438 and such other providers as the Authority may specify from contracts with contracted entities.

C. To ensure models of care are developed to meet the needs of Medicaid members, each contracted entity must contract with at least one local Oklahoma provider organization for a model of care containing care coordination, care management, utilization management, disease management, network management, or another model of care as approved by the Authority. Such contractual arrangements must be in place within twelve (12) months of the effective date of the contracts awarded pursuant to the requests for proposals authorized by Section 4002.3a of this title.

D. All contracted entities shall formally credential and recredential network providers at a frequency required by a single, consolidated provider enrollment and credentialing process established by the Authority in accordance with 42 C.F.R., Section 438.214. A contracted entity shall complete credentialing or recredentialing of a provider within sixty (60) calendar days of receipt of a completed application.

E. All contracted entities shall be accredited in accordance with 45 C.F.R., Section 156.275 by an accrediting entity recognized by the United States Department of Health and Human Services.

F. 1. If the Authority awards a capitated contract to a provider-led entity or provider-owned entity for the urban region under Section 4002.3b of this title, the provider-led entity or provider-owned entity shall expand its coverage area to every county of this state within the time frame set by the Authority under subsection E of Section 4002.3b of this title.

2. The expansion of the provider-led entity's or provider-owned entity's coverage area beyond the urban region shall be subject to the approval of the Authority. The Authority shall approve expansion to counties for which the provider-led entity or provider-owned entity can demonstrate evidence of network adequacy as required under 42 C.F.R., Sections 438.3 and 438.68. When approved, the additional county or counties shall be added to the provider-led entity's or provider-owned entity's region during the next open enrollment period.

Added by Laws 2021, c. 542, § 4, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 7, eff. July 1, 2022; Laws 2024, c. 448, § 4, emerg. eff. June 14, 2024.

§56-4002.4a. Standard contract terms.

A. 1. The Oklahoma Health Care Authority shall develop standard contract terms for contracted entities to include, but not be limited to, all requirements stipulated by this act. The Authority shall oversee and monitor performance of contracted

entities and shall enforce the terms of capitated contracts as required by paragraph 2 of this subsection.

2. The Authority shall require each contracted entity to meet all contractual and operational requirements as defined in the requests for proposals issued pursuant to Section 3 of this act. Such requirements shall include but not be limited to reimbursement and capitation rates, insurance reserve requirements as specified by the Insurance Department, acceptance of risk as defined by the Authority, operational performance expectations including the assessment of penalties, member marketing guidelines, other applicable state and federal regulatory requirements, and all requirements of this act including, but not limited to, the requirements stipulated in this section.

B. The Authority shall develop methods to ensure program integrity against provider fraud, waste, and abuse.

C. The Authority shall develop processes for providers and Medicaid members to report violations by contracted entities of applicable administrative rules, state laws, or federal laws. Added by Laws 2022, c. 395, § 8, eff. July 1, 2022.

§56-4002.5. Contracted entity responsibilities – Certificate of authority required.

A. A contracted entity shall be responsible for all administrative functions for members enrolled in its plan including, but not limited to, claims processing, authorization of health services, care and case management, grievances and appeals, and other necessary administrative services.

B. Prior to the execution of a contract between a contracted entity and the Oklahoma Health Care Authority, the contracted entity shall obtain the appropriate certificate of authority issued by the Insurance Department.

1. A contracted entity shall obtain a certificate of authority issued by the Insurance Department to operate as a health maintenance organization when the contracted services to be delivered include physical health services, behavioral health services, and prescription drug services.

2. A contracted entity shall obtain a certificate of authority issued by the Insurance Department to operate as an accident and health insurer or as a prepaid dental plan organization when the contracted services to be delivered include dental services.

C. 1. To ensure providers have a voice in the direction and operation of the contracted entities selected by the Oklahoma Health Care Authority under Section 4002.3b of this title, each contracted entity shall have a shared governance structure that includes:

- a. representatives of local Oklahoma provider organizations who are Medicaid providers,
- b. essential community providers, and

c. a representative from a teaching hospital owned, jointly owned, or affiliated with and designated by the University Hospitals Authority, University Hospitals Trust, Oklahoma State University Medical Authority, or Oklahoma State University Medical Trust.

2. No less than one-third (1/3) of the contracted entity's local governing body shall be comprised of representatives of local Oklahoma provider organizations.

3. No less than two members of the contracted entity's clinical and quality committees shall be representatives of local Oklahoma provider organizations, and the committees shall be chaired or co-chaired by a representative of a local Oklahoma provider organization.

D. A contracted entity shall promptly notify the Authority of all material changes affecting the delivery of care or the administration of its program.

E. A contracted entity shall have a medical loss ratio that meets the standards provided by 42 C.F.R., Section 438.8.

F. A contracted entity shall provide patient data to a provider upon request to the extent allowed under federal or state laws, rules or regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996.

G. A contracted entity or a subcontractor of a contracted entity shall not enforce a policy or contract term with a provider that requires the provider to contract for all products that are currently offered or that may be offered in the future by the contracted entity or subcontractor.

H. Nothing in this act or in a contract between the Authority and a contracted entity shall prohibit the contracted entity from contracting with a statewide or regional accountable care organization.

I. Nothing in this act, in a contract between the Authority and a contracted entity, or in a contract between a contracted entity and a provider shall prohibit any provider from contracting with more than one contracted entity.

J. A contracted entity shall not withhold, fail to offer, or make impracticable a contract with a provider on the basis of independent practice or lack of hospital system affiliation.

K. All contracted entities shall:

1. Use the same drug formulary, which shall be established by the Authority; and

2. Ensure broad access to pharmacies including, but not limited to, pharmacies contracted with covered entities under Section 340B of the Public Health Service Act. Such access shall, at a minimum, meet the requirements of the Patient's Right to Pharmacy Choice Act, Section 6958 et seq. of Title 36 of the Oklahoma Statutes.

L. Each contracted entity and each participating provider shall submit data through the state-designated entity for health information exchange to ensure effective systems and connectivity to support clinical coordination of care, the exchange of information, and the availability of data to the Authority to manage the state Medicaid program.

Added by Laws 2021, c. 542, § 5, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 9, eff. July 1, 2022; Laws 2023, c. 243, § 1, emerg. eff. May 15, 2023.

§56-4002.6. Requirements for prior authorizations.

A. A contracted entity shall meet all requirements established by the Oklahoma Health Care Authority pertaining to prior authorizations. The Authority shall establish requirements that ensure timely determinations by contracted entities when prior authorizations are required including expedited review in urgent and emergent cases that at a minimum meet the criteria of this section.

B. A contracted entity shall make a determination on a request for an authorization of the transfer of a hospital inpatient to a post-acute care or long-term acute care facility within twenty-four (24) hours of receipt of the request.

C. A contracted entity shall make a determination on a request for any member who is not hospitalized at the time of the request within seventy-two (72) hours of receipt of the request; provided, that if the request does not include sufficient or adequate documentation, the review and determination shall occur within a time frame and in accordance with a process established by the Authority. The process established by the Authority pursuant to this subsection shall include a time frame of at least forty-eight (48) hours within which a provider may submit the necessary documentation.

D. A contracted entity shall make a determination on a request for services for a hospitalized member including, but not limited to, acute care inpatient services or equipment necessary to discharge the member from an inpatient facility within twenty-four (24) hours of receipt of the request.

E. Notwithstanding the provisions of subsection C of this section, a contracted entity shall make a determination on a request as expeditiously as necessary and, in any event, within twenty-four (24) hours of receipt of the request for service if adhering to the provisions of subsection C or D of this section could jeopardize the member's life, health or ability to attain, maintain or regain maximum function. In the event of a medically emergent matter, the contracted entity shall not impose limitations on providers in coordination of post-emergent stabilization health care including pre-certification or prior authorization.

F. Notwithstanding any other provision of this section, a contracted entity shall make a determination on a request for inpatient behavioral health services within twenty-four (24) hours of receipt of the request.

G. A contracted entity shall make a determination on a request for covered prescription drugs that are required to be prior authorized by the Authority within twenty-four (24) hours of receipt of the request. The contracted entity shall not require prior authorization on any covered prescription drug for which the Authority does not require prior authorization.

H. A contracted entity shall make a determination on a request for coverage of biomarker testing in accordance with Section 4003 of this title.

I. Upon issuance of an adverse determination on a prior authorization request under subsection B of this section, the contracted entity shall provide the requesting provider, within seventy-two (72) hours of receipt of such issuance, with reasonable opportunity to participate in a peer-to-peer review process with a provider who practices in the same specialty, but not necessarily the same sub-specialty, and who has experience treating the same population as the patient on whose behalf the request is submitted; provided, however, if the requesting provider determines the services to be clinically urgent, the contracted entity shall provide such opportunity within twenty-four (24) hours of receipt of such issuance. Services not covered under the state Medicaid program for the particular patient shall not be subject to peer-to-peer review.

J. The Authority shall ensure that a provider offers to provide to a member in a timely manner services authorized by a contracted entity.

K. The Authority shall establish requirements for both internal and external reviews and appeals of adverse determinations on prior authorization requests or claims that, at a minimum:

1. Require contracted entities to provide a detailed explanation of denials to Medicaid providers and members;

2. Require contracted entities to provide an opportunity for peer-to-peer conversations with Oklahoma-licensed clinical staff of the same or similar specialty within twenty-four (24) hours of the adverse determination; and

3. Establish uniform rules for Medicaid provider or member appeals across all contracted entities.

Added by Laws 2021, c. 542, § 6, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 10, eff. July 1, 2022; Laws 2023, c. 331, § 2, eff. Jan. 1, 2024; Laws 2024, c. 448, § 5, emerg. eff. June 14, 2024.

§56-4002.7. Requirements for processing and adjudicating claims.

A. The Oklahoma Health Care Authority shall establish requirements for fair processing and adjudication of claims that ensure prompt reimbursement of providers by contracted entities. A contracted entity shall comply with all such requirements.

B. A contracted entity shall process a clean claim in the time frame provided by Section 1219 of Title 36 of the Oklahoma Statutes and no less than ninety percent (90%) of all clean claims shall be paid within fourteen (14) days of submission to the contracted entity. A clean claim that is not processed within the time frame provided by Section 1219 of Title 36 of the Oklahoma Statutes shall bear simple interest at the monthly rate of one and one-half percent (1.5%) payable to the provider. A claim filed by a provider within six (6) months of the date the item or service was furnished to a member shall be considered timely. If a claim meets the definition of a clean claim, the contracted entity shall not request medical records of the member prior to paying the claim. Once a claim has been paid, the contracted entity may request medical records if additional documentation is needed to review the claim for medical necessity.

C. In the case of a denial of a claim including, but not limited to, a denial on the basis of the level of emergency care indicated on the claim, or in the case of a downcoded claim, the contracted entity shall establish a process by which the provider may identify and provide such additional information as may be necessary to substantiate the claim. Any such claim denial or downcode shall include the following:

1. A detailed explanation of the basis for the denial; and
2. A detailed description of the additional information necessary to substantiate the claim.

D. Postpayment audits by a contracted entity shall be subject to the following requirements:

1. Subject to paragraph 2 of this subsection, insofar as a contracted entity conducts postpayment audits, the contracted entity shall employ the postpayment audit process determined by the Authority;

2. The Authority shall establish a limit on the percentage of claims with respect to which postpayment audits may be conducted by a contracted entity for health care items and services furnished by a provider in a plan year; and

3. The Authority shall provide for the imposition of financial penalties under such contract in the case of any contracted entity with respect to which the Authority determines has a claims denial error rate of greater than five percent (5%). The Authority shall establish the amount of financial penalties and the time frame under which such penalties shall be imposed on contracted entities under this paragraph, in no case less than annually.

E. A contracted entity may only apply readmission penalties pursuant to rules promulgated by the Oklahoma Health Care Authority Board. The Board shall promulgate rules establishing a program to reduce potentially preventable readmissions. The program shall use a nationally recognized tool, establish a base measurement year and a performance year, and provide for risk-adjustment based on the population of the state Medicaid program covered by the contracted entities.

Added by Laws 2021, c. 542, § 7, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 11, eff. July 1, 2022; Laws 2024, c. 448, § 6, emerg. eff. June 14, 2024.

§56-4002.8. Uniform procedures for review and appeal for adverse determinations.

A. A contracted entity shall utilize uniform procedures established by the Authority under subsection B of this section for the review and appeal of any adverse determination by the contracted entity sought by any enrollee or provider adversely affected by such determination.

B. The Authority shall develop procedures for enrollees or providers to seek review by the contracted entity of any adverse determination made by the contracted entity. A provider shall have six (6) months from the receipt of a claim denial to file an appeal. With respect to appeals of adverse determinations made by a contracted entity on the basis of medical necessity, the following requirements shall apply:

1. Medical review staff of the contracted entity shall be licensed or credentialed health care clinicians with relevant clinical training or experience; and

2. All contracted entities shall use medical review staff for such appeals and shall not use any automated claim review software or other automated functionality for such appeals.

C. Upon receipt of notice from the contracted entity that the adverse determination has been upheld on appeal, the enrollee or provider may request a fair hearing from the Authority. The Authority shall develop procedures for fair hearings in accordance with 42 C.F.R., Part 431.

Added by Laws 2021, c. 542, § 8, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 12, eff. July 1, 2022.

§56-4002.9. Repealed by Laws 2022, c. 395, § 26, eff. July 1, 2022.

§56-4002.10. Readiness review.

The Oklahoma Health Care Authority shall require all contracted entities to participate in a readiness review in accordance with 42 C.F.R., Section 438.66. The readiness review shall assess the ability and capacity of the contracted entity to perform

satisfactorily in such areas as may be specified in 42 C.F.R., Section 438.66.

Added by Laws 2021, c. 542, § 10, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 13, eff. July 1, 2022.

§56-4002.11. Scorecard comparing contracted entities and dental benefit managers.

No later than one (1) year following the execution of the delivery model transition described in the Ensuring Access to Medicaid Act, the Oklahoma Health Care Authority shall create a scorecard that compares each contracted entity and separately compares each dental benefit manager. The scorecard shall report the average speed of authorizations of services, rates of denials of Medicaid reimbursable services when a complete authorization request is submitted in a timely manner, member satisfaction survey results, provider satisfaction survey results, and such other criteria as the Authority may require. The scorecard shall be compiled quarterly and shall consist of the information specified in this section from the prior quarter. The Authority shall provide the most recent quarterly scorecard to all initial members during enrollment choice counseling following the eligibility determination and prior to initial enrollment. The Authority shall provide the most recent quarterly scorecard to all members at the beginning of each enrollment period. The Authority shall publish each quarterly scorecard on its public Internet website.

Added by Laws 2021, c. 542, § 11, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 14, eff. July 1, 2022.

§56-4002.12. Minimum rates of reimbursement - Value-based payment arrangements.

A. Until July 1, 2027, the Oklahoma Health Care Authority shall establish minimum rates of reimbursement from contracted entities to providers who elect not to enter into value-based payment arrangements under subsection B of this section or other alternative payment agreements for health care items and services furnished by such providers to enrollees of the state Medicaid program. Except as provided by subsection I of this section, until July 1, 2027, such reimbursement rates shall be equal to or greater than:

1. For an item or service provided by a participating provider who is in the network of the contracted entity, one hundred percent (100%) of the reimbursement rate for the applicable service in the applicable fee schedule of the Authority; or

2. For an item or service provided by a non-participating provider or a provider who is not in the network of the contracted entity, ninety percent (90%) of the reimbursement rate for the applicable service in the applicable fee schedule of the Authority as of January 1, 2021.

B. A contracted entity shall offer value-based payment arrangements to all providers in its network capable of entering into value-based payment arrangements. Such arrangements shall be optional for the provider but shall be tied to reimbursement incentives when quality metrics are met. The quality measures used by a contracted entity to determine reimbursement amounts to providers in value-based payment arrangements shall align with the quality measures of the Authority for contracted entities.

C. Notwithstanding any other provision of this section, the Authority shall comply with payment methodologies required by federal law or regulation for specific types of providers including, but not limited to, Federally Qualified Health Centers, rural health clinics, pharmacies, Indian Health Care Providers and emergency services.

D. A contracted entity shall offer all rural health clinics (RHCs) contracts that reimburse RHCs using the methodology in place for each specific RHC prior to January 1, 2023, including any and all annual rate updates. The contracted entity shall comply with all federal program rules and requirements, and the transformed Medicaid delivery system shall not interfere with the program as designed.

E. The Oklahoma Health Care Authority shall establish minimum rates of reimbursement from contracted entities to Certified Community Behavioral Health Clinic (CCBHC) providers who elect alternative payment arrangements equal to the prospective payment system rate under the Medicaid State Plan.

F. The Authority shall establish an incentive payment under the Supplemental Hospital Offset Payment Program that is determined by value-based outcomes for providers other than hospitals.

G. Psychologist reimbursement shall reflect outcomes. Reimbursement shall not be limited to therapy and shall include but not be limited to testing and assessment.

H. Coverage for Medicaid ground transportation services by licensed Oklahoma emergency medical services shall be reimbursed at no less than the published Medicaid rates as set by the Authority. All currently published Medicaid Healthcare Common Procedure Coding System (HCPCS) codes paid by the Authority shall continue to be paid by the contracted entity. The contracted entity shall comply with all reimbursement policies established by the Authority for the ambulance providers. Contracted entities shall accept the modifiers established by the Centers for Medicare and Medicaid Services currently in use by Medicare at the time of the transport of a member that is dually eligible for Medicare and Medicaid.

I. 1. The rate paid to participating pharmacy providers is independent of subsection A of this section and shall be the same as the fee-for-service rate employed by the Authority for the Medicaid program as stated in the payment methodology in OAC 317:30-5-78,

unless the participating pharmacy provider elects to enter into other alternative payment agreements.

2. A pharmacy or pharmacist shall receive direct payment or reimbursement from the Authority or contracted entity when providing a health care service to the Medicaid member at a rate no less than that of other health care providers for providing the same service.

J. Notwithstanding any other provision of this section, anesthesia shall continue to be reimbursed equal to or greater than the anesthesia fee schedule established by the Authority as of January 1, 2021. Anesthesia providers may also enter into value-based payment arrangements under this section or alternative payment arrangements for services furnished to Medicaid members.

K. The Authority shall specify in the requests for proposals a reasonable time frame in which a contracted entity shall have entered into a certain percentage, as determined by the Authority, of value-based contracts with providers.

L. Capitation rates established by the Oklahoma Health Care Authority and paid to contracted entities under capitated contracts shall be updated annually and in accordance with 42 C.F.R., Section 438.3. Capitation rates shall be approved as actuarially sound as determined by the Centers for Medicare and Medicaid Services in accordance with 42 C.F.R., Section 438.4 and the following:

1. Actuarial calculations must include utilization and expenditure assumptions consistent with industry and local standards; and

2. Capitation rates shall be risk-adjusted and shall include a portion that is at risk for achievement of quality and outcomes measures.

M. The Authority may establish a symmetric risk corridor for contracted entities.

N. The Authority shall establish a process for annual recovery of funds from, or assessment of penalties on, contracted entities that do not meet the medical loss ratio standards stipulated in Section 4002.5 of this title.

O. 1. The Authority shall, through the financial reporting required under subsection G of Section 4002.12b of this title, determine the percentage of health care expenses by each contracted entity on primary care services.

2. Not later than the end of the fourth year of the initial contracting period, each contracted entity shall be currently spending not less than eleven percent (11%) of its total health care expenses on primary care services.

3. The Authority shall monitor the primary care spending of each contracted entity and require each contracted entity to maintain the level of spending on primary care services stipulated in paragraph 2 of this subsection.

Added by Laws 2021, c. 542, § 12, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 15, eff. July 1, 2022; Laws 2022, c. 334, § 2, eff. July 1, 2022; Laws 2023, c. 308, § 1, emerg. eff. May 25, 2023; Laws 2024, c. 448, § 7, emerg. eff. June 14, 2024.

§56-4002.12a. Dental benefit managers to maintain Medicaid Dental Advisory Committees.

A. All dental benefit managers shall maintain a Medicaid Dental Advisory Committee, comprised exclusively of Oklahoma-licensed dentists and specialists, to advise dental benefit managers regarding quality measures.

B. Dental providers shall not be required to enter into capitated contracts with a dental benefit manager.

Added by Laws 2022, c. 395, § 16, eff. July 1, 2022.

§56-4002.12b. Oklahoma Health Care Authority to ensure sustainability.

A. The Oklahoma Health Care Authority shall ensure the sustainability of the transformed Medicaid delivery system.

B. The Authority shall ensure that existing revenue sources designated for the state share of Medicaid expenses are designed to maximize federal matching funds for the benefit of providers and the state.

C. The Authority shall develop a plan, utilizing waivers or Medicaid state plan amendments as necessary, to preserve or increase supplemental payments available to providers with existing revenue sources as provided in the Oklahoma Statutes including, but not limited to:

1. Hospitals that participate in the supplemental hospital offset payment program as provided by Section 3241.3 of Title 63 of the Oklahoma Statutes;

2. Hospitals in this state that have Level I trauma centers, as defined by the American College of Surgeons, that provide inpatient and outpatient services and are owned or operated by the University Hospitals Trust, or affiliates or locations of those hospitals designated by the Trust as part of the hospital trauma system; and

3. Providers employed by or contracted with, or otherwise a member of the faculty practice plan of:

a. a public, accredited Oklahoma medical school, or

b. a hospital or health care entity directly or indirectly owned or operated by the University Hospitals Trust or the Oklahoma State University Medical Trust.

D. Subject to approval by the Centers for Medicare and Medicaid Services, the Authority shall preserve and, to the maximum extent permissible under federal law, improve existing levels of funding through directed payments or other mechanisms outside the capitated

rate to contracted entities, including, where applicable, the use of a directed payment program with an average commercial rate methodology under the Supplemental Hospital Payment Program Act.

E. On or before January 31, 2023, the Authority shall submit a report to the Oklahoma Health Care Authority Board, the Chair of the Appropriations Committee of the Oklahoma State Senate, and the Chair of the Appropriations and Budget Committee of the Oklahoma House of Representatives that includes the Authority's plans to continue supplemental payment programs and implement a managed care directed payment program for hospital services that complies with the reforms required by this act. If Medicaid-specific funding cannot be maintained as currently implemented and authorized by state law, the Authority shall propose to the Legislature any modifications necessary to preserve supplemental payments and managed care directed payments to prevent budgetary disruptions to providers.

F. The Authority shall submit a report to the Governor, the President Pro Tempore of the Oklahoma State Senate and the Speaker of the Oklahoma House of Representatives that includes at a minimum:

1. A description of the selection process of the contracted entities;
2. Plans for enrollment of Medicaid members in health plans of contracted entities;
3. Medicaid member network access standards;
4. Performance and quality metrics;
5. Maintenance of existing funding mechanisms described in this section;
6. A description of the requirements and other provisions included in capitated contracts; and
7. A full and complete copy of each executed capitated contract.

G. 1. Each contracted entity shall report to the Authority in time intervals determined by the Authority and through a process determined by the Authority all claims data, expenditures, and such other financial reporting information as may be required by the Authority.

2. The Authority shall compile and analyze the information described in paragraph 1 of this subsection and annually submit a report summarizing such information, devoid of any personally identifying information, to the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and the Oklahoma Health Care Authority Board.

Added by Laws 2022, c. 395, § 17, eff. July 1, 2022.

§56-4002.13. Medicaid Delivery System Quality Advisory Committee.

A. The Oklahoma Health Care Authority shall establish a Medicaid Delivery System Quality Advisory Committee for the purpose of performing the duties specified in subsection B of this section.

B. The Committee shall have the power and duty to make recommendations to the Administrator of the Oklahoma Health Care Authority and the Oklahoma Health Care Authority Board on quality measures used by contracted entities in the capitated care delivery model of the state Medicaid program.

C. 1. The Committee shall be comprised of members appointed by the Administrator of the Oklahoma Health Care Authority. Members shall serve at the pleasure of the Administrator.

2. A majority of the members shall be providers participating in the capitated care delivery model of the state Medicaid program, and such providers may include members of the Advisory Committee on Medical Care for Public Assistance Recipients. Other members shall include, but not be limited to, representatives of hospitals and integrated health systems, other members of the health care community, and members of the academic community having subject-matter expertise in the field of health care or subfields of health care, or other applicable fields including, but not limited to, statistics, economics or public policy.

3. The Committee shall select from among its membership a chair and vice chair.

D. 1. The Committee may meet as often as may be required in order to perform the duties imposed on it.

2. A quorum of the Committee shall be required to approve any final recommendations of the Committee. A majority of the members of the Committee shall constitute a quorum.

3. Meetings of the Committee shall be subject to the Oklahoma Open Meeting Act.

E. Members of the Committee shall receive no compensation or travel reimbursement.

F. The Oklahoma Health Care Authority shall provide staff support to the Committee. To the extent allowed under federal or state law, rules or regulations, the Authority, the State Department of Health, the Department of Mental Health and Substance Abuse Services and the Department of Human Services shall as requested provide technical expertise, statistical information, and any other information deemed necessary by the chair of the Committee to perform the duties imposed on it.

Added by Laws 2021, c. 542, § 13, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 18, eff. July 1, 2022.

§56-4002.14. Uniform defined measures and goals - Provider quality metrics.

A. The transformed delivery system of the state Medicaid program and capitated contracts awarded under the transformed delivery system shall be designed with uniform defined measures and goals that are consistent across contracted entities including, but not limited to, adjusted health outcomes, social determinants of

health, quality of care, member satisfaction, provider satisfaction, access to care, network adequacy, and cost.

B. Prior to implementation of the transformed Medicaid delivery system, each contracted entity shall use nationally recognized, standardized provider quality metrics as established by the Oklahoma Health Care Authority and, where applicable, may use additional quality metrics if the measures are mutually agreed upon by the Authority, the contracted entity, and participating providers. The Authority shall develop processes for determining quality metrics and cascading quality metrics from contracted entities to subcontractors and providers.

C. The Authority may use consultants, organizations, or measures used by health plans, the federal government, or other states to develop effective measures for outcomes and quality including, but not limited to, the National Committee for Quality Assurance (NCQA) or the Healthcare Effectiveness Data and Information Set (HEDIS) established by NCQA, the Physician Consortium for Performance Improvement (PCPI) or any measures developed by PCPI.

D. Each component of the quality metrics established by the Authority shall be subject to specific accountability measures including, but not limited to, penalties for noncompliance.
Added by Laws 2022, c. 395, § 19, eff. July 1, 2022.

§56-4002.15. Federal approval - Promulgation of rules.

A. 1. The Oklahoma Health Care Authority shall seek any federal approval necessary to implement the Ensuring Access to Medicaid Act. This shall include, but not be limited to, submission to the Centers for Medicare and Medicaid Services of any appropriate demonstration waiver application or Medicaid State Plan amendment necessary to accomplish the requirements of this act within the required time frames.

2. Prior to implementation of contracts with any contracted entities except dental benefit managers, the Authority shall obtain federal approval of a managed care directed payment program with an average commercial rate methodology under the Supplemental Hospital Offset Payment Program Act. Contracts with dental benefit managers shall be exempt from the requirement stipulated by this paragraph.

B. The Oklahoma Health Care Authority Board shall promulgate rules to implement the Ensuring Access to Medicaid Act.

Added by Laws 2021, c. 542, § 14, eff. Sept. 1, 2021. Amended by Laws 2022, c. 395, § 20, eff. July 1, 2022. Renumbered from § 4004 of this title by Laws 2022, c. 395, § 24, eff. July 1, 2022.

§56-4003. Biomarker testing coverage.

A. As used in this section:

1. "Biomarker", "biomarker testing", "consensus statement", and "nationally recognized clinical practice guidelines" shall have the same meaning as provided by Section 1 of this act; and

2. "Contracted entity" shall have the same meaning as provided by Section 4002.2 of Title 56 of the Oklahoma Statutes.

B. The state Medicaid program shall cover biomarker testing in accordance with the requirements provided by this section.

C. Biomarker testing shall be covered for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a member's disease or condition when the test is supported by medical and scientific evidence, including, but not limited to:

1. Labeled indications for a United States Food and Drug Administration (FDA)-approved or -cleared test;

2. Indicated tests for an FDA-approved drug;

3. Warnings and precautions on FDA-approved drug labels;

4. Centers for Medicare and Medicaid Services (CMS) national coverage determinations or Medicare Administrative Contractor (MAC) local coverage determinations; or

5. Nationally recognized clinical practice guidelines and consensus statements.

D. Contracted entities under the state Medicaid program shall provide biomarker testing at the same scope, duration, and frequency as the Medicaid program otherwise provides to members.

E. If prior authorization is required for biomarker testing, the contracted entity shall approve or deny a prior authorization request and notify the member, the member's provider, and any entity requesting authorization of the service within seventy-two (72) hours for non-urgent requests or within twenty-four (24) hours for urgent requests.

F. The member and the member's provider shall have access to clear, readily accessible, and convenient processes to request an exception to a coverage policy for biomarker testing of the state Medicaid program. The process shall be made readily accessible to all participating providers and members online.

Added by Laws 2023, c. 331, § 3, eff. Jan. 1, 2024.

§56-4004. Renumbered as § 4002.15 of this title by Laws 2022, c. 395, § 24, eff. July 1, 2022.