

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 1 - 0 6	2. STATE Oklahoma
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2011
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Parts 431, 440, and 441	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> \$ <u>0</u> b. FFY <u>2011</u> \$ <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Refer to Attachment	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Refer to Attachment
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10. SUBJECT OF AMENDMENT

Targeted case management services for children under age 18 who are assessed as at risk of abuse or neglect as defined in Title 10A §1-1-105 of the Oklahoma Statutes and who are in emergency, temporary or permanent custody of the Department of Human Services (DHS) or in voluntary status who are placed in out-of-home care or trial adoption.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 2401 NW 23rd St., Suite 1A Oklahoma City, OK 73107
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED August 2, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 2 August, 2011	18. DATE APPROVED 31 October, 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 1 July, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS

c. Mike Fogarty
Cindy Roberts
Tywanda Cox
Traylor Rains

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

The target group includes children under age 18 who are assessed as at risk of abuse or neglect as defined in Title 10A §1-1-105 of the Oklahoma Statutes and who are in emergency, temporary or permanent custody of the Department of Human Services (DHS) or in voluntary status who are placed in out-of-home care or trial adoption.

Government Providers

Providers are reimbursed a fee for service rate for a weekly unit of service which is based on non reconciled cost to provide targeted case management services. The basis for the rate consists of cost reported quarterly by the government provider. This includes direct cost for case management staff and agency overhead and indirect service costs necessary to provide the service.

The rate is modified quarterly on a calendar year basis to reflect non reconciled cost reported by the provider. The rate for the first quarter is based on cost reported for the most recently completed fiscal year. It is computed by dividing the annual cost base (as described above), including a prior period adjustment necessary to adjust prior years' allowable costs against total billable amounts, by a projected annual number of weekly units of service. The maximum annual number of billable units of service is estimated by taking the current population known to be receiving case management services multiplied by 52.

A unit of service equals one calendar week in which there must occur at least one face-to-face contact between the beneficiary and TCM provider that is documented as such.

Private Providers

Private providers will be paid in accordance with the methodology in Attachment 4.19-B, Page 22 of this plan.

Non-Duplication of Services

Payment for TCM services under the plan do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private provider of case management for children at risk of abuse or neglect and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency website at www.okhca.org. The agency's fee schedule rate is set as of December 1, 2010 and is effective for services on or after that date.

SUPERSEDES: TN- 97-10

Revised 07-01-11

TN# 11-06
Supersedes TN# 97-10 Approval Date 10-31-11 Effective Date 7-1-11

STATE	<u>Oklahoma</u>
DATE REC'D	<u>8-2-11</u>
DATE APP'VD	<u>10-31-11</u>
DATE EFF	<u>7-1-11</u>
HCFA 179	<u>11-06</u>

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