

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 0 - 2 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 April 1, 2010	

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 431.55(e)	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> (19595.00) b. FFY <u>2011</u> (39191.17)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, Revised 07-01-08, TN # 08-11


10. SUBJECT OF AMENDMENT

3.25% Reduction for Case Management Services for SMI

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
13. TYPED NAME Mike Fogarty	Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED June 30, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 30 June, 2010	18. DATE APPROVED 9-17-10
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 April, 2010	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	

STATE	<u>Oklahoma</u>
DATE REC'D	<u>6-30-10</u>
DATE APPROV	<u>9-17-10</u>
DATE EFF	<u>4-1-10</u>
HCA 179	<u>10-26</u>

A

State: OKLAHOMA

Attachment 4.19-B
Page 22

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

Case Management Services For Adults Age 18 And Over Who Are Chronically/Severely Mentally Ill And Children Who Are In Imminent Risk Or Are In Out-Of Home Placement Due To Psychiatric Or Substance Abuse Reasons

A. Unit Definition and Rates:

The rate(s) were developed from the average salaries and wages from the Bureau of Labor Statistics for mental health and rehabilitative workers in Oklahoma plus a factor of 30% for benefits. A 10% factor was added for general and administrative costs.

Standard case managers have caseloads of 30-35 consumers. Intensive case management caseloads are smaller, between 10 and 15 consumers. Typically, to produce a high fidelity wraparound process, a facilitator can facilitate between 8 and 10 families. The rates and hours for Intensive Case Mangers and Wraparound Facilitators were adjusted based on the lower caseloads. A unit of service is equivalent to fifteen (15) minutes.

Targeted Case Management Benefit 1915 (g)					
Code	Mod 1	Description	Rate	Unit	Annual Hours Per Provider
T1016		BH Case Manager III, Master's Wraparound Facilitator	\$22.34	15 minutes	812
T1016		BH Case Manager III, Master's-Intensive	\$20.31	15 minutes	812
T1016		BH Case Manger III, Master's	\$13.98	15minutes	1,141
T1016		BH Case Manger II, Bachelor's Wraparound Facilitator	\$16.75	15 minutes	812
T1016		BH Case Manager II, Bachelor's-Intensive	\$15.23	15 minutes	812
T1016		BH Case Manager II, Bachelor's	\$10.83	15 minutes	1,141
T1016		BH Case Manager I, Paraprofessional	\$7.68	15 minutes	1,141

B. Effective Date

The agency's fee schedule rate was set as of January 1, 2009 and is effective for service provided on or after that date. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website @ www.okhca.org.

C. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

Revised 04-01-10

TN # 10-26 Approval Date 9-17-10 Effective Date 4-1-10
Supersedes
TN # 08-11

SUPERSEDES: TN- 08-11