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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 1 0 - 2 8 | 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) | | |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | |

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

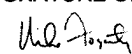
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| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 431.55(e) | 7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> (34,091.39) b. FFY <u>2011</u> (68,182.79) |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 33 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, Revised 07-01-08, TN # 08-05 |


10. SUBJECT OF AMENDMENT

3.25% Reduction for Case Management Services for Children's First

11. GOVERNOR'S REVIEW (Check One)

| | |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED The Governor does not review State Plan material. |
| <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | |
| <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | |

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105 |
| 13. TYPED NAME Mike Fogarty | |
| 14. TITLE Chief Executive Officer | |
| 15. DATE SUBMITTED June 30, 2010 | |

| FOR REGIONAL OFFICE USE ONLY | |
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| 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 | |

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

Case Management Services for High Risk Pregnant Women, First Time Pregnant Women and Their Infants, and Developmentally Disabled Children 0-3 Years of Age

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. A unit of service is equivalent to fifteen (15) minutes.

| Classification | Rate | Unit Basis | Annual Hours / Provider |
|---------------------------------------------------|-------------|-------------------|--------------------------------|
| Case Manager for 1 st time mothers, RN | \$13.98 | 15 min | 1,141 |
| Case Manager, Masters | \$13.98 | 15 min | 1,141 |
| Case Manager Bachelor's | \$10.83 | 15 min | 1,141 |
| Case Manager Less than Bachelor's | \$ 7.68 | 15 min | 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.

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 # 10-28 Approval Date 9-17-10 Effective Date 4-1-10
Supersedes
TN # 08-05

SUPERSEDES: TN- 08-05

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|-----------------------------|---|
| STATE <u>Oklahoma</u> | A |
| DATE REC'D. <u>6-30-10</u> | |
| DATE APP'VD. <u>9-17-10</u> | |
| DATE EFF. <u>4-1-10</u> | |
| HCA 179 <u>10-28</u> | |