

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 1 - 0 6</b>	2. STATE <b>Oklahoma</b>
	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 <b>July 1, 2011</b>
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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 <b>42 CFR Parts 431, 440, and 441</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> \$ <u>0</u> b. FFY <u>2011</u> \$ <u>0</u>
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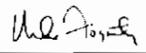
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Refer to Attachment</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Refer to Attachment</b>
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10. SUBJECT OF AMENDMENT

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 <b>Mike Fogarty</b>	
14. TITLE <b>Chief Executive Officer</b>	
15. DATE SUBMITTED <b>August 2, 2011</b>	

FOR REGIONAL OFFICE USE ONLY

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

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

23. REMARKS

c. Mike Fogarty  
Cindy Roberts  
Tywanda Cox  
Traylor Rains