
POLICY TRANSMITTAL NO. 07-48	DATE: AUGUST 16, 2007
OKLAHOMA HEALTH CARE AUTHORITY/DEVELOPMENTAL DISABILITIES SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS AND POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 317:30-3-40; 30-5-410 through 30-5-412; 30-5-480 through 30-5-482; 40-5-3; 40-5-152; 40-7-8; and 40-7-18.

EXPLANATION: **Policy revisions were approved by the Board and the Governor as required by the Administrative Procedures Act.**

Developmental Disability Services Division Habilitation Services rules are revised to add the need for a prescription for specific services in the Individual's Plan which lists the service recipient's need for support.

Original signed on 8-15-07

James M. Nicholson, Director
Developmental Disabilities Services Division

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Office of Legislative Relations and Policy

WF # 07-S (NAP)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS as the rulemaking agency; the "2" specifies the Chapter number; and the "1" specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, OKDHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, OKDHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at 405-521-4326.

<u>REMOVE</u>	<u>INSERT</u>
317:30-3-40	317:30-3-40, 1 page only, revised 5-11-07
317:30-5-410	317:30-5-410, 1 page only, revised 5-11-07
317:30-5-411	317:31-5-411, 1 page only, revised 5-11-07
317:30-5-412	317:30-5-412, pages 1-3, revised 5-11-07
317:30-5-480	317:30-5-480, 1 page only, revised 5-11-07
317:30-5-481	317:30-5-481, 1 page only, revised 5-11-07
317:30-5-482	317:30-5-482, pages 1-11, revised 5-11-07
317:40-5-3	317:40-5-3, pages 1-3, revised 5-11-07
317:40-5-152	317:40-5-152, pages 1-3, revised 5-11-07
317:40-7-8	317:40-7-8, pages 1-2, revised 5-11-07
317:40-7-18	317:40-7-18, 1 page only, revised 5-11-07

317:30-3-40. Home and Community-Based Services Waivers for persons with mental retardation or certain persons with related conditions

(a) Introduction to HCBS Waivers. The Medicaid Home and Community-Based Services (HCBS) Waiver programs are authorized in accordance with Section 1915(c) of the Social Security Act.

(1) Oklahoma Department of Human Services Developmental Disabilities Services Division (DDSD) operates HCBS Waiver programs for persons with mental retardation and certain persons with related conditions. Oklahoma Health Care Authority (OHCA), as the State's single Medicaid agency, retains and exercises administrative authority over all HCBS Waiver programs.

(2) Each waiver allows for the provision of specific Medicaid-compensable services that assist members to reside in the community and avoid institutionalization.

(3) Waiver services:

(A) complement and supplement services available to members through the Medicaid State Plan or other federal, state, or local public programs, as well as informal supports provided by families and communities;

(B) can only be provided to persons who are Medicaid eligible, outside of a nursing facility, hospital, or institution; and

(C) are not intended to replace other services and supports available to members.

(4) Any waiver service must be:

(A) appropriate to the member's needs; and

(B) included in the member's Individual Plan (IP).

(i) The IP:

(I) is developed annually by the member's Personal Support Team, per OAC 340:100-5-52; and

(II) contains detailed descriptions of services provided, documentation of amount and frequency of services, and types of providers to provide services.

(ii) Services are authorized in accordance with OAC 340:100-3-33 and 340:100-3-33.1.

(5) DDSD furnishes case management, targeted case management, and services to members as a Medicaid State Plan service under Section 1915(g)(1) of the Social Security Act in accordance with OAC 317:30-5-1010 through 317:30-5-1012.

(b) Eligible providers. All providers must have entered into contractual agreements with OHCA to provide HCBS for persons with mental retardation or related conditions.

(c) Coverage. All services must be included in the member's IP. Arrangements for services must be made with the member's case manager.

**MEDICAL PROVIDERS-FEE FOR SERVICE
FAMILY SUPPORT SERVICES SPECIFIC**

OAC 317:30-5-410

317:30-5-410. Home and Community-Based Services Waivers for persons with mental retardation or certain persons with related conditions

The Oklahoma Health Care Authority (OHCA) administers Home and Community-Based Services (HCBS) Waivers for persons with mental retardation and certain persons with related conditions that are operated by the Oklahoma Department of Human Services Developmental Disabilities Services Division (DDSD). Each waiver allows payment for family support services as defined in the waiver approved by the Centers for Medicare and Medicaid Services.

**MEDICAL PROVIDERS-FEE FOR SERVICE
FAMILY SUPPORT SERVICES SPECIFIC**

OAC 317:30-5-411

317:30-5-411. Coverage

All family support services will be included in the member's Individual Plan (IP). Arrangements for care under this program must be made with the member's case manager.

317:30-5-412. Description of services

Family support services include services identified in paragraphs (1) through (6).

(1) **Transportation services.** Transportation services are provided in accordance with OAC 317:40-5-103.

(2) **Adaptive equipment services.** Adaptive equipment, also known as environmental accessibility adaptations, services are provided in accordance with OAC 317:40-5-100.

(3) **Architectural modification.** Architectural modification services are provided in accordance with OAC 317:40-5-101.

(4) **Family training.**

(A) **Minimum qualifications.** Training providers must hold current licensure as a clinical social worker, psychologist, professional counselor, or registered nurse. Training may also be provided by other local or state agencies whose trainers have been approved by the Oklahoma Department of Human Services Developmental Disabilities Services Division (DDSD) director of Human Resource Development.

(B) **Description of services.** Family training services include instruction in skills and knowledge pertaining to the support and assistance of members. Services are:

(i) intended to allow families to become more proficient in meeting the needs of members who are eligible;

(ii) provided in any community setting;

(iii) provided in either group, consisting of two to 15 persons, or individual formats; and

(iv) for families of members served through DDSD Home and Community-Based Services (HCBS) Waivers. For the purpose of this service, family is defined as any person who lives with or provides care to a member served on the waiver.

(C) **Coverage limitations.** Coverage limitations for family training are:

(i) Description: Individual family training; Limitation: \$5,500 per Plan of Care year; and

(ii) Description: Group family training; Limitation: \$5,500 per Plan of Care year.

(D) **Documentation requirements.** Providers must maintain documentation fully disclosing the extent of services furnished that specifies:

(i) service date;

(ii) start and stop time for each session;

(iii) signature of the trainer;

(iv) credentials of the trainer;

(v) specific issues addressed. Issues must be identified

in the member's Individual Plan (IP);
(vi) methods used to address issues;
(vii) progress made toward outcomes;
(viii) member's response to the session or intervention;
and
(ix) any new issued identified during the session.

(5) Family counseling.

(A) **Minimum qualifications.** Counseling providers must hold current licensure as a clinical social worker, psychologist, or professional counselor.

(B) **Description of services.** Family counseling, offered specifically to members and their natural, adoptive, or foster family members, helps to develop and maintain healthy, stable relationships among all family members.

(i) Emphasis is placed on the acquisition of coping skills by building upon family strengths.

(ii) Knowledge and skills gained through family counseling services increase the likelihood that the member remains in or returns to his or her own home.

(iii) All family counseling needs are documented in the member's IP.

(C) **Coverage limitations.** Coverage limitations for family counseling are:

(i) Description: Individual family counseling; Unit: 15 minutes; Limitation: 400 units per Plan of Care year; and

(ii) Description: Group family counseling; Unit: 30 minutes; Limitation: 225 units per Plan of Care year.

(D) **Documentation requirements.** Providers must maintain documentation fully disclosing the extent of services furnished that specifies:

(i) service date;

(ii) start and stop time for each session;

(iii) signature of the therapist;

(iv) credentials of the therapist;

(v) specific issues addressed. Issues must be identified in the member's IP;

(vi) methods used to address issues;

(vii) progress made toward outcomes;

(viii) member's response to the session or intervention;
and

(ix) any new issue identified during the session.

(6) Specialized medical supplies.

(A) **Minimum qualifications.** Providers must:

(i) be registered to do business in Oklahoma or in the

state in which they are domiciled;
(ii) have a Medicaid contract with Oklahoma Health Care Authority to provide unrestricted durable medical equipment to members receiving HCBS; and
(iii) enter into this agreement:

(I) giving assurance of ability to provide products and services; and

(II) agree to the audit and inspection of all records concerning goods and services provided.

(B) Description of services. Specialized medical supplies include supplies specified in the member's IP that enable the member to increase his or her ability in the performance of activities of daily living. Specialized medical supplies also include the purchase of ancillary supplies not available under the Medicaid State Plan.

(i) Supplies furnished through an HCBS waiver are in addition to any supplies furnished under the Medicaid State Plan and exclude those items that are not of direct medical and remedial benefit to the member.

(ii) All supplies must meet applicable standards of manufacture, design, and installation.

(iii) Supplies include, but are not limited to:

(I) adult briefs;

(II) nutritional supplements;

(III) supplies needed for respirator/ventilator care;

(IV) supplies needed for health conditions;

(V) supplies for decubitus care; and

(VI) supplies for catheterization.

(C) Coverage limitations. Specialized medical supplies are billed using the appropriate procedure code. Individual limits are specified in each member's IP. All services are authorized in accordance with OAC 317:40-5-104.

317:30-5-480. Home and Community-Based Services for persons with mental retardation or certain persons with related conditions

The Oklahoma Health Care Authority (OHCA) administers for persons with mental retardation or certain persons with related conditions that are operated by the Oklahoma Department of Human Services Developmental Disabilities Services Division (DDSD). Each waiver allows Medicaid compensable services provided to persons who are:

- (1) medically and financially eligible; and
- (2) not covered through the OHCA SoonerCare program.

**MEDICAL PROVIDERS-FEE FOR SERVICE
HABILITATION SERVICES SPECIFIC**

OAC 317:30-5-481

317:30-5-481. Coverage

All habilitation services will be included in the member's Individual Plan (IP). Arrangements for care under this program must be made with the member's case manager.

317:30-5-482. Description of services

Habilitation services include the services identified in (1) through (13).

(1) Dental services.

(A) **Minimum qualifications.** Providers of dental services must have non-restrictive licensure to practice dentistry in Oklahoma by the Board of Governors of Registered Dentists of Oklahoma.

(B) **Description of services.** Dental services include:

(i) oral examination;

(ii) bite-wing x-rays;

(iii) prophylaxis;

(iv) topical fluoride treatment;

(v) development of a treatment plan;

(vi) routine training of member or primary caregiver regarding oral hygiene; and

(vii) any other service recommended by a dentist.

(C) **Coverage limitations.** Coverage of dental services is specified in the member's Individual Plan (IP), in accordance with applicable Home and Community-Based Services (HCBS) Waiver limits.

(2) Nutrition services.

(A) **Minimum qualifications.** Providers of nutrition services must be licensed by the Oklahoma State Board of Medical Examiners and registered as a dietitian with the Commission of Dietetic Registration.

(B) **Description of services.** Nutrition services include evaluation and consultation in diet to members or their caregivers.

(i) Services are:

(I) intended to maximize the member's nutritional health; and

(II) provided in any community setting as specified in the member's IP.

(ii) A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 15 minutes, with a limit of 192 units per Plan of Care year.

(3) Occupational therapy services.

(A) **Minimum qualifications.** Occupational therapists and occupational therapy assistants must have current licensure by the Oklahoma State Board of Medical Licensure and Supervision. Occupational therapy assistants must be employed by the occupational therapist.

(B) **Description of services.** Occupational therapy services include evaluation, treatment, and consultation in leisure management, daily living skills, sensory motor, perceptual motor, and mealtime assistance. Occupational therapy services may include the use of occupational therapy assistants, within the limits of their practice.

(i) Services are:

(I) intended to help the member achieve greater independence to reside and participate in the community; and

(II) rendered in any community setting as specified in the member's IP. The IP must include a physician's prescription.

(ii) For purposes of this Section, a physician is defined as all licensed medical and osteopathic physicians, physician assistants, and advanced practice nurses in accordance with the rules and regulations covering the OHCA's medical care program.

(iii) The provision of services includes written report or record documentation in the member's record, as required.

(C) **Coverage limitations.** Payment is made for compensable services to the individual occupational therapist for direct services or for services provided by a qualified occupational therapy assistant within their employment.

(i) Services provided by occupational therapy assistants must be identified on the claim form by the use of the occupational therapy assistant's individual provider number in the servicing provider field.

(ii) Payment is made in 15-minute units, with a limit of 480 units per Plan of Care year. Payment is not allowed solely for written reports or record documentation.

(4) **Physical therapy services.**

(A) **Minimum qualifications.** Physical therapists and physical therapy assistants must be licensed with the Oklahoma State Board of Medical Licensure and Supervision. The physical therapy assistant must be employed by the physical therapist.

(B) **Description of services.** Physical therapy services include evaluation, treatment, and consultation in locomotion or mobility and skeletal and muscular conditioning to maximize the member's mobility and skeletal/muscular well-being. Physical therapy services may include the use of physical therapy assistants, within the limits of their practice.

(i) Services are intended to help the member achieve

greater independence to reside and participate in the community. Services are provided in any community setting as specified in the member's IP. The IP must include a physician's prescription.

(ii) For purposes of this Section, a physician is defined as all licensed medical and osteopathic physicians, physician assistants, and advanced practice nurses in accordance with the rules and regulations covering the OHCA's SoonerCare program.

(iii) The provision of services includes written report or record documentation in the member's record, as required.

(C) Coverage limitations.

(i) Payment is made for:

(I) compensable services to the individual physical therapist for direct services; or

(II) services provided by a qualified physical therapy assistant within his or her employment.

(ii) Services provided by physical therapy assistants must be identified on the claim form by the use of the physical therapy assistant's individual provider number in the servicing provider field.

(iii) Payment is:

(I) made in 15-minute units with a limit of 480 units per Plan of Care year; and

(II) not allowed solely for written reports or record documentation.

(5) Psychological services.

(A) Minimum qualifications. Qualification as a provider of psychological services requires non-restrictive licensure as a psychologist by the Oklahoma Psychologist Board of Examiners, or licensing board in the state in which service is provided.

(B) Description of services. Psychological services include evaluation, psychotherapy, consultation, and behavioral treatment. Service is provided in any community setting as specified in the member's IP.

(i) Services are:

(I) intended to maximize a member's psychological and behavioral well-being; and

(II) provided in individual and group, six person maximum, formats.

(ii) A minimum of 15 minutes for each individual encounter and 15 minutes for each group encounter and record documentation of each treatment session is included and

required.

(C) Coverage limitations.

(i) Limitations for psychological services are:

(I) Description: Psychotherapy services and behavior treatment services (individual): Unit: 15 minutes; and

(II) Description: Cognitive/behavioral treatment (group): Unit: 15 minutes.

(ii) Psychological services will be authorized for a period not to exceed six months.

(I) Initial authorization is through the case manager, with review and approval by the case management supervisor.

(II) Initial authorization will not exceed 192 units (48 hours of service).

(III) Monthly progress notes will include a statement of hours and type of service provided, and an empirical measure of member status as it relates to each objective in the member's IP.

(IV) If progress notes are not submitted to the case manager for each month of service provision, authorization for payment will be withdrawn until such time as progress notes are completed.

(iii) Treatment extensions may be authorized by the area manager based upon evidence of continued need and effectiveness of treatment.

(I) Evidence of continued need of treatment, treatment effectiveness, or both, is submitted by the provider to the case manager and will include, as a minimum, completion of the Service Utilization and Evaluation protocol.

(II) When revising a Protective Intervention Plan (PIP) to accommodate recommendations of a required committee review or an Oklahoma Department of Human Services (OKDHS) audit, the provider may bill for only one revision. The time for preparing the revision will be clearly documented and will not exceed four hours.

(III) Treatment extensions will be for no more than 24 hours (96 units) of service per request.

(iv) The provider must develop, implement, evaluate, and revise the PIP corresponding to the relevant goals and objectives identified in the member's IP.

(v) No more than 12 hours (48 units) may be billed for the preparation of a PIP. Any clinical document must be prepared within 45 days of the request; further payments will be suspended until the requested document is

provided.

(vi) Psychological technicians must provide no more than 140 billable hours (560 units) of service per month to members.

(vii) The psychologist must maintain a record of all billable services provided by a psychological technician.

(6) Psychiatric services.

(A) **Minimum qualifications.** Qualification as a provider of psychiatric services requires a non-restrictive license to practice medicine in Oklahoma. Certification by the Board of Psychiatry and Neurology or satisfactory completion of an approved residency program in psychiatry is required.

(B) **Description of services.** Psychiatric services include outpatient evaluation, psychotherapy, and medication and prescription management and consultation provided to members who are eligible. Services are provided in any community setting as specified in the member's IP.

(i) Services are intended to contribute to the member's psychological well-being.

(ii) A minimum of 30 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 30 minutes, with a limit of 200 units per Plan of Care year.

(7) Speech/language services.

(A) **Minimum qualifications.** Qualification as a provider of speech/language services requires non-restrictive licensure as a speech/language pathologist by the State Board of Examiners for Speech Pathology and Audiology.

(B) **Description of services.** Speech therapy includes evaluation, treatment, and consultation in communication and oral motor/feeding activities provided to members who are eligible. Services are intended to maximize the member's community living skills and may be provided in any community setting as specified in the member's IP. The IP must include a physician's prescription.

(i) For purposes of this Section, a physician is defined as all licensed medical and osteopathic physicians, physician assistants, and advanced practice nurses in accordance with rules and regulations covering the OHCA's SoonerCare program.

(ii) A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 15 minutes, with a limit of 288 units per Plan of Care year.

(8) Habilitation training specialist (HTS) services.

(A) Minimum qualifications. Providers must complete the OKDHS Developmental Disabilities Services Division (DDSD) sanctioned training curriculum. Residential habilitation providers:

- (i) are at least 18 years of age;
- (ii) are specifically trained to meet the unique needs of members;
- (iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per Section 1025.2 of Title 56 of the Oklahoma Statutes (56 O.S. § 1025.2), unless a waiver is granted per 56 O.S. § 1025.2; and
- (iv) receive supervision and oversight from a contracted agency staff with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities.

(B) Description of services. HTS services include services to support the member's self-care, daily living, and adaptive and leisure skills needed to reside successfully in the community. Services are provided in community-based settings in a manner that contributes to the member's independence, self-sufficiency, community inclusion, and well-being.

- (i) Payment will not be made for:
 - (I) routine care and supervision that is normally provided by family; or
 - (II) services furnished to a member by a person who is legally responsible per OAC 340:100-3-33.2.
- (ii) Family members who provide HTS services must meet the same standards as providers who are unrelated to the member.
- (iii) Payment does not include room and board or maintenance, upkeep, and improvement of the member's or family's residence.
- (iv) For members who also receive intensive personal supports (IPS), the member's IP must clearly specify the role of the HTS and person providing IPS to ensure there is no duplication of services.
- (v) Case management supervisor review and approval is required.
- (vi) Pre-authorized HTS services accomplish the same objectives as other HTS services but are limited to situations where the HTS provider is unable to obtain required professional and administrative oversight from an

oversight agency approved by the OHCA. For pre-authorized HTS services, the service:

(I) provider will receive oversight from DDS area staff; and

(II) must be pre-approved by the DDS director or designee.

(C) **Coverage limitations.** HTS services are authorized as specified in OAC 317:40-5-110, 317:40-5-111, and 317:40-7-13, and OAC 340:100-3-33.1.

(i) A unit is 15 minutes.

(ii) Individual HTS services providers will be limited to a maximum of 40 hours per week regardless of the number of members served.

(iii) More than one HTS may provide care to a member on the same day.

(iv) Payment cannot be made for services provided by two or more HTSs to the same member during the same hours of a day.

(v) A HTS may receive reimbursement for providing services to only one member at any given time. This does not preclude services from being provided in a group setting where services are shared among members of the group.

(9) **Audiology services.**

(A) **Minimum qualifications.** Audiologists must have licensure as an audiologist by the State Board of Examiners for Speech Pathology and Audiology.

(B) **Description of services.** Audiology services include individual evaluation, treatment, and consultation in hearing to members who are eligible. Services are intended to maximize the member's auditory receptive abilities. The member's IP must include a physician's prescription.

(i) For purposes of this Section, a physician is defined as all licensed medical and osteopathic physicians, physician assistants, and advanced practice nurses in accordance with rules and regulations covering the OHCA's SoonerCare program.

(ii) A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** Audiology services are provided in accordance with the service recipient's IP.

(10) **Prevocational services.**

(A) **Minimum qualifications.** Prevocational services providers:

(i) are at least 18 years of age;

- (ii) complete the OKDHS DDSD sanctioned training curriculum;
- (iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. § 1025.2, unless a waiver is granted per 56 O.S. § 1025.2; and
- (iv) receive supervision and oversight by a person with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities.

(B) Description of services. Prevocational services are not available to persons who can be served under a program funded per Section 110 of the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (IDEA). Services are aimed at preparing a member for employment, but are not job-task oriented. Services include teaching concepts, such as compliance, attendance, task completion, problem solving, and safety.

(i) Prevocational services are provided to members who are not expected to:

(I) join the general work force; or

(II) participate in a transitional sheltered workshop within one year, excluding supported employment programs.

(ii) When compensated, members are paid at less than 50 percent of the minimum wage. Activities included in this service are not primarily directed at teaching specific job skills, but a underlying rehabilitative goals, such as attention span and motor skills.

(iii) All prevocational services will be reflected in the member's IP as rehabilitative, rather than explicit employment objectives.

(iv) Documentation will be maintained in the record of each member receiving this service noting that the service is not otherwise available through a program funded under the Rehabilitation Act of 1973 or IDEA.

(v) Services include:

(I) center-based prevocational services as specified in OAC 317:40-7-6;

(II) community-based prevocational services as specified in OAC 317:40-7-5;

(III) enhanced community-based prevocational services as specified in OAC 317:40-7-12; and

(IV) supplemental supports as specified in OAC 317:40-7-13.

(C) Coverage limitations. A unit of center-based or community-based prevocational services is one hour and the payment is based upon the number of hours the member participates in the service. All prevocational services and supported employment services combined may not exceed \$25,000 per Plan of Care year.

(11) Supported employment.

(A) Minimum qualifications. Supported employment providers:

- (i) are at least 18 years of age;
- (ii) complete the OKDHS DDSD sanctioned training curriculum;
- (iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. § 1025.2, unless a waiver is granted per 56 O.S. § 1025.2; and
- (iv) receive supervision and oversight by a person with a minimum of four years of any combination of college level education of full-time equivalent experience in serving persons with disabilities.

(B) Description of services. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed, and includes activities that are outcome based and needed to sustain paid work by members receiving services through HCBS Waiver, including supervision and training.

(i) When supported employment services are provided at a work site in which persons without disabilities are employee, payment will:

- (I) be made for the adaptations, supervision, and training required by members as a result of their disabilities; and
- (II) not include payment for the supervisory activities rendered as a normal part of the business setting.

(ii) Services include:

- (I) job coaching as specified in OAC 317:40-7-7;
- (II) enhanced job coaching as specified in OAC 317:40-7-12;
- (III) employment training specialist services as specified in OAC 317:40-7-8; and
- (IV) stabilization as specified in OAC 317:40-7-11.

(iii) Supported employment services furnished under HCBS Waiver are not available under a program funded by the Rehabilitation Act of 1973 or IDEA.

(iv) Documentation that the service is not otherwise

available under a program funded by the Rehabilitation Act of 1973 or IDEA will be maintained in the record of each member receiving this service.

(v) Federal financial participation (FFP) will not be claimed for incentive payment subsidies or unrelated vocational training expenses, such as:

(I) incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

(II) payments that are passed through to users of supported employment programs; or

(III) payments for vocational training that is not directly related to a member's supported employment program.

(C) Coverage limitations. A unit is 15 minutes and payment is made in accordance with OAC 317:40-7-1 through 317:40-7-21. All prevocational services and supported employment services combined cannot exceed \$25,000 per Plan of Care year. The case manager assists the member to identify other alternatives to meet identified needs above the limit.

(12) Intensive personal supports (IPS).

(A) Minimum qualifications. IPS provider agencies must have current, valid contracts with OHCA and OKDHS DDS. Providers:

(i) are at least 18 years of age;

(ii) complete the OKDHS DDS sanctioned training curriculum;

(iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. § 1025.2, unless a waiver is granted per 56 O.S. § 1025.2;

(iv) receive supervision and oversight by a person with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities; and

(v) receive oversight regarding specific methods to be used with the member to meet the member's complex behavioral or health support needs.

(B) Description of services.

(i) IPS:

(I) are support services provided to members who need an enhanced level of direct support in order to successfully reside in a community-based setting; and

(II) build upon the level of support provided by a HTS

or daily living supports (DLS) staff by utilizing a second staff person on duty to provide assistance and training in self-care, daily living, recreational, and habilitation activities.

(ii) The member's IP must clearly specify the role of HTS and the person providing IPS to ensure there is no duplication of services.

(iii) Case management supervisor review and approval is required.

(C) **Coverage limitations.** IPS are limited to 24 hours per day and must be included in the member's IP per OAC 317:40-5-151 and 317:40-5-153.

(13) Adult day services.

(A) **Minimum qualifications.** Adult day services provider agencies must:

(i) meet the licensing requirements set forth in 63 O.S. '1-873 et seq. and comply with OAC 310:605; and

(ii) be approved by the OKDHS DDS and have a valid OHCA contract for adult day services.

(B) **Description of services.** Adult day services provide assistance with the retention or improvement of self-help, adaptive, and socialization skills, including the opportunity to interact with peers in order to promote maximum level of independence and function. Services are provided in a non-residential setting separate from the home or facility where the member resides.

(C) **Coverage limitations.** Adult day services are typically furnished four or more hours per day on a regularly scheduled basis, for one or more days per week. A unit is 15 minutes for up to a maximum of six hours daily, at which point a unit is one day. All services must be authorized in the member's IP.

317:40-5-3. Scope of agency companion services

- (a) Agency companion services (ACS):
- (1) are provided by private agencies contracted with the Oklahoma Health Care Authority (OHCA);
 - (2) are available to members who are eligible for services through the Community Waiver or Homeward Bound Waiver;
 - (3) are based on the member's need for support as described in the member's Individual Plan (IP), per OAC 340:100-5-50 through 340:100-5-58;
 - (4) are provided in a nurturing environment in the member's home, the companion's home, or in a mutually rented or owned home; and
 - (5) support visitation desired by the member with his or her natural family and friends, and in accordance with the member's IP.
- (b) An agency companion:
- (1) must be employed by or contract with a provider agency approved by the Oklahoma Department of Human Services Developmental Disabilities Services Division (DDSD);
 - (2) is limited to serving as companion for one member; exceptions may be granted only upon review by the DDSD director or designee;
 - (3) may not have employment, volunteer activities, or personal commitments that prevent the companion from fulfilling his or her responsibilities to the member per OAC 317:40-5-5.
 - (A) Employment as an agency companion is the companion's primary employment.
 - (B) The companion may have other employment when:
 - (i) serving members approved for intermittent or regular levels of support;
 - (ii) the Personal Support Team addresses all documented related concerns in the member's IP; and
 - (iii) the other employment is approved in advance by the DDSD area manager or designee; and
 - (4) approved for other employment may not be employed in another position that required on-call duties.
 - (A) If, after receiving approval for other employment, authorized DDSD staff determines the other employment interferes with the care, training, or supervision needed by the member, the companion must terminate, within 30 days:
 - (i) the other employment; or
 - (ii) his or her employment as an agency companion.
 - (B) Homemaker, habilitation training specialist, and respite services are not provided in order for the companion to perform other employment.

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(c) Each member may receive up to 60 days per year of therapeutic leave without reduction in the agency companion's salary.

(1) Therapeutic leave:

(A) is a Medicaid payment made to the contract provider to enable the member to retain services; and

(B) is claimed when:

(i) the member does not receive ACS for 24 consecutive hours due to:

(I) a visit with family or friends without the companion;

(II) vacation without the companion; or

(III) hospitalization, whether the companion is present; or

(ii) the companion uses authorized relief time;

(C) is limited to no more than 14 consecutive days per event, not to exceed 60 days per Plan of Care year; and

(D) cannot be accrued from one Plan of Care year to the next;

(2) The therapeutic leave daily rate is the same amount as the ACS per diem rate.

(3) The provider agency pays the agency companion the salary that he or she earns when the member is not on therapeutic leave.

(d) Levels of support for the member and corresponding payment are:

(1) determined by authorized DDSD staff in accordance with levels described in (A) through (C); and

(2) re-evaluated when the member has a change in agency companion providers.

(A) **Intermittent level of support.** Intermittent level of support is authorized when the member:

(i) requires minimal assistance with basic daily living skills, such as bathing, dressing, and eating;

(ii) communicates needs and wants;

(iii) is able to spend short periods of time unsupervised inside and outside the home;

(iv) requires assistance with medication administration, money management, shopping, housekeeping, meal preparation, scheduling appointments or other activities, and arranging transportation; and

(v) has stable or no ongoing medical or behavioral difficulties.

(B) **Regular level of support.** Regular level of support is authorized when the member:

(i) requires regular, frequent and sometimes constant assistance and support or is totally dependent on others to complete daily living skills, such as bathing,

dressing, eating, and toileting;
(ii) has difficulty or is unable to communicate basic needs and wants;
(iii) requires extensive assistance with medication administration, money management, shopping, housekeeping, meal preparation, scheduling appointments or other activities, and arranging transportation; and
(iv) requires regular monitoring and assistance with health, medication, or behavior interventions, and may include the need for specialized training, equipment, and diet.

(C) **Enhanced level of support.** Enhanced level of support is authorized when the member:

- (i) is totally dependent on others for:
 - (I) completion of daily living skills, such as bathing, dressing, eating, and toileting; and
 - (II) medication administration, money management, shopping, housekeeping, meal preparation, scheduling appointments or other activities, and arranging transportation;
- (ii) demonstrates ongoing complex medical or behavioral issues requiring specialized training courses per OAC 340:100-3-38.3; and
- (iii) has medical support needs that are rated at Level 4, 5, or 6 on the Physical Status Review (PSR), per OAC 340:100-5-26. In cases where complex medical needs are not adequately characterized by the PSR, exceptions may be granted only upon review by the DDS director or designee; or
- (iv) requires a Protective Intervention Plan (PIP) with a restrictive or intrusive procedure as defined in OAC 340:100-1-2. The PIP must be:
 - (I) approved by the Statewide Behavior Review Committee (SBRC), per OAC 340:100-3-14; and
 - (II) reviewed by the Human Rights Committee (HRC), per OAC 340:100-3-6.

317:40-5-152. Group home services for persons with mental retardation or certain persons with related conditions

(a) **General Information.** Group homes provide a congregate living arrangement offering up to 24-hour per day supervision, supportive assistance, and training in daily living skills to persons who are eligible 18 years of age or older. Upon approval of the Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services Division (DDSD) director or designee, persons younger than 18 may be served.

(1) Group homes ensure residents reside and participate in the community. Services are provided in homes located in close proximity to generic community services and activities.

(2) Group homes must be licensed by DDSD in accordance with 10 Section 1430.1 et seq. of Title 10 of the Oklahoma Statutes.

(3) Residents of group homes receive no other form of residential supports.

(4) Habilitation training specialist (HTS) services or homemaker services for residents of group homes may be approved only by the DDSD director or designee to resolve a temporary emergency when no other resolution exists.

(b) **Minimum provider qualifications.** Approved providers must have a current contract with the Oklahoma Health Care Authority (OHCA) to provide DDSD Home and Community-Based Services (HCBS) Waiver for persons with mental retardation or related conditions.

(1) Group home providers must have a completed and approved application to provide DDSD group home services.

(2) Group home staff must:

(A) complete the OKDHS DDSD-sanctioned training curriculum per OAC 340:100-3-38; and

(B) fulfill requirements for pre-employment screening per OAC 340:100-3-39.

(c) **Description of services.**

(1) Group home services:

(A) meet all applicable requirements of OAC 340:100; and

(B) are provided in accordance with each resident's Individual Plan (IP) developed per OAC 340:100-5-50 through 100-5-58.

(i) Health care services are secured for each resident per OAC 340:100-5-26.

(ii) Residents are offered recreational and leisure activities maximizing the use of generic programs and resources, including individual and group activities.

(2) Group home providers:

(A) follow protective intervention practices per OAC 340:100-

5-57 and 340:100-5-58;

(B) in addition to the documentation required per OAC 340:100-3-40, must maintain:

(i) staff time sheets that document the hours each staff was present and on duty in the group home; and

(ii) documentation of each resident's presence or absence on the daily attendance form provided by DDS; and

(C) ensure program coordination staff (PCS) meet staff qualifications and supervise, guide, and oversee all aspects of group home services per OAC 340:100-5-22.6 and 340:100-6, as applicable.

(d) **Coverage limitations.** Group home services are provided up to 366 days per year.

(e) **Types of group home services.** There are three types of group home services provided through HCBS Waivers.

(1) **Traditional group homes.** Traditional group homes serve no more than 12 residents per OAC 340:100-6.

(2) **Community living homes.** Community living homes serve no more than 12 residents.

(A) Residents who receive community living home services have:

(i) needs that cannot be met in a less structured setting; and

(ii) a diagnosis of severe or profound mental retardation requiring frequent assistance in the performance of activities necessary for daily living or continual supervision to ensure the resident's health and safety; or

(iii) complex needs requiring frequent:

(I) assistance in the performance of activities necessary for daily living, such as frequent assistance of staff for positioning, bathing, or other necessary movement; or

(II) supervision and training in appropriate social and interactive skills in order to remain included in the community.

(B) Services offered in a community living home include:

(i) 24-hour awake supervision when a resident's IP indicates it is necessary; and

(ii) program supervision and oversight including hands-on assistance in performing activities of daily living, transferring, positioning, skill-building, and training.

(3) **Alternative group homes.** Alternative group homes serve no more than four residents who have evidence of behavioral or emotional challenges in addition to mental retardation and

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OAC 317:40-5-152 (p3)

require extensive supervision and assistance in order to remain in the community.

(A) Residents who receive alternative group home services must meet criteria per in OAC 340:100-5-22.6.

(B) A determination must be made by the DDSD Community Services Unit that alternative group home services are appropriate.

317:40-7-8. Employment training specialist services

Employment training specialist (ETS) services include evaluation, training, and supportive assistance that allow the member to obtain and engage in remunerative employment. ETS services are:

- (1) provided by a certified job coach;
- (2) not available when subcontracting;
- (3) used to help a member with a new job in a generic employment setting.

(A) ETS services are:

- (i) not available if the member held the same job for the same employer in the past;
- (ii) available when the member requires 100% on-site intervention for up to the number of hours the member works per week for six weeks per Plan of Care year; and
- (iii) used in training members employed in individual placements on new jobs when the:
 - (I) member receives at least minimum wage; and
 - (II) employer is not the employment services provider.

(B) If the member does not use all of the training units on the first job placement in the Plan of Care year, the balance of training units may be used on a subsequent job placement with the current provider, or with a new provider;

- (4) used in assessment and outcome development for members residing in the community who are new to the provider agency, when determined necessary by the Personal Support Team (Team).

The provider:

(A) may claim a documented maximum of 20 hours per member for initial assessment. The projected units for the assessment and outcome development must:

- (i) be approved in advance by the Team; and
- (ii) relate to the member's desired outcomes; and

(B) cannot claim the same period of time for more than one type of service;

(5) used in Team meetings, when the case manager has requested participation of direct service employment staff in accordance with OAC 340:100-5-52, up to 20 hours per Plan of Care year;

(6) used in job development for a member on an individual job site upon the member's completion of three consecutive months on the job.

(A) Up to 40 hours may be used during a Plan of Care year after documentation of job development activities is submitted to the case manager.

(B) The job must:

- (i) pay at least minimum wage;
- (ii) employ each member at least 15 hours per week; and

(iii) be provided by an employer who is not the member's contract provider;

(7) used in development of a Plan for Achieving Self-Support (PASS) up to 40 hours per Plan of Care year after documentation of PASS development, if not developed by an Oklahoma Benefit Specialist or the Department of Rehabilitation Services, and implementation of an approved PASS after documentation has been submitted to the case manager;

(8) used in development of an Impairment Related Work Expense (IRWE) up to 20 hours per Plan of Care year after documentation of IRWE development, if not developed by an Oklahoma Benefit Specialist or Oklahoma Department of Rehabilitation, and implementation of an approved IRWE after documentation is submitted to the case manager; and

(9) used in interviewing for a job that is eligible for ETS services.

317:40-7-18. Contracts with industry

(a) The Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services Division (DDSD) may contract with an industry to provide job coaching services through a Natural Supports Initiative. The employer:

(1) designates an existing employee to serve as job coach.

(A) The job coach completes training as approved by the DDSD director of Human Resource Development.

(B) Training and support are available for members on the job; and

(2) is reimbursed at the individual placement in job coaching rate based on the hours the member works for the first six months.

(A) After the first six months of employment, the employer is reimbursed at the stabilization rate based on the hours the member works.

(B) Stabilization services may be provided for up to one year per job.

(b) An employment provider may subcontract with an industry to provide job coaching services to members who are eligible.

(1) The subcontract with an industry must be reviewed and accepted by the Personal Support Team and member or legal guardian prior to the execution of the subcontract.

(2) Approval by OKDHS:

(A) of any subcontract does not relieve the primary employment provider of any responsibility for performance per OAC 317:40-7; and

(B) to subcontract with an industry is given only when it is determined the member's needs can best be met by additional natural supports provided by industry employees.