
POLICY TRANSMITTAL NO. 07-70	DATE: NOVEMBER 27, 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 317:30-5-420 through 30-5-424; and 35-9-48.1.

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

Agency rules are revised to: (1) reflect current residential support options through the OKDHS Developmental Disabilities Services Division (DDSD) Home and HCBS Waiver program as approved by CMS; (2) provide a new residential support option known as Community Transition Services; and (3) establish guidelines for determining Intermediate Care Facility for the Mentally Retarded (ICF/MR) level of care for children as a condition of eligibility for the Tax Equity and Fiscal Responsibility Act (TEFRA).

Original signed on 11-26-07

James Nicholson, Director
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Office of Legislative Relations and Policy

WF # 07-GG (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>
317:30-5-420	317:30-5-420, 1 page only, revised 10-1-07
317:30-5-421	317:30-5-421, 1 page only, revised 10-1-07
317:30-5-422	317:30-5-422, 1 page only, revised 10-1-07
317:30-5-423	317:30-5-423, 1 page only, revised 10-1-07
317:30-5-424	317:30-5-424, 1 page only, revised 10-1-07
-----	317:35-9-48.1, 1 page only, issued 8-1-07

**MEDICAL PROVIDERS-FEE FOR SERVICE
AGENCY COMPANION, SPECIALIZED FOSTER CARE,
DAILY LIVING SUPPORTS, GROUP HOMES, AND
COMMUNITY TRANSITION SERVICES SPECIFIC**

OAC 317:30-5-420

317:30-5-420. 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). The Community Waiver and Homeward Bound Waiver allow payment for residential supports as defined in the waiver approved by the Centers for Medicare and Medicaid Services (CMS).

MEDICAL PROVIDERS-FEE FOR SERVICE
AGENCY COMPANION, SPECIALIZED FOSTER CARE,
DAILY LIVING SUPPORTS, GROUP HOME, AND
COMMUNITY TRANSITION SERVICES SPECIFIC

OAC 317:30-5-421

317:30-5-421. Coverage

Residential supports must be included in the member's Individual Plan (IP). Arrangements for care under this program must be made through the member's case manager.

**MEDICAL PROVIDERS-FEE FOR SERVICE
AGENCY COMPANION, SPECIALIZED FOSTER CARE,
DAILY LIVING SUPPORTS, GROUP HOMES, AND
COMMUNITY TRANSITION SERVICES SPECIFIC**

OAC 317:30-5-422

317:30-5-422. Description of services

Residential supports include:

(1) agency companion services (ACS) provided in accordance with Part 1 of OAC 317:40-5;

(2) specialized foster care (SFC) provided in accordance with Part 5 of OAC 317:40-5;

(3) daily living supports (DLS) provided in:

(A) Community Waiver in accordance with OAC 317:40-5-150; and

(B) Homeward Bound Waiver in accordance with OAC 317:40-5-153;

(4) group home services provided in accordance with OAC 317:40-5-152; and

(5) community transition services (CTS).

(A) Minimum qualifications. The provider must enter into contractual agreements with the Oklahoma Health Care Authority (OHCA) to provide ACS, habilitation training specialist (HTS) services, or DLS, in addition to a contract to provide CTS.

(B) Description of services. CTS is a one-time setup expense for members transitioning from an intermediate care facility for the mentally retarded (ICF/MR) or provider-operated residential setting to the member's own home or apartment.

CTS:

(i) is furnished only when the member is unable to meet such expense and must be authorized in the member's Individual Plan (IP);

(ii) includes security deposits, essential furnishings, setup fees or deposits for utility or service access, including phone, electricity, gas, and water, moving expenses, and services necessary for the member's health and safety. Utilities must be in the members's name; and

(iii) does not include:

(I) recreational items, such as television, cable television access, video cassette recorder (VCR), digital video disc (DVD) player, compact disc (CD) player, MP3 player, or computer used primarily as diversion or recreation; and

(II) monthly rental or mortgage expense, food, or regular utility charges.

**MEDICAL PROVIDERS-FEE FOR SERVICE
AGENCY COMPANION, SPECIALIZED FOSTER CARE,
DAILY LIVING SUPPORTS, GROUP HOMES, AND
COMMUNITY TRANSITION SERVICES SPECIFIC**

OAC 317:30-5-423

317:30-5-423. Coverage limitations

(a) Coverage limitations for residential supports for members with mental retardation are:

(1) Description: agency companion services (ACS); Unit: one day; Limitation: 366 units per year;

(2) Description: specialized foster care (SFC); Unit: one day; Limitation: 366 units per year;

(3) Description: daily living supports (DLS); Unit: one day; Limitation: 366 units per year; and

(4) Description: group home services; Unit: one day; Limitation: 366 units per year.

(b) Members may not receive ACS, SFC, DLS and group home services at the same time.

(c) Community transition services (CTS) are limited to \$2,400 per eligible member.

(1) CTS is limited to one transition over the member's lifetime.

If the member's situation changes after receipt of CTS and hospitalization or readmission to an intermediate care facility for the mentally retarded (ICF/MR) is necessary, CTS is not authorized upon transition back into the community.

(2) Members moving into a group home, SFC, or ACS arrangement in the companion's home are not eligible to receive CTS.

**MEDICAL PROVIDERS-FEE FOR SERVICE
ADULT COMPANION SERVICES SPECIFIC**

OAC 317:30-5-424

317:30-5-424. Diagnosis code

The ICD-9-CM Diagnosis code for Adult Companion Services is 319 (Mental Retardation). This code must be entered in Item 21 on the HCFA-1500.

317:35-9-48.1 Determining ICF/MR institutional level of care for TEFRA children

In order to determine level of care for TEFRA children:

(1) The child must be age 18 years or younger and expected to meet the following criteria for at least 30 days.

(A) Applicants under age three must:

- (i) have a diagnosis of a developmental disability; and
- (ii) have been evaluated by the SoonerStart Early Intervention Program and found to have severe dysfunctional deficiencies with findings of at least two standard deviations in at least two developmental areas.

(B) Applicants age three years and older must:

- (i) have a diagnosis of mental retardation or a developmental disability; and
- (ii) have received a psychological evaluation by a licensed psychologist or school psychologist certified by the Oklahoma Department of Education (ODE) within the last 12 months. The evaluation must include intelligence testing that yields a full-scale intelligence quotient, and a full-scale functional or adaptive assessment that yields a composite functional age. Eligibility for TEFRA ICF/MR level of institutional care requires an IQ of 75 or less, and a full-scale functional assessment (Vineland or Battelle) indicating a functional age composite that does not exceed 50% of the child's chronological age. In no case shall eligibility be granted for a functional age greater than eight years.

(2) Psychological evaluations required for children who are approved for TEFRA under ICF/MR level of care. Children under age six will be required to undergo a full psychological evaluation, including both intelligence testing and adaptive/functional assessment, by a licensed psychologist or school psychologist certified by the ODE, at age three and again at age six to ascertain continued eligibility for TEFRA under the ICF/MR level of institutional care. The psychological evaluation must be completed and submitted to the LOCEU no later than 90 days following the child's third and sixth birthday.