
POLICY TRANSMITTAL NO. 05-39	DATE: AUGUST 29, 2005
DEVELOPMENTAL DISABILITIES SERVICES DIVISION/OKLAHOMA HEALTH CARE AUTHORITY	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 317:30-3-40; 30-5-482; and 40-5-113.

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

Rules for Developmental Disabilities Services are revised to establish criteria for a new service, Adult Day Services. Adult Day Services provides assistance with retention or improvement in self-help, adaptive, and socialization skills including the opportunity to interact with peers in order to promote maximum level of independence and functioning. The service takes place in a non-residential setting, separate from the home or facility in which the service recipient resides and will be included on his/her Plan of Care.

Original signed on 8-25-05

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WF # 05-S (DT)

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 a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS 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, DHS 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, DHS: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) 521-3611.

REMOVE

317:30-3-40

317:30-5-482

317:40-5-113

INSERT

317:30-3-40, 1 page only, revised 2-1-05

317:30-5-482, pages 1-11, revised 2-1-05

317:40-5-113, pages 1-2, issued 2-1-05

317:30-3-40. Home and Community Based Waiver Services

The State of Oklahoma has a Medicaid waiver to provide home and community based services to mentally retarded recipients who would otherwise require institutional care in an intermediate care facility for the mentally retarded. Area professional assessment teams are interdisciplinary teams which perform the initial client assessment to determine a diagnosis of mental retardation and eligibility for waiver services. They also develop the individual plan of care for each recipient. The services which are available include: Case management, habilitation services, specialized foster care, respite care and homemaker services. Following is a brief description of each service:

(1) **Case management services.** Case management is a system under which the responsibility for locating, coordinating and monitoring a group of services rests with a specific person.

(2) **Habilitation services.** Habilitation services are services which are needed to ensure optimal functioning of the recipient of home and community based services. Services include physical therapy, occupational therapy, nutritional services, psychiatric services, psychological services, speech therapy, audiological examination/treatment, habilitation training, employment support services, dental examination, personal supports, and adult day services.

(3) **Specialized foster care.** Specialized foster care is family like care and services provided to recipients by individuals and families living in their own homes.

(4) **Respite care.** Respite care is services designed to provide temporary or intermittent support to clients to relieve the family or primary care provider in planned absences or emergencies.

(5) **Homemaker services.** Homemaker services are services to assure client safety and well-being when the regular caretaker is absent or unable to perform domestic activities such as meal preparation, shopping, household cleaning and personal hygiene and care services.

317:30-5-482. Description of services

Habilitation Services include the services described in this Section.

(1) Dental services.

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

(B) **Description of services.** Dental service includes oral examination, two bite-wing x-rays, prophylaxis, topical fluoride treatment, development of a plan of care on the specified form and routine training of client or primary care giver regarding oral hygiene.

(C) **Coverage limitations.** Services are limited to 5 each 12 months.

(2) Nutritional services.

(A) **Minimum qualifications.** Providers 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.** Nutritional services include evaluation and consultation in diet to eligible individuals, or their guardian, six years of age and older. Services are intended to maximize the individual's nutritional health. Services are provided in any community setting as specified in the individual's IHP. 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 each 12 months.

(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.** Skilled occupational therapy services include evaluation, treatment consultation, program development/management and equipment monitoring. Skilled occupational therapy services may also include the use of occupational therapy assistants, within the limits of their practice. Services are intended to help the consumer achieve greater independence to reside and participate in the community. Services are rendered in any community setting as specified in the individual's habilitation plan. The provision of services include written report or record documentation in the individual'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. 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. Payment is made in 15 minute units, with a limit of 480 units each 12 months. 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.** Skilled physical therapy services include evaluation, treatment, consultation, program development/management and equipment monitoring. Skilled physical therapy services may also include the use of physical therapy assistants, within the limits of their practice. Services are intended to help the consumer to achieve greater independence to reside and participate in the community. Services are provided in any community setting as specified in the individual's habilitation plan. The provision of services include written report or record documentation in the individual's record, as required.

(C) **Coverage limitations.** Payment is made for compensable services to the individual physical therapist for direct services or for services provided by a qualified physical therapy assistant within their employment. 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. Payment is made in 15 minute units with a limit of 480 units each 12 months. Payment is 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 in the state which service is provided.

(B) **Description of services.** Psychological services include evaluation, psychotherapy, consultation and behavioral treatment provided to eligible individuals six years of age and older. Service is provided in any community setting as specified in the individual's habilitation plan. Services are intended to maximize an individual's psychological and behavioral well-being. Services are provided in both individual and group (6 person maximum) format. 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 as follows:

(I) Psychotherapy Services and Behavior Treatment Services (Individual): Unit: 15 minutes.

(II) 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 manager 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 client status as it relates to each objective in the treatment plan.

(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 and/or treatment effectiveness is submitted by the service provider to the case manager and will include, as a minimum, completion of the Service Utilization and Evaluation protocol.

(II) When revising a treatment plan to accommodate recommendations of a required committee review or a Department of Human Services 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) Provider shall develop, implement, evaluate and revise the treatment plan corresponding to the relevant goals and objectives, for which the provider is responsible, identified in the IHP. No more than 12 hours (48 units) may be billed for the preparation of a treatment plan. Any clinical document shall be prepared within 45 days of the request; further payments will be suspended until the requested document is provided.

(v) Psychological Technicians shall provide no more than 140 billable hours (560 units) of service per month to consumers. 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 in the State of Oklahoma.

(B) **Description of services.** Psychiatric services include outpatient evaluation, psychotherapy, medication and prescription and management and consultation provided to eligible individuals six years of age and older. Services are provided in any community setting as specified in the individual's habilitation plan. Services are intended to contribute to the individual's psychological well-being. A minimum of 30 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 30 minutes and is limited to 200 units each 12 months.

(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 eligible individuals six years of age and older. Services are intended to maximize the individual's community living skills and may be provided in any community setting as specified in the individual's habilitation plan. A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 15 minutes and is limited to 288 units each 12 months.

(8) Habilitation Training Specialist Services (HTS).

(A) **Minimum qualifications.** Providers must complete the Oklahoma Department of Human Services/Developmental Disabilities Services Division (OKDHS/DDSD) sanctioned training curriculum in accordance with the schedule authorized by DDSD.

(B) **Description of services.** HTS services include participation in evaluation, assistance and training in self-care, daily living and prevocational skills provided to eligible individuals six years of age and older. Services are provided in any community setting as specified in the individual's habilitation plan. Pre-authorized HTS services accomplish the same objectives as other HTS services but is limited to situations where the HTS provider is unable to obtain required professional and administrative oversight from an oversight agency approved by the Authority. For pre-authorized HTS services, the service provider will receive oversight from DDSD area staff. This service must be pre-approved by the DDSD administrator.

(C) **Coverage limitations.** Coverage limitations for HTS services are as follows:

(i) Habilitation Training Specialist Services: Payment Limitation: As specified in IHP. A unit is one hour.

(ii) Habilitation Training Specialist Services (Pre-Vocational): Limitation: As specified in IHP. A Unit is one hour.

(iii) Habilitation Training Specialist Services (Preauthorized): Limitation: As specified in IHP. A Unit is one hour.

(D) **Habilitation training provisions.** Individual HTS services providers will be limited to a maximum of 40 hours per week regardless of the number of clients served. More than one Habilitation Training Specialist may provide care to a client on the same day. However, payment cannot be made for services provided by two or more Habilitation Training Specialists to the same client during the same hours of a day.

(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 includes individual evaluation, treatment and consultation in hearing provided to eligible individuals six years of age and older. Services are intended to maximize the individual's auditory receptive abilities. Services are provided in any community setting as specified in the individual's habilitation plan. A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 15 minutes and is limited to 288 units each 12 months.

(10) Employment Training Services.

(A) **Minimum qualifications.** Employment specialists must have completed the OKDHS/DDSD sanctioned training curriculum.

(B) **Description of services.** Employment Training Services include evaluation, training, supportive assistance and remunerative employment in meaningful vocational activity provided in accordance with OAC 317:40-7 to eligible individuals 16 years of age or older who have previously resided in an ICF/MR and are unable to receive services funded by Rehabilitation Services Division. Services are intended to allow individuals to engage in meaningful work. The services are offered in generic employment settings in which individuals without disabilities are also employed.

(C) **Coverage limitations.** A unit is one hour. The number of hours which may be used per Plan of Care year is the number of hours per week the consumer works times 6.5.

(11) Center-Based Prevocational Services.

(A) **Minimum qualifications.** Paraprofessional staff must complete the OKDHS/DDSD designated training curriculum.

(B) **Description of services.** Center-based services are

provided in accordance with OAC 317:40-7-6 and include activities designed to teach concepts such as task completion, problem solving, safety, promptness and skills that prepare an individual for paid or unpaid employment. These are not job-task oriented but are, instead, aimed at generalized result. These services are provided in segregated settings, i.e., sheltered workshops. Eligible individuals must have previously resided in an ICF/MR, be unable to receive this service from the Department of Rehabilitation Services or the public schools and if compensated, are compensated at less than 50 per cent of minimum wage.

(C) **Coverage limitations.** A unit is one hour and the payment is based upon the number of hours the recipient participates in the service. The number of units a recipient may receive is limited to 15 hours per week unless an exception is approved in accordance with OAC 317:40-7-21.

(12) Community-Based Prevocational Services.

(A) **Minimum qualifications.** Community-based skill training specialists must comply with the OKDHS/DDSD training requirements.

(B) **Description of Services.** Community-based services are provided in accordance with OAC 317:40-7-5 in sites typically used by others in the community which promote individual independence and inclusion within the community. Examples of such activities include unpaid work experience (volunteering), job sampling, or training through trade schools, libraries and other community groups. Eligible individuals must have previously resided in an ICF or ICF/MR and be unable to receive these services from the Department of Rehabilitation Services or the public schools.

(C) **Coverage limitations.** A unit is one hour and the payment is based upon the number of hours the recipient participates in the service. For individuals determined to require enhanced supports, an enhanced rate may be approved by the interdisciplinary team and included in the plan of care in accordance with OAC 317:40-7-12. A unit is one hour and the payment is based upon the number of hours the recipient participates in the service. The number of reimbursable

units is limited to 30 per week, per recipient.

(13) Job Coaching Services.

(A) **Minimum qualifications.** Job coaches must have a high school diploma or have passed the general educational development test (G.E.D.) and be certified as job coaches through the OKDHS/DDSD designated training.

(B) **Description of services.** Job coaching includes primarily on-site training and all other activities initiated by certified agency staff promoting an individual's capacity to secure and maintain an integrated job of choice paying at or above minimum wage, in accordance with OAC 317:40-7-7. Enclaves consisting of two to eight employees, needing continuous support, situated in close proximity at an integrated work site are included in job coaching services even through these programs often reimbursed at less than minimum wage. Billing for job coaching services is authorized when on-site supports by a certified job coach are provided more than 20% of the individual's compensable work time. Eligible individuals must be 16 years of age or older, have previously resided in an ICF or ICF/MR and are unable to receive these services through the Department of Rehabilitation Services or through the state or local education agency.

(C) **Coverage limitations.** A unit is one hour and payment is for each hour of work performed by the recipient. For individuals determined to require enhanced supports, an enhanced rate for each hour of work performed by the recipient may be approved by the interdisciplinary team and included in the plan of care. Reimbursable units are limited to 30 per week per recipient.

(14) Stabilization/Extended service.

(A) **Minimum qualifications.** Job coaches must have a high school diploma or have passed the general educational development test (G.E.D.) and be certified as job coaches through the DHS/DDSD designated training.

(B) **Description of services.** Stabilization and extended services are ongoing support services and other appropriate

services needed to support and maintain an individual with severe disabilities in an integrated competitive employment site in accordance with OAC 317:40-7-11. These services are provided when the job coach intervention time required at the job site is 20% or less of the individual's total work hours.

Extended services must include, at a minimum, twice monthly monitoring at the work site to assess employment stability, unless the individualized vocational plan provides for off-site monitoring. If off-site monitoring is determined to be appropriate, it must, at a minimum, consist of two meetings with the individual and one contact with the employer each month. Eligible individuals must be 16 years of age or older, have previously resided in an ICF or ICF/MR and are unable to receive these services through the Department of Rehabilitation Services or through the state or local education agency.

(C) **Coverage limitations.** Reimbursement is based on the number of hours the recipient is employed at a rate of minimum wage or above with a maximum of 30 units per week per individual.

(15) Intensive Personal Supports.

(A) Minimum qualifications. Intensive Personal Supports provider agencies must have current, valid contracts with OHCA and OKDHS/DDSD and ensure that any staff member providing Intensive Personal Supports has completed the training in accordance with OAC 340:100-3-38.

(B) Description of services. Intensive Personal Supports are support services provided to Homeward Bound class members who need an enhanced level of direct support in order to successfully reside in a community based setting. Intensive Personal Supports build upon the level of support provided by a Habilitation Training Specialist or Daily Living Supports staff by utilizing a second staff person on duty to provide assistance and training in self-care, daily living, recreational, and habilitation activities.

(C) Coverage limitations. Intensive Personal Supports are limited to 24 hours per day and must be included in the class member's Individual Plan in accordance with OAC 340:100-5-53, be authorized in the Plan of Care, and be provided in conjunction with Habilitation Training Services.

(16) Adult Day Services.

(A) Minimum qualifications. Adult Day Service provider agencies must meet the licensing requirements set forth by Section 1-873 *et seq* of Title 63 of the Oklahoma Statutes and comply with OAC 310:605, Adult Day Care Centers. Provider agencies must also be approved by the DDS of OKDHS and have a valid OHCA contract for Adult Day Services.

(B) Description of services. Adult Day Services is a structured, comprehensive program that provides a variety of health, social, and related support services in a protective environment for some portion of a day.

(C) Coverage limitations. Services are furnished four or more hours per day on a regularly scheduled basis, for one or more days per week. A unit is one day. All services must be authorized in the service recipient's Individual Plan and reflected in the approved plan of care.

317:40-5-113. Adult Day Services

(a) Introduction. Adult Day Services are provided by agencies approved by the Developmental Disabilities Services Division (DDSD) of the Oklahoma Department of Human Services (OKDHS) that have a valid Oklahoma Health Care Authority contract for providing Adult Day Services. This service is available through the Community Waiver and through the In-Home Supports Waiver for Adults. Adult Day Services is a structured, comprehensive program that provides a variety of health, social, and related support services in a protective environment for some portion of a day. Individuals who participate in adult day services receive these services on a planned basis during specified hours. Adult day services are designed to work toward the goals of:

- (1) promoting the individual's maximum level of independence;
- (2) maintaining the individual's present level of functioning as long as possible, preventing or delaying further deterioration;
- (3) assisting the individual in achieving the highest level of functioning possible;
- (4) providing support, respite, and education for families and other caregivers; and
- (5) fostering socialization and peer interaction.

(b) Eligibility requirements. Adult Day Services are provided to eligible service recipients whose teams have determined the service is appropriate to meet their needs. Service recipients must:

- (1) require ongoing support and supervision in a safe environment when away from their own residence;
- (2) be 18 years of age or older; and
- (3) not pose a threat to others.

(c) Provider requirements. Provider agencies must:

- (1) meet the licensing requirements set forth by Section 1-873 et seq of Title 63 of the Oklahoma Statutes;

(2) comply with OAC 310:605, Adult Day Care Centers;

(3) allow DDS staff to make announced or unannounced visits to the facility during the hours of operation;

(4) provide the DDS Case Manager a copy of the individualized plan of care; and

(5) submit incident reports in accordance with OAC 340:100-3-34.

(d) **Coverage.** The service recipient's Individual Plan (IP) contains detailed descriptions of services to be provided and documentation of hours of services. All services must be authorized in the IP and reflected in the approved plan of care. Arrangements for care must be made with the service recipient's case manager.