
POLICY TRANSMITTAL NO. 08-47	DATE: SEPTEMBER 8, 2008
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 317:30-5-390; 30-5-480; 30-5-482; 30-5-495 through 30-5-499;
30-5-535 through 30-5-538; 40-5-40; 40-5-101; 40-5-112; 40-7-7;
40-7-15; and 40-7-21.

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

Developmental Disabilities Services rules are revised to: (1) reflect current services in the Home and Community-Based Services (HCBS) Waivers; (2) reflect changes in prescreening requirements and home standards in the home profile process; (3) allow experienced designated Developmental Disabilities Services Division (DDSD) staff to complete certain architectural modification assessments; (4) specify dental services for members receiving services through HCBS Waivers; (5) clarify individual placement for job coaching services and update requirements for employment services through HCBS Waivers; (6) update terminology; (7) eliminate obsolete provisions; and (8) correct scrivener's errors.

Original signed on 9-8-08

James M. Nicholson, Director
Developmental Disabilities Services Division

Sharon Neuwald, Coordinator
Office of Legislative Relations and Policy

WF # 08-U (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>
317:30-5-390	317:30-5-390, 1 page only, revised 7-25-08
317:30-5-480	317:30-5-480, 1 page only, revised 7-25-08
317:30-5-482	317:30-5-482, pages 1-11, revised 7-25-08
317:30-5-495	317:30-5-495, 1 page only, revised 7-25-08
317:30-5-496	317:30-5-496, 1 page only, revised 7-25-08
317:30-5-497	317:30-5-497, 1 page only, revised 7-25-08
317:30-5-498	317:30-5-498, 1 page only, revised 7-25-08
317:30-5-499	317:30-5-499, 1 page only, revised 7-25-08
317:30-5-535	317:30-5-535, 1 page only, revised 7-25-08
317:30-5-536	317:30-5-536, 1 page only, revised 7-25-08
317:30-5-537	317:30-5-537, 1 page only, revised 7-25-08
317:30-5-538	317:30-5-538, 1 page only, revised 7-25-08
317:40-5-40	317:40-5-40, pages 1-14, revised 7-25-08
317:40-5-101	317:40-5-101, pages 1-6, revised 7-25-08
317:40-5-112	317:40-5-112, pages 1-2, revised 7-25-08
317:40-5-152	317:40-5-152, pages 1-3, revised 7-25-08

REMOVE

317:40-7-7

317:40-7-15

317:40-7-21

INSERT

317:40-7-7, pages 1-2, revised 7-25-08

317:40-7-15, pages 1-2, revised 7-25-08

317:40-7-21, pages 1-3, revised 7-25-08

**MEDICAL PROVIDERS-FEE FOR SERVICE
SKILLED NURSING
SERVICES SPECIFIC**

OAC 317:30-5-390

317:30-5-390. Home and Community-Based Services Waivers for adults with mental retardation or certain adults with related conditions

(a) Introduction to waiver services. Each Home and Community-Based Services (HCBS) Waiver that includes services for adults with mental retardation or certain adults with related conditions allows payment for home health care services as defined in the waiver approved by Centers for Medicare and Medicaid Services.

(1) Home health care services are skilled nursing services provided to a member by a registered nurse or a licensed practical nurse that include:

(A) direct nursing care;

(B) assessment and documentation of health changes;

(C) documentation of significant observations;

(D) maintenance of nursing plans of care;

(E) medication administration;

(F) training of the member's health care needs;

(G) preventive and health care procedures; and

(H) preparing, analyzing, and presenting nursing assessment information regarding the member.

(2) The first 36 visits provided by the home health care agency are covered by the Medicaid State Plan.

(b) Eligible providers. Skilled nursing services providers must enter into contractual agreements with the Oklahoma Health Care Authority to provide HCBS for adults with mental retardation or certain adults with related conditions.

(1) Individual providers must be currently licensed in Oklahoma as a:

(A) registered nurse; or

(B) licensed practical nurse.

(2) Agency providers must:

(A) have a current Medicaid HCBS home health care agency contract; or

(B) be certified by Oklahoma State Department of Health as a home health care agency.

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 Home and Community-Based Services (HCBS) Waivers 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's SoonerCare program.

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 SoonerCare 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 are authorized for a period not to exceed six months.

(I) Initial authorization is through the Developmental Disabilities Services Division (DDSD) case manager, with review and approval by the DDSD case management supervisor.

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

(III) Monthly progress notes must 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 DDSD case manager for each month of service provision, authorization for payment must be withdrawn until such time as progress notes are completed.

(iii) Treatment extensions may be authorized by the DDSD 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 DDSD case manager and must include, at 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 must be clearly documented and must not exceed four hours.

(III) Treatment extensions must not exceed 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, if the

document is not prepared, payments are suspended until the requested document is provided.

(vi) Psychological technicians may provide up to 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 DDSO 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) DDSD 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 at underlying habilitative goals, such as attention span and motor skills.

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

(iv) Documentation must 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 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 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; 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.** 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 employed, payment:

(I) is made for the adaptations, supervision, and training required by members as a result of their disabilities; and

(II) does 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 must be maintained in the record of each member receiving this service.

(v) Federal financial participation (FFP) may 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 are 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 DDSD 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 DDSD. 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;

(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) DDSD 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 DDSD 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.

317:30-5-495. Home and Community-Based Services Waivers for persons with mental retardation or certain persons with related conditions

(a) **Introduction to waiver services.** The Oklahoma Health Care Authority (OHCA) administers Home and Community-Based Services (HCBS) Waivers for persons with mental retardation or certain persons with related conditions that are operated by Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services Division (DDSD). The Community Waiver and Homeward Bound Waiver allow payment for specialized foster care (SFC), also known as specialized family care, as defined in the waiver approved by Centers for Medicare and Medicaid Services.

(b) **Eligible providers.** All SFC providers must:

- (1) enter into contractual agreements with the OHCA to provide HCBS for persons with mental retardation or certain persons with related conditions;
- (2) have an approved home profile per OAC 317:40-5-40;
- (3) complete training per OAC 340:100-3-38;
- (4) have the ability to implement the member's Individual Plan (IP); and
- (5) be emotionally and financially stable, in good health, and of reputable character.

**MEDICAL PROVIDERS-FEE FOR SERVICE
SPECIALIZED FOSTER CARE SPECIFIC**

OAC 317:30-5-496

317:30-5-496. Coverage

All specialized foster care 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.

317:30-5-497. Description of services

Specialized foster care (SFC) is an individualized living arrangement offering 24-hour per day supervision, supportive assistance, and training in daily living skills. Services are intended to allow the member to reside with a surrogate family. Services are provided to one to three members in the home in which the SFC provider resides. Four levels of SFC, based upon the member's age and level of need as determined by the Personal Support Team, are:

- (1) maximum supervision - for members 18 years of age or younger with extensive needs;
- (2) close supervision - for members 18 years of age or younger with moderate needs;
- (3) maximum supervision - for members 19 years of age or older with extensive needs; and
- (4) close supervision - for members 19 years of age or older with moderate needs.

**MEDICAL PROVIDERS-FEE FOR SERVICE
SPECIALIZED FOSTER CARE SPECIFIC**

OAC 317:30-5-498

317:30-5-498. Coverage limitations

(a) Coverage limitations for specialized foster care (SFC) are:

(1) Description: close supervision; Unit: one day; 366 units each 12 months.

(2) Description: maximum supervision; Unit: one day; 366 units each 12 months.

(b) Members are required to pay room and board expenses from their own funds as SFC does not include the cost of room and board.

(c) Members may not simultaneously receive group home services, daily living supports, or agency companion services.

(d) Members who are in the custody of the Oklahoma Department of Human Services (OKDHS) and in out-of-home placement funded by OKDHS Children and Family Services Division are not eligible for SFC.

(e) When a member changes providers, only the outgoing service provider claims for the date the member moves.

**MEDICAL PROVIDERS-FEE FOR SERVICE
SPECIALIZED FOSTER CARE SPECIFIC**

OAC 317:30-5-499

317:30-5-499. Diagnosis code

The ICD-9-CM diagnosis code for specialized foster care is 319 (mental retardation). This code must be entered in field 21 on Form CMS-1500.

317:30-5-535. Home and Community-Based Services Waiver for persons with mental retardation or certain persons with related conditions

(a) **Introduction to waiver services.** The Oklahoma Health Care Authority (OHCA) administers Home and Community-Based Services (HCBS) Waivers 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. Each waiver allows payment for homemaker or homemaker respite services as defined in the waiver approved by the Centers for Medicare and Medicaid Services.

(b) **Eligible providers.** All homemaker services providers must enter into contractual agreements with the OHCA to provide HCBS for persons with mental retardation or related conditions.

317:30-5-536. Coverage

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

317:30-5-537. Description of services

Homemaker services include:

(1) **Minimum qualifications.** Providers must complete the Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services Division (DDSD) sanctioned training curriculum in accordance with the schedule authorized by DDSD per OAC 340:100-3-38.

(2) **Description of services.**

(A) Homemaker services include general household activities, such as meal preparation and routine household care provided by a homemaker who is trained, when the regular caregiver responsible for these activities is temporarily absent or unable to manage the home and care for others in the home. Homemakers can help members with activities of daily living when needed.

(B) Homemaker respite services may include respite services provided to members on a short-term basis due to the need for relief of the caregiver. Services may be provided in any community setting as specified per the member's Individual Plan (IP).

(3) **Coverage limitations.** Limits are specified in member's IP. Members who are in the custody of OKDHS and in out-of-home placement funded by OKDHS Children and Family Services Division are not eligible for respite care.

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

OAC 317:30-5-538

317:30-5-538. Diagnosis codes

The primary ICD-9-CM diagnosis code for homemaker services is 319 (mental retardation). This code must be entered in field 21 on Form CMS-1500. Any secondary diagnosis can also be entered in this field.

317:40-5-40. Home profile process

(a) **Applicability.** This Section sets forth procedures for the home profile process used for:

- (1) agency companion services (ACS);
- (2) specialized foster care (SFC) services;
- (3) respite services delivered in the provider's home;
- (4) approving a habilitation training specialist (HTS) or other provider to provide services overnight in the HTS's or other provider's home; and
- (5) any other situation that requires a home profile.

(b) **Pre-screening.** Designated Developmental Disabilities Services Division (DDSD) staff provides the applicant with program orientation and pre-screening information that includes, but is not limited to:

- (1) facts, description, and guiding principles of the Home and Community-Based Services (HCBS) program;
- (2) an explanation of:
 - (A) the home profile process;
 - (B) basic qualifications of the provider;
 - (C) health, safety, and environmental issues; and
 - (D) training required per OAC 340:100-3-38;
- (3) the Oklahoma Department of Human Services (OKDHS) Form 06AC012E, Specialized Foster Care/Agency Companion Information Sheet;
- (4) explanation of a background investigation conducted on the applicant and any adult or child living in the applicant's home.
 - (A) Background investigations are conducted at the time of application and include, but are not limited to:
 - (i) Oklahoma State Bureau of Investigation (OSBI) name and records criminal history search, including the Oklahoma Department of Public Safety and Sex Offenders Registry;
 - (ii) Federal Bureau of Investigation (FBI) national criminal history search, based on the fingerprints of the applicant and any adult members of the household;
 - (iii) search of any court involvement;
 - (iv) search of all OKDHS records, including Child Welfare records and Community Services Worker Registry; and
 - (v) search of Juvenile Justice Information System (JOLTS) records for any child older than 13 years of age in the applicant's household.
 - (B) An application is denied if the applicant:
 - (i) or any person residing in the applicant's home has a criminal conviction of:
 - (I) physical assault, battery, or a drug-related

offense with the five year period preceding the application date;

(II) child abuse or neglect;

(III) domestic abuse;

(IV) a crime against a child, including, but not limited to, child pornography; or

(V) a crime involving violence, including, but not limited to, rape, sexual assault, or homicide, but excluding physical assault and battery. Homicide includes manslaughter; and

(ii) does not meet the requirements of OAC 340:100-3-39;

(5) OKDHS Form 06AC015E, Agency Companion/Specialized Foster Care Employment Record;

(6) OKDHS Form 06AC016E, DDSD Reference Information Waiver;

(7) OKDHS Form 06AC029E, Employer Reference Letter; and

(8) OKDHS Form 06AC013E, Pre-Screening for Specialized Foster Care/Agency Companion Services.

(c) **Home profile process.** If the applicant meets the requirements of the prescreening, the home profile process described in (1) through (8) of this subsection is initiated.

(1) The applicant completes the required forms and returns the forms to the DDSD address provided. Required forms include OKDHS Forms:

(A) 06AC008E, Specialized Foster Care/Agency Companion Services Application;

(B) 06AC009E, Financial Assessment;

(C) 06AC011E, Family Health History;

(D) 06AC018E, Self Study Questionnaire;

(E) 06AC019E, Child's Questionnaire;

(F) 06AC010E, Medical Examination Report, if Form 06AC011E indicates conditions that may interfere with the provision of services;

(G) 06AC017E, Insurance Information; and

(H) 06AC020E, Evacuation/Escape Plan.

(2) If an incomplete form or other information is returned to DDSD, designated DDSD staff sends a letter to the provider or provider agency identifying information needed to complete the required forms. The home profile is not completed until all required information is provided to DDSD.

(3) Designated DDSD staff completes the home profile when all required forms are completed and provided to DDSD.

(4) For each reference provided by the applicant, designated DDSD staff completes OKDHS Form 06AC058E, Reference Letter;

(5) Designated DDSD staff, through interviews, visits, and phone

calls, gathers information required to complete OKDHS Form 06AC047E, Home Profile.

(6) OKDHS Form 06AC069E, Review of Policies and Areas of Responsibilities, is dated and signed by the applicant and designated DDS staff.

(7) The DDS area residential services programs manager sends to the applicant:

(A) a provider approval letter confirming the applicant is approved to serve as a provider; or

(B) a denial letter stating the application is denied.

(8) DDS staff records the dates of completion of each part of the home profile process.

(d) **Home standards.** In order to qualify and remain in compliance, the provider's home must meet the provisions in (1) through (11) of this subsection.

(1) **General conditions.**

(A) The home, buildings, and furnishings must be comfortable, clean, and in good repair and grounds must be maintained. There must be no accumulation of garbage, debris, or rubbish or offensive odors.

(B) The home must:

(i) be accessible to school, employment, church, day programming, recreational activities, health facilities, and other community resources as needed;

(ii) have adequate heating, cooling and plumbing; and

(iii) provide space for the member's personal possessions and privacy and allow adequate space for the recreational and socialization needs of the occupants.

(C) Provisions for the member's safety must be present, as needed, including:

(i) guards and rails on stairways;

(ii) wheelchair ramps;

(iii) widened doorways;

(iv) grab bars;

(v) adequate lighting;

(vi) anti-scald devices; and

(vii) heat and air conditioning equipment guarded and installed in accordance with manufacturer requirements.

Home modifications and equipment may be provided through HCBS Waivers operated by DDS.

(D) Providers must not permit members to access or use swimming or other pools, hot tubs, saunas, ponds, or spas on the premises without supervision. Swimming pools, hot tubs, saunas, ponds, or spas must be equipped with sufficient

safety barriers or devices designed to prevent accidental injury or unsupervised access.

(E) The household must be covered by homeowner's or renter's insurance including personal liability.

(2) Sanitation.

(A) Sanitary facilities must be adequate and safe, including toilet and bathing facilities, water supply, and garbage and sewer disposal.

(B) If a septic tank or other non-municipal sewage disposal system is used, it must be in good working order.

(C) Garbage and refuse must be stored in readily cleanable containers, pending weekly removal.

(D) Sanitation for household pets and other domestic animals must be adequate to prevent health hazards.

(i) Proof of rabies or other vaccinations as required by a licensed veterinarian must be maintained on the premises for household pets.

(ii) Pets not confined in enclosures must be under control and not present a danger to members or guests.

(E) There must be adequate control of insects and rodents, including screens in good repair on doors and windows used for ventilation.

(F) Universal precautions for infection control must be followed in care to the member. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids.

(G) Laundry equipment, if in the home, must be located in a safe, well-ventilated, and clean area, with the dryer vented to the outside.

(3) Bathrooms. A bathroom must:

(A) provide for individual privacy and have a finished interior;

(B) be clean and free of objectionable odors; and

(C) have a bathtub or shower, flush toilet, and sink in good repair, and hot and cold water in sufficient supply to meet the member's hygiene needs.

(i) A sink must be located near each toilet.

(ii) A toilet and sink must be provided on each floor where rooms of members who are non-ambulatory or with limited mobility are located.

(iii) There must be at least one toilet, one sink, and one bathtub or shower for every six household occupants, including the provider and family.

(4) Bedrooms. A bedroom must:

- (A) have been constructed as such when the home was built or remodeled under permit;
- (B) be provided for each member.
 - (i) Minor members must not share bedrooms with adults in the household.
 - (ii) No more than two members may share a bedroom.
 - (iii) Exceptions to allow members to share a bedroom may be made by the DDS area residential programs manager, when DDS determines sharing a bedroom is in the best interest of the members;
- (C) have a minimum of 80 square feet of usable floor space for each member or 120 square feet for two members and two means of exit. The provider, family members, or other occupants of the home must not sleep in areas designated as common use living areas, nor share bedrooms with members;
- (D) be finished with walls or partitions of standard construction that go from floor to ceiling;
- (E) be adequately ventilated, heated, cooled, and lighted;
- (F) include an individual bed for each member consisting of a frame, box springs, and mattress at least 36 inches wide, unless a specialized bed is required to meet identified needs. Cots, rollaways, couches, futons, and folding beds must not be used for members.
 - (i) Each bed must have clean bedding in good condition consisting of a mattress pad, bedspread, two sheets, pillow, pillowcase, and blankets adequate for the weather.
 - (ii) Sheets and pillowcases must be laundered at least weekly and more often if necessary.
 - (iii) Waterproof mattress covers must be used for members who are incontinent;
- (G) have sufficient space for each member's clothing and personal effects, including hygiene and grooming supplies.
 - (i) Members must be allowed to keep and use reasonable amounts of personal belongings and have private, secure storage space.
 - (ii) The provider assists the member in furnishing and decorating the member's bedroom.
 - (iii) Window coverings must be in good condition and allow privacy for members;
- (H) be on ground level for members with impaired mobility or who are non-ambulatory; and
- (I) be in close enough proximity to the provider to alert the provider to nighttime needs or emergencies, or be equipped with a call bell or intercom.

(5) Food.

(A) Adequate storage must be available to maintain food at proper temperature, including a properly working refrigerator. Food storage must be such that food is protected from dirt and contamination and maintained at proper temperatures to prevent spoilage.

(B) Utensils, dishes, glassware, and food supplies must not be stored in bedrooms, bathrooms, or living areas.

(C) Utensils, dishes, and glassware must be washed and stored to prevent contamination.

(D) Food storage and preparation areas and equipment must be clean, free of offensive odors, and in good repair.

(6) Phone.

(A) A working phone must be provided in the home that is available and accessible for the member's use for incoming and outgoing calls.

(B) Phone numbers to the home and providers must be kept current and provided to DDS and, if applicable, the provider agency.

(7) Safety.

(A) Buildings must meet all applicable state building, mechanical, and housing codes.

(B) Heating, in accordance with manufacturer's specifications, and electrical equipment, including wood stoves, must be installed in accordance with all applicable fire and life safety codes. Such equipment must be used and maintained properly and in good repair.

(i) Protective glass screens or metal mesh curtains attached at top and bottom are required on fireplaces.

(ii) Unvented portable oil, gas, or kerosene heaters are prohibited.

(C) Extension cord wiring must not be used in place of permanent wiring.

(D) Hardware for all exit and interior doors must have an obvious method of operation that cannot be locked against exit.

(8) Emergencies.

(A) Working smoke detectors must be provided in each bedroom, adjacent hallways, and in two story homes at the top of each stairway. Alarms must be equipped with a device that warns of low battery condition, when battery operated.

(B) At least one working fire extinguisher must be in a readily accessible location.

(C) A working flashlight must be available for emergency

lighting on each floor of the home.

(D) The provider:

(i) maintains a working carbon monoxide detector in the home;

(ii) maintains a written evacuation plan for the home and conducts training for evacuation with the member;

(iii) conducts fire drills quarterly and severe weather drills twice per year and maintains and makes available fire drill and severe weather drill documentation for review by DDS;

(iv) has a written back-up plan for temporary housing in the event of an emergency; and

(v) is responsible to re-establish a residence, if the home becomes uninhabitable.

(E) A first aid kit must be available in the home.

(F) The address of the home must be clearly visible from the street.

(9) Special hazards.

(A) Firearms and other dangerous weapons must be stored in a locked permanent enclosure. Ammunition must be stored in a separate locked location. Providers are prohibited from assisting members to obtain, possess, or use dangerous or deadly weapons per OAC 340:100-5-22.1.

(B) Flammable and combustible liquids and hazardous materials must be safely and properly stored in original, properly labeled containers.

(C) Cleaning supplies, medical sharps containers, poisons, and insecticides must be properly stored in original, properly labeled containers in a safe area away from food, food preparation areas, dining areas, and medications.

(D) Illegal substances are not permitted on the premises.

(10) Vehicles.

(A) All vehicles used to transport members must meet local and state requirements for licensing, inspection, insurance, and capacity.

(B) Drivers of vehicles must have valid and appropriate driver licenses.

(11) Medication. Medication for the member is stored in accordance with OAC 340:100-5-32.

(e) Evaluating the applicant and home. #1 The home profile includes, but is not limited to:

(1) evaluating the applicant's:

(A) interest and motivation;

(B) life skills;

- (C) children in the home;
- (D) methods of behavior support and discipline;
- (E) marital status and background, household composition, and children;
- (F) income and money management; and
- (G) teamwork and supervision, back-up plan, and use of relief; and
- (2) assessment and recommendation. #2 DDSD staff:
 - (A) evaluates the ability of the applicant to provide services
 - (B) approves only applicants who can fulfill the expectations of the role of service provider;
 - (C) if the applicant does not meet standards per OAC 317:40-5-40, ensures the final recommendation includes:
 - (i) basis for the denial decision; and
 - (ii) effective date for determining the applicant as not meeting standards. Reasons for denying a profile may include, but are not limited to:
 - (I) lack of stable, adequate income to meet the applicant's own or total family needs or poor management of available income;
 - (II) a physical facility that is inadequate to accommodate the addition of a member to the home or presents health or safety concerns;
 - (III) the age, health, or any other condition of the applicant that impedes the applicant's ability to provide appropriate care for a member;
 - (IV) relationships in the applicant's household are unstable and unsatisfactory;
 - (V) the mental health of the applicant or other family or household member impedes the applicant's ability to provide appropriate care for a member;
 - (VI) references are guarded or have reservations in recommending the applicant;
 - (VII) the applicant fails to complete the application, required training, or verifications in a timely manner as requested or provides information that is incomplete, inconsistent, or untruthful; or
 - (VIII) the home is determined unsuitable for the member requiring placement;
 - (D) notifies the applicant in writing of the final recommendation; and
 - (E) if an application is canceled or withdrawn prior to completion of the profile, completes a final written

assessment that includes:

- (i) reason the application was canceled or withdrawn;
 - (ii) DDS staff's impression of the applicant based on information obtained; and
 - (iii) effective date of cancellation or withdrawal.
- Written notice is sent to the applicant to confirm cancellation or withdrawal of the application, a copy is included in local and State Office records.

(f) Annual evaluation. The annual evaluation is a comprehensive review of the provider's continued ability to meet standards.

(1) The annual evaluation consists of information specifically related to the provider's home and is documented on OKDHS Form 06AC024E, Annual Review.

(2) OKDHS FORM 06AC010E must be completed a minimum of every three years following the initial approval, unless medical circumstances warrant more frequent completion.

(3) Input from the DDS case manager, Child Welfare worker, Adult Protective Services staff, Office of Client Advocacy staff, and provider agency program coordinator is included in the evaluation, if applicable.

(4) The background investigation per OAC 317:40-5-40(b) is repeated every year, except the FBI national criminal history search.

(5) Providers are notified in writing of the continued recommendation of the use of the home.

(6) Copies of OKDHS Forms 06AC024E and, if applicable, 06AC010E, are included in local and State Office records.

INSTRUCTIONS TO STAFF

1. Evaluating the applicant and home.

(1) Interest and motivation. Explore the applicant's interest and motivation for providing services by asking questions in (A) through (H).

(A) How did the applicant learn about the applicable Home and community-Based Services (HCBS) program?

(B) Is there an existing relationship between the applicant and a specific member for placement? If so, explain the relationship.

(C) Why does the applicant wish to expand the applicant's family?

(D) Has the applicant ever had a home profile completed? If so, when, where, and what were the results?

(E) Is assuming the care of a member, in part, an attempt to

work through a loss or to repeat or replace a major relationship?

(F) What expectations does the applicant have for the member?

(G) Is extended family supportive of the decision to participate in the applicable HCBS program?

(H) Has the applicant had experience with an individual with developmental disabilities? If not, the applicant is made aware of the physical and emotional requirements of a person for whom the applicant may provide care.

(2) Applicant and any other adult in the home. Knowledge of past experience and influences is vital in understanding the applicant's and other adult's current functioning. Significant areas of study include:

(A) life skills and general attitudes of the applicant;

(B) childhood relationships with parents, siblings, relatives, or other meaningful persons, asking what each adult's childhood was like;

(C) experiences, such as death, illness, divorce, or poverty, which had an impact on each person's attitudes, feelings, and expectations;

(D) whether the applicant has ever known anyone who was sexually or physically abused. If so, the applicant's experience is explored in depth and information included in Oklahoma Department of Human Services (OKDHS) Form 06AC047E, Home Profile;

(E) concepts of appropriate behavior support and discipline and the manner in which behavior supports must be administered, especially as applied to persons with developmental disabilities;

(F) the meaning of education and training to the applicant;

(G) general physical and emotional health of household members.

(i) Adult family members must complete OKDHS Form 06AC011E, Family Health History.

(ii) If a household member has a physical disability, does the disability affect the ability to function as a provider of services in giving adequate care and supervision? If so, in what manner?

(iii) Do any household members experience a medical or emotional condition? Is any household member under professional care for any condition that requires the use of prescribed drugs or narcotics? If any household member uses prescribed drugs or narcotics, explore the extent of the use;

(H) emotional ability of family members to provide services.

- (i) If any household member previously received psychiatric or psychological counseling, the circumstances and results must be explored in depth.
 - (ii) A release of information is obtained allowing contact with the person who provided the counseling;
 - (I) physical description of the applicant;
 - (J) employment record regarding stability of work and satisfaction derived from employment;
 - (K) social relationships with members of the community, including hobbies, skills, talents, and special interests;
 - (L) religious influences, affiliations, and activities.
 - (i) Does the applicant have any specific religious beliefs that may affect a member in areas such as dress code, holiday observances, medical care, daily living, or social activities?
 - (ii) Will the applicant ensure the member is able to attend the place of worship of the member's choice as often as desired and practice his or her faith as desired;
 - (M) reaction to stressful situations;
 - (N) current relationships within the family, including marital and parent-child relationships;
 - (O) relationship with children, adult and minor, living outside the home. Adult children must be interviewed by DDSD staff in writing, by phone, or in person;
 - (P) special training, ability, or experience in working with or caring for a person with physical disabilities, mental retardation, behavior problems, emotional disturbances, or other special needs;
 - (Q) explanation of any arrests or convictions, including status of parole or probation, from information obtained from the required background investigation per OAC 317:40-5-40(b); and
 - (R) explanation of any allegations of abuse, neglect, or exploitation of child, adult, or animal.
 - (i) If there are no findings on the required searches, the absence of findings is stated as such on OKDHS Form 06ACO47E.
 - (ii) A copy of background investigation searches and findings is included in local and State Office records.
- (3) Children in the home. Provide a description of children in the home regarding:
- (A) age and physical appearance;
 - (B) personality, interests, and skills;
 - (C) strengths and problems in parent-child relationships, school adjustment, behavior, and health;

- (D) ability to get along with other persons, especially persons with developmental disabilities;
- (E) physical or developmental disabilities and health, including current immunizations;
- (F) attitude toward having a relationship with a person who has developmental disabilities; and
- (G) depending on age, attitude toward persons receiving services.

(4) Behavior support and discipline. Applicants are advised on discipline and behavior management, per OAC 340:110-5-62, and individual planning and protective intervention, per OAC 340:100-5-50 through 340:100-5-57.

(A) DDS staff discusses with the applicant how he or she disciplines his or her natural children.

(i) If there is a divergence between OKDHS policy and the methods used to discipline natural children, DDS staff explores how the applicant will deal with any problems that may result from this difference.

(ii) DDS staff discusses with the applicant how the applicant was disciplined as a child and any effects it has on the applicant's attitude toward discipline.

(iii) From information obtained through training and discussion with the applicant, DDS staff documents the applicant's understanding and acceptance of applicable Oklahoma Health Care Authority (OHCA) or OKDHS policy on OKDHS Form 06AC047E. This information is considered in the final recommendation.

(iv) DDS staff determines whether there is agreement among all adults in the household on methods of discipline.

(v) Any applicant who does not agree to abide by applicable OHCA or OKDHS policy is not approved to provide services.

(B) Members may require behavior supports. An Individual Plan (IP) is developed by the Personal Support Team (Team) that includes the service provider.

(C) Prohibited procedures, per OAC 340:100-5-58, must be upheld in the home.

(5) Marital status and background, household composition, and children. DDS staff documents aspects of the applicant's marital status.

(A) Current marriage, if applicable. DDS staff describes the applicant's marriage regarding:

- (i) length of present marriage;
- (ii) stability of marriage;

- (iii) method of resolution of marital problems; and
 - (iv) whether the decision to become a provider is a joint decision.
- (B) Previous marriage, if applicable. DDS staff describes previous marriage regarding:
- (i) number and length of previous marriages;
 - (ii) reason marriages ended, if applicable; and
 - (iii) children involved, visitation, and child support arrangements, if applicable.
- (C) Single or never married. If the applicant is not married, DDS staff discusses:
- (i) best and most difficult aspects of being single;
 - (ii) the applicant's source of support; and
 - (iii) significant adult relationships in the applicant's life.
- (6) Income and money management. Verification of income and expenses is required.
- (A) OKDHS Form 06AC009E, Financial Assessment, must be completed.
- (B) Any financial problem areas are discussed and included in OKDHS Form 06AC047E.
- (C) The applicant, and family if applicable, shows financial stability by being able to pay their bills and to live within their financial means.
- (7) Teamwork and supervision, back-up plan, and use of relief. OKDHS Form 06AC047E includes a brief description of:
- (A) fundamental responsibility of OKDHS to meet the member's physical, emotional, and medical needs;
 - (B) responsibility of the provider for the member's daily care so all areas of need are met;
 - (C) primary responsibility of Child Welfare staff and the DDS case manager as liaisons in all planning with the member, natural family, provider, Team, provider agency, and court, where applicable;
 - (D) situations necessitating placement;
 - (E) varying lengths of time for which members require services;
 - (F) characteristics of members requiring services;
 - (G) differences between service provision and adoption;
 - (H) importance of teamwork in:
 - (i) working toward reunification of the member with his or her biological family, if appropriate; or
 - (ii) if reunification is not possible, developing an alternative permanent plan for the member; and
 - (I) OHCA and OKDHS policies and procedures regarding:

- (i) payment of room and board;
- (ii) provision of clothing;
- (iii) medical care;
- (iv) behavior support;
- (v) confidentiality;
- (vi) education; and
- (vii) religious training.

2. Consultation. Consultation may be obtained from the DDSD area residential programs manager, area manager, or State Office residential programs manager in the assessment and recommendation process.

317:40-5-101. Architectural modifications

(a) **General information.** Architectural modifications are performed by providers who have contractual agreements with the Oklahoma Health Care Authority to provide Home and Community-Based Services (HCBS) to the home of an eligible member with accessibility, behavioral, sensory, or environmental difficulties to enhance the member's independence and safety.

(1) Architectural modifications are provided based on the:

(A) assessment and Personal Support Team (Team) consideration of the member's unique needs per OAC 317:40-5-101(b);

(B) scope of architectural modifications per OAC 317:40-5-101;

(C) most appropriate and cost effective bid ensuring the quality of materials and workmanship; and

(D) availability of a less expensive equivalent, such as assistive technology, that meets the member's needs.

(2) Necessary architectural modifications may be provided for each member for no more than two residences within any five year period beginning with the member's first request for an approved architectural modification service.

(3) The Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services Division (DDSD) may deny authorization for architectural modifications services to the home of a member when DDSD determines the home is unsafe or otherwise unsuitable for architectural modifications.

(A) DDSD area office resource development staff with architectural modification experience screens a home for safety and suitability for architectural modifications prior to home acquisition. #1

(B) Members needing home modification services and provider agencies assisting members recommend several homes, when possible, for screening in order that a home with minimal modifications may be selected.

(4) Architectural modifications are provided, with the homeowner's signed permission, to eligible members whether the member's home is rented or owned.

(5) Only modifications that are specific to the member's unique needs are authorized.

(6) Architectural modifications are not used to modify homes solely for family or staff convenience or for cosmetic preference.

(7) Modifications are provided on finished rooms complete with wiring and plumbing.

(8) The DDSD director or designee may approve written requests for exceptions to requirements of OAC 317:40-5-1-1 in

exceptional circumstances.

(9) Authorization of architectural modifications complies with requirements of The Oklahoma Central Purchasing Act.

(b) **Assessment and Team process.**

(1) Architectural modification assessments are performed by:

(A) DDSD area office resource development staff with architectural modification experience, when the requested architectural modification complies with applicable national standards for persons with physical disabilities as applicable to private homes; or

(B) a licensed occupational therapist or physical therapist, at the request of designated DDSD area office resource development staff or program supervisory staff, when the requested architectural modification does not comply with applicable national standards for persons with physical disabilities as applicable to private homes.

(2) The Team considers the most appropriate architectural modifications based on the:

(A) member's present needs;

(B) member's ability to access his or her environment; and

(C) possible use of assistive technology instead of architectural modification.

(3) The Team considers architectural modifications that:

(A) are needed by the member to achieve an activity that is:

(i) meaningful to the member and requires another person to perform the activity, if the member cannot perform the activity independently, such as self-care, eating, or transfers; and

(ii) age appropriate, considering the member's level of functioning; and

(B) enhance the member's ability to:

(i) improve or maintain health and safety;

(ii) participate in community life;

(iii) establish meaningful relationships;

(iv) express choices; or

(v) live with dignity.

(c) **Requirements for architectural modification contractors.** All contractors must meet applicable state and local requirements.

(1) Contractors are responsible for:

(A) obtaining all permits required by the municipality where construction is performed; and

(B) following all applicable building codes.

(2) Any penalties assessed for failure to comply with requirements of the municipality are the sole responsibility of the contractor.

(3) New contractors must provide three references of previous

work completed.

(4) Contractors must provide evidence of:

- (A) liability insurance;
- (B) vehicle insurance; and
- (C) worker's compensation insurance.

(d) **Standards for construction of architectural modifications.** All modifications are made in accordance with local and state housing codes, and permits are the sole responsibility of the contractor.

(1) All modifications meet the applicable national standards for persons with physical disabilities as applicable to private homes.

(2) Contractors complete construction in compliance with written assessment recommendations and addenda from the:

- (A) DDSD area office resource development staff with architectural modification experience, when the requested architectural modification complies with applicable national standards for persons with physical disabilities as applicable to private homes; or
- (B) licensed professional.

(3) All architectural modifications must be completed by using high standard materials and workmanship, in accordance with industry standard.

(4) Ramps are constructed using the standards in (A) through (G) of this paragraph.

- (A) All exterior wooden ramps are constructed of number two pressure treated wood.
- (B) Surface of the ramp has a rough, non-skid texture.
- (C) Ramps are assembled by the use of deck screws.
- (D) Hand rails on ramps, if required, are sanded and smooth.
- (E) Ramps can be constructed of stamped steel.
- (F) Support legs on ramps are no more than six feet apart.
- (G) Posts on ramps must be set or anchored in concrete.

(5) Roll-in showers are constructed to meet standards in (A) through (E) of this paragraph.

- (A) The roll-in shower includes a new floor that is sloped at least two inches from the outside walls down to the drain, when space permits. When space does not permit, the floor slopes as much as is possible and appropriate.
- (B) The material around the drain is flush, without an edge on which water can catch before going into the drain.
- (C) Duro-rock, rather than sheet rock, is installed around the shower area, at least 24 to 36 inches up from the floor, with green board above the duro-rock.
- (D) Tile, shower insert, or other appropriate water resistant material is installed to cover the duro-rock and green board.
- (E) The roll-in shower includes a shower pan.

(6) DDSD area office resource development staff inspects and takes pictures of the final project, prior to payment of an architectural modifications claim, to ensure:

(A) architectural modifications are completed in accordance with assessments; and

(B) quality of workmanship and materials used comply with requirements of OAC 317:40-5-101.

(e) **Architectural modifications when members change residences.**

(1) When two or more members share a home that was architecturally modified using state or HCBS Waiver funds, the member whose Plan of Care includes the modifications is given the first option of remaining in the residence if the roommates no longer wish to share a home.

(2) Restoration of architectural modifications is performed only for members of the Homeward Bound class, when a written agreement between the homeowner and DDSD director, negotiated before any architectural modifications begin, describes in full the extent of the restoration. If no written agreement exists between the DDSD director and homeowner, OKDHS is not responsible to provide, pay for, or authorize any restorative services.

(f) **Services not covered under architectural modifications.**

Architectural modification services make homes accessible according to the member's specific needs. Architectural modifications do not include construction, reconstruction, or remodeling of any existing construction in the home, such as floors, sub-floors, foundation work, roof, or major plumbing.

(1) No square footage is added to the home as part of the architectural modification process.

(2) The OKDHS does not authorize payment or provide any architectural modification during construction or remodeling of a home that is owned or being built for the member or his or her family.

(3) Modifications that are not considered architectural modifications and cannot be authorized by the OKDHS include, but are not limited to:

(A) roofs;

(B) installation of heating or air conditioning units;

(C) humidifiers;

(D) water softener units;

(E) fences;

(F) sun rooms;

(G) porches;

(H) decks;

(I) canopies;

(J) covered walkways;

- (K) driveways;
- (L) sewer lateral lines or septic tanks;
- (M) foundation work;
- (N) room additions;
- (O) carports;
- (P) concrete for any type of ramp, deck, or surface other than a five by five landing pad at the end of a ramp, as described in applicable national standards for persons with physical disabilities as applicable to private homes;
- (Q) non-adapted home appliances;
- (R) carpet or floor covering, unless documented as necessary to aid the member in mobility; and
- (S) walk-in bathtubs.

(4) A sidewalk is not authorized unless:

- (A) needed by the member to move between the house and vehicle; and
- (B) authorized by the DDSD director or designee. The DDSD director or designee may consider other sidewalk needs.

(g) **Approval or denial of architectural modification requests.** DDSD approval or denial of the architectural modification request is determined in accordance with (1) through (3) of this subsection.

(1) The architectural modification request sent by the DDSD case manager to DDSD area office resource development staff includes:

- (A) documentation from the member's Team confirming the need and basis for architectural modification;
- (B) documentation of current Team consensus, including consideration of issues per OAC 317:40-5-101(b); and
- (C) lease, proof of home ownership, or other evidence that the member is able to live in the modified residence for at least 12 months.

(2) Prior to authorization of architectural modification services, at least three competitive bids are obtained for services costing \$750 or more. The DDSD area office:

- (A) authorizes architectural modification services up to \$2500;
- (B) is responsible for all required documentation; and
- (C) sends all necessary information to the DDSD State Office for authorization of services costing \$2500 or more.

(3) If the DDSD area office resource development staff, therapist, or Team determines the service is not appropriate, the DDSD area office resource development staff or DDSD State Office programs manager for architectural modifications provides a brief report describing the reason for the denial to the DDSD case manager.

(h) **Appeals.** The denial of acquisition of an architectural

modification request may be appealed per OAC 340:2-5.

(i) **Resolving problems with services.** If the member, family member, or legal guardian, or Team is dissatisfied with the architectural modification, the problem resolution process per OAC 340:100-3-27 is initiated.

INSTRUCTIONS TO STAFF

1. When the member uses a wheelchair as his or her primary means of mobility, the Developmental Disabilities Services Division area office resource development staff considers information described in (1) through (12).
 - (1) A level driveway is needed for a van lift to deploy safely.
 - (2) A level yard without excessive terracing provides recreation opportunities for the member.
 - (3) A home with minimal steps and railings is more wheelchair accessible.
 - (4) For every one inch of rise at a door, a ramp 12 inches long must be constructed. For example, if the front porch is 25 inches from the ground, a 25-foot ramp is needed.
 - (5) A multi-level home or a home with a sunken area must be avoided, since building indoor ramps requires a great deal of room space.
 - (6) A home with an open floor plan is easier to negotiate than a home with a long narrow hallway and bedroom doors that require a 90-degree turn from the hall.
 - (7) A hallway must be 36 inches wide, if possible.
 - (8) A bathroom must be large with a doorway that can be widened and a sink that can be made accessible. If an adjoining closet exists, the closet may be utilized to make the bathroom more accessible with the addition of a roll-in shower.
 - (9) A small bedroom presents obstacles when storage of large equipment is required.
 - (10) A bedroom with a closet that can be made accessible will allow the member more independence.
 - (11) Thick carpets with extra padding must be avoided, especially for a member who propels his or her wheelchair.
Hardwood floors and tile are:
 - (A) more durable;
 - (B) easier to clean; and
 - (C) easier to propel a wheelchair across.
 - (12) Avoid a home with floor furnaces or gas heaters.

317:40-5-112. Dental services

(a) **Applicability.** OAC 317:40-5-112 applies to members:

(1) receiving dental services through the Homeward Bound Waiver;
and

(2) 21 years of age or older receiving dental services through the Community Waiver or In-Home Supports Waiver for adults.

(b) **Description of services.** Dental services include services per OAC 317:30-5-482. Preventative, restorative, replacement, and repair services to achieve or restore functionality are provided after appropriate review, if required per OAC 317:40-5-112(e).

(c) **Standard of care.** Comprehensive diagnostic and treatment services are authorized for each member eligible to receive such services from qualified personnel, including licensed dentists and dental hygienists in accordance with the applicable Home and Community-Based Services (HCBS) Waiver limits. Part 79 of OAC 317:30-5 and dental guidelines published by the Oklahoma Health Care Authority must be followed.

(d) **Providers.** Providers of dental services must have a non-restrictive license to practice dentistry in Oklahoma or the state where treatment is rendered.

(e) **Treatment plan.** A proposed dental treatment plan must be submitted to the member and Personal Support Team (Team) for review.

(1) All arrangements for services must be made with the Developmental Disabilities Services Division (DDSD) case manager and specified in the member's Individual Plan (IP).

(2) The DDSD area medical director or designee must pre-approve treatment plans for members in the Homeward Bound Waiver exceeding \$1,000.00.

(3) Requests for pre-authorization must propose services that are the most cost effective to restore dental health in accordance with dental guidelines published by the OHCA.

(f) **Frequency of examination.** The dentist and Team determine frequency of examination on an individual basis.

(g) **Documentation of dental services.** The dental provider summarizes dental services provided on the Oklahoma Department of Human Services (OKDHS) Form 06HM005E, Referral Form for Examination or Treatment, or comparable form for members who receive residential services.

(h) **Prevention.** The member's IP must address the prevention of dental disease and promotion of dental health. Independence in oral hygiene care is promoted. If the member is unable to maintain adequate oral hygiene as determined by the dentist and Team, direct assistance and responsibility must be assigned to appropriate Team

members in the IP.

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 members 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 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 member's Individual Plan (IP) developed per OAC 340:100-5-50 through 340:100-5-58.

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

(ii) Members 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 member'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 members per OAC 340:100-6.

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

(A) Members 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 member'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 member'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 members who have evidence of behavioral or emotional challenges in addition to mental retardation and require extensive supervision and assistance in order to remain

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in the community.

(A) Members 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 DDS Community Services Unit that alternative group home services are appropriate.

317:40-7-7. Job coaching services**(a) Job coaching services:**

(1) are pre-planned, documented activities related to the member's identified employment outcomes that include training at the work site and support by provider agency staff certified as a job coach, per OAC 340:100-3-38.2;

(2) promote the member's capacity to secure and maintain integrated employment at a job of the member's choice paying at or more than minimum wage, or working to achieve minimum wage;

(3) provide active participation in paid work. Efforts are made in cooperation with employers to adapt normal work environments to fit the needs of members through the maintenance of an active relationship with the business;

(4) are available for individual and group placements.

(A) Individual placement is:

(i) one member receiving job coaching services who:

(I) works in an integrated job setting;

(II) is paid at or more than minimum wage;

(III) does not receive services from a job coach who is simultaneously responsible for continuous job coaching for a group;

(IV) is employed by a community employer or provider agency; and

(V) has a job description that is specific to the member's work; and

(ii) authorized when on-site supports by a certified job coach are provided more than 20% of the member's compensable work time. Job coaching services rate continues until a member reaches 20% or less job coach intervention for four consecutive weeks, at which time stabilization services begin.

(B) Group placement is two to eight members receiving continuous support in an integrated work site, who may earn less than minimum wage ; and

(5) are based on the amount of time for which the member is compensated by the employer, except per OAC 317:40-7-11.

(b) For members in individual placements, the Personal Support Team (Team):

(1) evaluates the need for job coaching services at least annually; and

(2) documents a plan for fading job coaching services as the member's independence increases.

(c) When the member receives commensurate compensation, employment goals include, but are not limited to, increasing:

- (1) productivity;
- (2) work quality;
- (3) independence;
- (4) minimum wage opportunities; and
- (5) competitive work opportunities.

317:40-7-15. Service requirements for employment services through Home and Community-Based Services Waivers

(a) The Developmental Disabilities Services Division (DDSD) case manager, member, a member's family or, if applicable, legal guardian, and provider develop a preliminary plan of services including:

- (1) site and amount of the services to be offered;
- (2) types of services to be delivered; and
- (3) expected outcomes.

(b) To promote community integration and inclusion, employment services are only delivered in non-residential sites.

(1) Employment services through Home and Community-Based Services (HCBS) Waivers cannot be reimbursed if those services occur in the residence or property of the member or provider-paid staff, including garages and sheds, whether the garage or shed is attached to the home.

(2) No exceptions to OAC 317:40-7-15(b) are authorized.

(c) Providers of HCBS employment services comply with OAC 340:100-17.

(d) The service provider is required to notify the DDSD case manager in writing when the member:

- (1) is placed in a new job;
- (2) loses his or her job. A Personal Support Team (Team) meeting must be held if the member loses the job;
- (3) experiences significant changes in the community-based schedule or employment schedule; or
- (4) experiences other circumstances, per OAC 340:100-3-34.

(e) The provider submits Oklahoma Department of Human Services (OKDHS) Form 06WP066E, Employment Progress Report, to the DDSD case manager by the tenth of each month for the previous month's services, for each member receiving services.

(f) The cost of a member's employment services, excluding transportation and state-funded services per OAC 340:100-17-30, cannot exceed \$25,000 per Plan of Care year.

(g) Each member receiving residential supports per OAC 340:100-5-22.1 or group home services is employed for 30 hours per week or receives a minimum of 30 hours of employment services, adult day services per OAC 317:40-5-113, or a combination of both, each week, excluding transportation to and from the member's residence.

(1) Thirty hours of employment service each week can be a combination of community-based services, center-based services, employment training specialist (ETS) intensive training services, stabilization services, and job coaching services. Center-based services cannot exceed 15 hours per week for

members receiving services through the Homeward Bound waiver.
(2) Less than 30 hours of employment activities per week
requires approval per OAC 317:40-7-21.

317:40-7-21. Exception process for employment services through Home and Community-Based Services Waivers

- (a) All exceptions to rules in OAC 317:40-7 are:
- (1) approved in accordance with OAC 317:40-7-21 prior to service implementation;
 - (2) intended to result in the Personal Support Team (Team) development of an employment plan tailored to meet the member's needs;
 - (3) identified in the Individual Plan (IP) process per OAC 340:100-5-50 through 340:100-5-58; and
 - (4) documented and recorded on Oklahoma Department of Human Services (OKDHS) Form 06WP047E, Exception Request for Waiver Employment Services, by the Developmental Disabilities Services Division (DDSD) case manager after Team approval.
- (b) A request for an exception to the minimum of 30 hours per week of employment services, adult day services per OAC 317:40-5-113, or a combination of both, per OAC 317:40-7-15, includes documentation of the Team's:
- (1) discussion of:
 - (A) current specific situation that requires an exception;
 - (B) all employment efforts, successful and unsuccessful, made by the member and Team in the past year; and
 - (C) progress toward previous exception strategies or plans;
 - (2) plan with specific steps and target dates to address the situation throughout the Plan of Care year so the exception may be lessened or no longer necessary at the end of the Plan of Care year; and
 - (3) specific residential schedule to provide integrated activities outside the home while the plan to increase to 30 hours is implemented.
- (c) A request for an exception to the maximum limit of 15 hours per week for center-based services, per OAC 317:40-7-6, or continuous supplemental supports, per OAC 317:40-7-13, for a member receiving services through the Homeward Bound Waiver includes documentation of the Team's:
- (1) discussion of:
 - (A) current specific situation that requires an exception;
 - (B) all employment efforts, successful and unsuccessful, made by the member and Team in the past year; and
 - (C) progress toward previous exception strategies or plans; and
 - (2) plan with specific steps and target dates to address the situation throughout the Plan of Care year so the exception may be lessened or no longer necessary at the end of the Plan of

Care year.

(d) A request for an alternative to required community-based activities per OAC 317:40-7-5 includes documentation of the Team's:

(1) discussion of:

(A) current specific situation that requires an exception;

(B) all employment efforts, successful and unsuccessful, made by the member and Team in the past year; and

(C) progress toward previous exception strategies or plans; and

(2) plan with specific steps and target dates to address the situation throughout the Plan of Care year so the exception may be lessened or no longer necessary at the end of the Plan of Care year.

(e) Within ten working days of the annual IP or interim meeting, the DDSD case manager sends OKDHS Form 06WP047E to area employment services staff, who reviews the form to ensure all criteria per OAC 317:40-7-21 are met. If criteria are:

(1) not met, employment services staff returns OKDHS Form 06WP047E with recommendations to the DDSD case management supervisor and case manager for resubmission; or

(2) met, employment services staff returns OKDHS Form 06WP047E to the case management supervisor to resume the approval process and input of units on the member's Plan of Care.

(f) Exception requests per OAC 340:40-7-21(f) are documented by the DDSD case manager after Team consensus and submitted via OKDHS Form 06WP047E to the DDSD area manager within ten working days after the annual IP or interim Team meeting. The area manager approves or denies the request with a copy to the DDSD area office claims staff and case manager based on the thoroughness of the Team's discussion of possible alternatives and reasons for rejection of the other possible alternatives.

(1) State dollar reimbursement for absences of a member receiving services through the Community Waiver in excess of 150 units is approved for medical reasons only. The request includes:

(A) Team's discussion of current specific situation that requires an exception;

(B) specific medical issues necessitating the exception request; and

(C) a projection of units needed to complete the State fiscal year.

(2) A request for any other exception to rules in OAC 317:40-7-21 requires documentation of the Team's discussion of:

(A) current specific situation that requires an exception;

(B) all employment efforts, successful and unsuccessful, made

by the member and Team in the past year; and

(C) progress toward previous exception strategies or plans.

(g) The DDS director or designee may review exceptions granted in accordance with OAC 317:40-7-21, directing the Team to provide additional information, if necessary, to comply with OAC 340:100-3-33.1 and other applicable rules.