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POLICY TRANSMITTAL NO. 05-11	DATE: MAY 10, 2005
DEVELOPMENTAL DISABILITIES SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

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TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:100, Table of Contents; 340:100-3, Table of Contents; 100-3-15; 100-3-38; 340:100-5, Table of Contents; 100-5-15; 100-5-26; 340:100-17, Table of Contents; 100-17-1 through 100-17-4; 100-17-10 through 100-17-17; and 100-17-25.

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

OAC 340:100-3-15 is a new Section to establish rules regarding the SoonerStart Early Intervention Program, contingent upon approval of a request to revoke 340:75-4-120 through 340:75-4-128. The responsibility for administering this program was transferred from the Children and Family Services Division to the Developmental Disabilities Services Division (DDSD) in an organizational restructuring.

OAC 340:100-3-38 is revised to add procedures for determining if a training class will be cancelled due to inclement weather.

OAC 340:100-5-15 is revised to update case manager activities.

OAC 340:100-5-26 is revised to require the DDSD nurse and case manager to determine if a pharmacological review is needed, if the service recipient meets specified criteria.

OAC 340:100-17-1 and 100-17-2; 340:100-17-10; 340:100-17-12 through 340:100-17-17 are revised to clarify and update rules.

OAC 340:100-17-3, 340:100-17-4 and 340:100-17-11 are revoked to eliminate outdated Sections from which pertinent information is included in other rules.

OAC 340:100-17-25 is a new Section establishing rules for Community Integrated Employment Services.

Original signed on 3-24-05

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James M. Nicholson, Director  
Developmental Disabilities Services Division

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Sharon Neuwald, Interim Administrator  
Office of Planning, Policy & Research

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WF # 04-23 (NAP)

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**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**

**INSERT**

340:100, Table of Contents	340:100, Table of Contents, 1 page only, revised 5-12-05
340:100-3, Table of Contents	340:100-3, Table of Contents, pages 1-2, revised 5-12-05
-----	340:100-3-15, pages 1-5, issued 5-12-05
340:100-3-38	340:100-3-38, pages 1-11, revised 5-12-05
340:100-5, Table of Contents	340:100-5, Table of Contents, pages 1-2. revised 5-12-05
340:100-5-15	340:100-5-15, pages 1-2, revised 5-12-05
340:100-5-26	340:100-5-26, pages 1-11, revised 5-12-05
340:100-17, Table of Contents	340:100-17, Table of Contents, 1 page only, revised 5-12-05
340:100-17-1	340:100-17-1, 1 page only, revised 5-12-05
340:100-17-2	340:100-17-2, 1 page only, revised 5-12-05
340:100-17-3	-----
340:100-17-4	-----
340:100-17-10	340:100-17-10, pages 1-3, revised 5-12-05

**REMOVE**

**INSERT**

340:100-17-11

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340:100-17-12

340:100-17-12, pages 1-2, revised 5-12-05

340:100-17-13

340:100-17-13, 1 page only, revised 5-12-05

340:100-17-14

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340:100-17-16

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340:100-17-17

340:100-17-17, 1 page only, revised 5-12-05

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340:100-17-25, pages 1-3, issued 5-12-05

**CHAPTER 100. DEVELOPMENTAL DISABILITIES SERVICES DIVISION**

<b>Subchapter</b>	<b>Section</b>
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5. Client Services .....	340:100-5-1
6. Group Home Regulations.....	340:100-6-1
7. Standards and Guidelines for Specialized Foster Homes <b>[REVOKED]</b> .....	340:100-7-1
9. Case Management Services <b>[REVOKED]</b> .....	340:100-9-1
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15. Developmental Disabilities Services Division (DDSD) Preadmission Screening and Resident Review (PASRR).....	340:100-15-1
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Appendix A.	Application for Developmental Disabilities Services <b>[REVOKED]</b>
Appendix B.	Residential Services Agreement <b>[REVOKED]</b>
Appendix C.	Case Management Process <b>[REVOKED]</b>
Appendix D.	Dyskinesia Identification System
Appendix E.	Developmental Disabilities Services Family Support Assistance Payment Services Application <b>[REVOKED]</b>
Appendix F.	Developmental Disabilities Services Family Support Assistance Payment Program Annual Review and Report Appendix <b>[REVOKED]</b>
Appendix G.	Family Support Assistance Payment Program Affidavit of Understanding Regarding Family Assistance/Home and Community Based Waiver Services <b>[REVOKED]</b>
Appendix H.	Foster Home/Companion Program Application <b>[REVOKED]</b>
Appendix J.	Application for Volunteer Guardianship
Appendix K.	Volunteer Reference Letter
Appendix L.	Foster Home/Companion Assessment <b>[REVOKED]</b>
Appendix M.	Foster Home/Companion Assessment Medical Examination Report <b>[REVOKED]</b>
Appendix N.	Family Health History <b>[REVOKED]</b>
Appendix O.	Reference Letter <b>[REVOKED]</b>
Appendix P.	Corrective Action Plan <b>[REVOKED]</b>



**SUBCHAPTER 3. ADMINISTRATION****PART 1. GENERAL ADMINISTRATION**

- 340:100-3-1. Eligibility determination for DDSD state-funded services
- 340:100-3-1.1. Competency
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- 340:100-3-2. Client records, confidentiality and security
- 340:100-3-3. Communicable diseases
- 340:100-3-4. Client transactions: business, gifts, and tips
- 340:100-3-4.1. Consumers' personal funds managed by contract residential providers
- 340:100-3-5. Advocacy and guardianship
- 340:100-3-5.1. Volunteer guardianship program
- 340:100-3-5.2. Guardianship voucher program
- 340:100-3-6. Human Rights Committee (HRC)
- 340:100-3-7. Behavior management **[REVOKED]**
- 340:100-3-8. Client work
- 340:100-3-9. Unscheduled client absence
- 340:100-3-10. Research initiatives
- 340:100-3-11. Right to refuse services
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- 340:100-3-14. Statewide Behavior Review Committee (SBRC)
- 340:100-3-15. SoonerStart

**PART 3. OPERATIONS**

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- 340:100-3-38.9. Training requirements for all Developmental Disabilities Services Division (DDSD) and provider agency supervisory staff
- 340:100-3-38.10. Medication administration training
- 340:100-3-38.11. Training tracking system
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- 340:100-3-39. Pre-employment screening for community service workers
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**340:100-3-15. SoonerStart**

**(a) Purpose.** This Section describes the SoonerStart Early Intervention Program (SoonerStart). SoonerStart is a statewide, interagency, multidisciplinary system of services to families with young children (0 through 36 months) who have developmental delays. Focusing on the family, early intervention seeks to:

(1) enhance the development of children served and minimize their potential for developmental delay;

(2) enhance and strengthen the abilities of families to meet the needs of children with developmental delays;

(3) reduce the need for special education and related services as these children reach school age; and

(4) maximize the child's potential for leading productive lives in the community as adults.

**(b) Eligibility.** SoonerStart is available to all eligible children regardless of income, custody status or their eligibility for other Oklahoma Department of Human Services (OKDHS) programs. A child who is eligible for early intervention services must be age birth through three years (0 through 36 months) and:

(1) exhibit a delay in his or her developmental age compared to his or her chronological age of 50 percent in one, or 25 percent in two or more of:

(A) cognitive development;

(B) physical development;

(C) communication development;

(D) social or emotional development;

(E) adaptive development; or

(2) have a diagnosed physical or mental condition that has a high probability of resulting in delay, including, but not limited to:

(A) chromosomal disorders;

(B) neurological abnormalities;

(C) inborn errors of metabolism;

(D) genetic disorders;

(E) congenital malformation of the brain;

(F) congenital infections;

(G) sensory abnormalities and impairments; or

(H) other identified syndromes.

(c) **Background and authority.** SoonerStart is authorized by Section 1471 of Title 20 of the United States Code (USC) and Section 13-123 of Title 70 of the Oklahoma Statutes.

(1) Legislation calls for joint participation in funding and provision of services from the:

(A) Oklahoma State Department of Education (OSDE);

(B) OKDHS;

(C) Oklahoma State Department of Health (OSDH); and

(D) Department of Mental Health and Substance Abuse Services (DMHSAS).

(2) The OSDE was designated lead agency for general administration, supervision, and monitoring of programs and activities.

(A) The OSDH was named to provide or arrange designated early intervention services.

(B) The Oklahoma Commission on Children and Youth (OCCY) was named to administer the Interagency Coordinating Council (ICC) for Early Childhood Intervention which advises and assists the OSDE as lead agency. The ICC is composed of 15 to 25 members appointed by the Governor, including parents of children with disabilities and public and private agency representatives.

(d) **Structure.** The early intervention program is multidisciplinary and capitalizes on the resources and functions of the participating agencies.

(1) The OSDE, OSDH, OKDHS, and OCCY have designated staff to serve as early intervention coordinators for their agencies. The early intervention coordinator position with OKDHS is located in the Developmental Disabilities Services Division (DDSD).

(2) Oklahoma is divided into 10 service delivery regions. Larger regions have several early intervention sites which may cover several counties. Each region consists of a regional coordinator and resource coordinators employed by OSDE and service providers employed by OSDH.

(A) The resource coordinators provide case management services to children and families.

(B) The regional coordinator supervises the resource coordinators and is responsible for direct linkage between the community, other agencies, local schools and service providers in SoonerStart.

(C) The OSDH service providers are responsible for the direct services to children and families.

(e) **Direct services.** SoonerStart uses a family-centered approach to arrange services for the child while helping parents to understand and enhance their child's development. Services may include:

(1) diagnostic and evaluation services;

(2) case management;

(3) family training, counseling and home visits;

(4) certain health and medical services;

(5) nursing services;

(6) nutrition services;

(7) occupational, physical and speech-language therapy;

(8) audiological services;

(9) special instruction;

(10) social work services; and

(11) psychological services.

(f) **Service provision.** A multidisciplinary team evaluates the child for eligibility purposes and assesses the child's individual needs. Parents participate in all aspects of the evaluation process.

(1) A written Individualized Family Service Plan (IFSP) is then developed by the family and service providers based on the child's evaluation.

(2) The IFSP is the plan of action for services to the child and family taking into consideration the child's and family's strengths, priorities, and resources.

(3) Services are provided in the child's natural environment such as the home, day care center, or other community setting that best meets the child's needs.

(g) **Funding.** There is no direct cost to families for services. Funding sources include Individuals with Disabilities Education Act, Sections 631 through 640 of Part H of Title 20 of the USC, Medicaid (Title XIX), Maternal and Child Health (Title V), and state appropriated dollars.

(h) **Referrals.** Referrals are encouraged and accepted from all sources. A parent or other referral source may contact the early intervention unit by telephone, written, or personal contact.

(1) The early intervention unit needs the child's name and birth date, parent's name and address, reason for referral, and other available information such as a telephone number.

(2) Whenever possible, the parent is informed that a referral is being made on behalf of the child to SoonerStart. If the parent is unsure about the referral or in need of more information, the early intervention unit may be contacted directly for information on SoonerStart. This information can be mailed to the referral source to be shared with the parent or mailed directly to the parent.

(i) **Children in foster care.** Children in foster care are eligible for SoonerStart services. Under the Oklahoma Early Intervention Act and special education federal regulations, the foster parent serves as the child's parent in giving consent for services and in releasing information from SoonerStart to other agencies, including OKDHS. The

SoonerStart resource coordinator must have the foster parent sign the appropriate OSDE release forms before SoonerStart can share the child's evaluations and IFSP with OKDHS.

(j) **Transition.** Eligibility for SoonerStart services ends after the child turns three years of age. The child may then be eligible for special education services through the local school district. Children who do not meet the criteria for special education services are referred to appropriate community programs.



**340:100-3-38. Community staff training**

(a) **Application.** The rules in this Section apply to Developmental Disabilities Services Division (DDSD) staff, foster care providers, and agencies contracting for the delivery of residential supports as defined in OAC 340:100-5-22.1, habilitation training services, group home services, assisted living services, employment or vocational services, or in-home supports, through DDSD state funds or a Home and Community-Based Waiver as described in OAC 317:40-1-1.

(1) Training requirements for staff of public facilities operated by DDSD are outlined in OAC 340:100-3-37.

(2) DDSD community staff, provider agency employees, and foster care providers complete a course of instruction specific to their job duties. Training requirements are found for staff providing:

(A) residential supports and group home services in OAC 340:100-3-38.1;

(B) employment or vocational services in OAC 340:100-3-38.2;

(C) supports in the family's home or the individual's own home, other than residential supports, in OAC 340:100-3-38.3;

(D) specialized foster care in OAC 340:100-3-38.4;

(E) DDSD case management services in OAC 340:100-3-38.6;

(F) program coordination services in OAC 340:100-3-38.7;

(G) employment program manager services in OAC 340:100-3-38.8; and

(H) DDSD or provider agency supervisory or management support in OAC 340:100-3-38.9.

(3) Staff providing services through the In-Home Supports Waiver follow rules covering training that are given at OAC 340:100-3-38.5.

(b) **Mission.** The mission of training within DDSD is to support the values and philosophies of DDSD and to enhance the competencies of DDSD staff, provider agency employees, and specialized foster care providers. The mission is accomplished by:

(1) providing pertinent training in a timely and cost effective manner;

(2) continuously evaluating the relevancy of the training curricula based upon the expressed needs of people served, their families, training participants, trainers, and providers of service;

(3) maintaining a network with other agencies who provide training to ensure consistency and availability;

(4) using state-of-the-art technology and techniques to make training as effective as possible; and

(5) establishing and maintaining a monitoring system which ensures statewide consistency and quality of all training.

(c) **Training advisory committee.** The DDSD director appoints a committee to advise DDSD in the development, revision, and delivery of training to DDSD staff, provider agency employees, and specialized foster care providers.

(1) The committee meets quarterly and is composed of representatives from each area to include:

(A) DDSD training staff;

(B) service providers, including direct support staff;

(C) service recipients or their family members; and

(D) case management staff.

(2) The committee members:

(A) communicate training-related information to their peers and solicit participation in training projects;

(B) assist in determining training needs;

(C) assist in developing and implementing policies for the DDSD statewide training system;

(D) participate in evaluating training proposals and contracts;

(E) review training curricula; and

(F) monitor, as requested, the delivery of training, including observation of instructors and solicitation of external reviewers.

(d) **Training curricula.** Training courses and curricula used to fulfill DDSD training requirements must meet the criteria given in this subsection.

(1) To fulfill the training requirements of this Section, any training course, curriculum, or method must be approved by the DDSD director of human resource development unless the course is:

(A) a conference sponsored by DDSD;

(B) designed and offered by a professional training or education organization to enhance the management skills of supervisors; or

(C) offered by a regional, state, or national professional organization such as:

(i) The Association for the Severely Handicapped (TASH);

(ii) The Council on Quality and Leadership in Supports for People with Disabilities (Council); or

(iii) the American Association on Mental Retardation (AAMR).

(2) Trainers of approved courses must be licensed, certified, or otherwise qualified based on the requirements of the course or by approval of the DDSD director of human resource development.

(3) Competency-based courses require a specified level of proficiency to receive credit for satisfactory completion. Competencies are based upon specific identified outcomes. The trainer of each course communicates the required level of proficiency to participants at the beginning of each course.

(4) Each curriculum developed or sponsored by DDSD is reviewed at least every two years to ensure that the curriculum is:

(A) reflective of current best practice;

(B) in line with Oklahoma Department of Human Services (OKDHS) policy; and

(C) reflective of changes in the service delivery system.

(e) **New employee training requirements.** No later than 30 days following the date of hire, foster care providers, provider agency staff providing direct supports or supervising, at any level, the delivery of direct supports, and all DDSD employees must complete the first available DDSD-approved foundation training course and the approved effective teaching course. The first available class is the first unfilled class held within 60 miles of the staff person's work location following the person's date of hire.

(f) **Classroom expectations.** DDSD training staff and contract training staff are authorized to dismiss a participant(s) or observer(s) from a class for the reasons explained in this subsection.

(1) Dismissal from a training class may occur for:

(A) sleeping in class, defined as an inability to remain awake, alert, and participate actively in the training; ■ 1

(B) disruptive behavior, defined as:

(i) inappropriate comments during class which would be considered rude, insensitive, or derogatory;

(ii) whispering or talking to other participants during class;

(iii) conducting activities unrelated to the class topic;

(iv) being called out of class frequently; or

(v) leaving class frequently other than at designated break times; ■ 2

(C) tardiness or absence. ■ 3

(i) Tardiness is defined as:

(I) arriving at class more than 30 minutes late on the first day of class;

(II) arriving at class more than 15 minutes late on subsequent days of the same class from the time the class actually starts; or

(III) missing a total of more than 30 minutes of any day's presentation.

(ii) Participants may be granted no more than 30 minutes the first day of class to allow for difficulty in locating the building or parking, except in courses

- which require a specific number of training hours to meet certification requirements;
- (D) incomplete preparation. Dismissal from the class occurs for any participant who has not completed required prerequisite courses or preparatory materials prior to attending. Some courses require that:
- (i) other courses be completed before attending. For example, new employee training must be completed before the job-specific training can be taken; or
  - (ii) specific pre-course activities be completed before attending. For example, a pre-course competencies checklist is required to be completed before taking the Employment Training Specialist Orientation course; or
- (E) violating confidentiality requirements, as stated in OAC 340:100-3-2 and other applicable rules.
- (2) If dismissal from the class occurs, the trainer notifies the participant's agency and the trainer's supervisor as soon as possible and maintains a brief written summary of the incident.
- (A) Dismissed participants do not receive credit for the class and are required to re-enroll and satisfactorily complete the entire course or module to receive credit.
- (B) The trainer must give approval before re-enrollment is allowed. Appeals of the trainer's decision are made to the DDSD director of human resource development.
- (3) No children, friends, or family members of participants may attend class unless also enrolled as participants.
- (4) Persons receiving services from DDSD, family members, advocates, DDSD staff, and provider agency staff may observe training classes unless they engage in activities considered to be disruptive to the class. Persons receiving services from DDSD who wish to participate in the training and who need staff support must be accompanied by a staff member(s) who is not enrolled in the training.
- (5) When other people come to class in place of enrolled participants, or in addition to enrolled participants, they are allowed to remain, if the trainer determines there are adequate materials and space. ■ 4

(g) **Course availability.** The DDSD Human Resource Development Unit and contract training providers work to ensure the availability of all courses by taking into account:

- (1) location;
- (2) time of day; and
- (3) day of the week.

(h) **Class closings due to inclement weather.** The rules in this subsection apply to all classes provided by DDSD training staff or contract training providers.

(1) If the public schools in the town where the class is to be held are closed due to bad weather, class will not be held. The provider agency is responsible to enroll the staff member in the next available class.

(2) If provider agency staff plan to attend an out-of-town class, but the schools are closed at the staff person's work location, the agency may determine that it is not safe for the staff person to travel. The agency is responsible to call the enrollment number for the class on the next work day to notify the training provider of this decision. The trainer enrolls the staff person in the next available class, and the staff person is not penalized for not attending. The letter confirming re-enrollment serves as notification of the next available class.

(3) If a class is cancelled due to bad weather, the enrolled staff person is expected to notify the provider agency of his or her potential availability to work.

(4) If a provider agency or staff person is uncertain about weather conditions or cancellations, they must call the enrollment telephone number for the particular class.

(i) **Quality assurance.** To ensure consistency with state laws and regulations and current best practices, training provided by DDSD staff, service providers, or contract agents, and other classes required by DDSD are observed and monitored on a regular basis.

(1) The components of the monitoring system are listed in (A) through (E) of this paragraph.

(A) The DDSD director of human resource development attends and monitors training classes on a random basis throughout the year. ■ 5

(B) DDSD training supervisors and contract training coordinators observe each trainer directly under their supervision at least twice a year. ■ 6

- (i) At least one review must include foundation training, if applicable.
- (ii) Each review is at least one half training day, which is three hours in length.
- (iii) The reviews:
  - (I) cover the range of primary training topics offered by each trainer;
  - (II) are conducted in both metropolitan and rural areas of the state, when applicable; and
  - (III) include announced and unannounced observations.
- (iv) The supervisor or coordinator reviews the training classes as a participant rather than as an observer, whenever possible.
- (v) Direct feedback is given to the trainer following the class in both written and verbal form. ■ 6
- (vi) A copy of the written review is also sent to the DDSD director of human resource development.
- (vii) If significant areas of concern are noted, the trainer and immediate supervisor develop a specific plan of correction which may include such measures as retraining, increased supervision of classes, or co-training. A copy of the plan of correction is sent to the DDSD director of human resource development.
- (viii) The supervisor or coordinator may request an unannounced review by another supervisor, coordinator, or trainer.
- (ix) Exceptional performance is noted in writing with a copy to the trainer's personnel file and a copy to the director of human resource development.

(C) Provider agencies notify the DDSD area training staff at least the day before the class of the location and time when offering in-house training required in accordance with this Section. DDSD may provide unannounced monitoring at any time.

(D) To ensure that contract trainers support the DDSD mission, values, and philosophies, as well as demonstrate mastery of the subject matter and good training skills, each DDSD trainer is assigned to monitor a specific number of contract trainers per year.

(i) Each DDSD trainer is assigned to monitor contract trainers based upon the DDSD trainer's particular areas of expertise and interest.

(ii) The DDSD trainer reviews each assigned contract trainer at least one time per year for a minimum of one half training day, which is three hours. ■ 6

(iii) The review is unannounced.

(iv) The DDSD trainer provides written and oral feedback to the contract trainer following the class.

(v) A copy of the written report is provided to the contract trainer, contract trainer's supervisor, and DDSD director of human resource development.

(vi) If significant areas of concern are noted, the contract trainer and immediate supervisor develop a specific plan of correction which may include such measures as retraining, increased supervision of classes, or co-training. A copy is sent to the director of human resource development.

(vii) Exceptional performance is noted in writing with a copy to the trainer's personnel file and a copy to the director of human resource development.

(viii) DDSD training staff review the primary training programs and other sensitive training programs provided by contract training staff.

(E) Service recipients, family members, and advocates, as well as organizations with expertise in disability issues or training may be invited to review training classes or portions of classes.

(i) These reviews may be announced or unannounced.

(ii) Service recipients, family members, friends, advocates and guardians, or organizations provide feedback to the trainer, the trainer's supervisor, and the DDSD director of human resource development.

(2) Classes found to violate the requirements given in this Section including material

covered, testing procedures, or DDSD policy requirements may result in corrective discipline for OKDHS employees, revocation of approval to provide training, or sanctions against the provider in accordance with OAC 340:100-3-27.

(3) Any participant or agency with concerns about course content, a course instructor, or availability of a course immediately notifies the supervisor of the course or instructor. If resolution of the issue does not occur, the participant or agency notifies the DDSD director of human resource development.

(4) Each class used to fulfill the training requirements in this Section which is offered by DDSD, contract training agents, or provider agencies offers participants the opportunity to provide feedback. Feedback options include:

(A) end-of-class evaluation forms;

(B) periodic surveys; or

(C) focus group discussions.

(5) DDSD case management staff access the training data system described in OAC 340:100-3-38.11 as a mechanism to ensure that staff in the homes and day program sites of people they serve have completed the new employee and annual training requirements. When staff are not trained as required by this Section, the case manager initiates the problem resolution process specified in OAC 340:100-3-27.

(6) Case managers and providers report to the DDSD director of human resource development any training system issues inhibiting fulfillment of the requirements of this Section.

### **INSTRUCTIONS TO STAFF**

- 1. Participants who become drowsy are free to stand or get refreshments, as long as this is not disruptive to the class. If drowsiness continues, the trainer talks to the person at the first available break to determine the cause, such as working a double shift or health reasons, and to encourage the person to move around or get refreshments. The trainer tells the participant that the trainer wants the participant to be successful in the class, but that sleeping is not tolerated and further occurrence results in dismissal from the class.**
- 2. The trainer talks to the person on the first available break to determine the reason(s) for the disruption. The trainer informs the person that further disruptions will not be tolerated and will result in dismissal from class.**

- 3. The trainer reminds participants to be on time the next day if the class is a two-day class, tells participants that they need to return from breaks and lunch on time and that class resumes as scheduled, and counsels tardy participants after the first offense on the guidelines for dismissal from the class.**
- 4. The trainer obtains the name, agency name, hire date, and Social Security number of the person(s) who is not enrolled and calls the appropriate training coordinator for the course at the first available moment to enroll the person and ensure that the person has completed any prerequisite courses or pre-course activities.**
- 5. The DDSD director of human resource development monitors classes in accordance with the guidelines in (1) through (7) of this Instruction.**
  - (1) Each review is at least one half training day, which is three hours in length.**
  - (2) The reviews cover the range of primary training topics offered through DDSD, such as Foundation Training, Leadership and Administration, and Health and Safety.**
  - (3) The DDSD director of human resource development reviews the training classes as a participant rather than as an observer, whenever possible.**
  - (4) The reviews include announced and unannounced observations.**
  - (5) Direct feedback is given to the trainer following the class, in both written and verbal form. A copy of the written review is also given to the trainer's immediate supervisor.**
  - (6) If significant areas of concern are noted, the trainer and immediate supervisor are asked to develop a plan of correction, which may include such measures as retraining, increased supervision of classes, or co-training.**
  - (7) Exceptional performance is noted in writing with a copy to the trainer's personnel file.**
- 6. Documents to assist in the review process are available from the Developmental Disabilities Services Division (DDSD) director of human**

**resource development.**



**SUBCHAPTER 5. CLIENT SERVICES****PART 1. ADMISSION AND SAFEGUARDS**

## Sections

- 340:100-5-1. Admission **[REVOKED]**
- 340:100-5-2. Service safeguards
- 340:100-5-3. Emergency Services

**PART 3. SERVICE PROVISIONS**

- 340:100-5-15. Developmental Disabilities Services Division (DDSD) case manager activities
- 340:100-5-16. Individual Habilitation Plan **[REVOKED]**
- 340:100-5-17. Habilitation services - professional and paraprofessional
- 340:100-5-18. Employment services **[REVOKED]**
- 340:100-5-19. Support services
- 340:100-5-20. Respite care
- 340:100-5-21. Family training and counseling
- 340:100-5-22. Residential services
- 340:100-5-22.1. Community residential supports
- 340:100-5-22.2. Assisted Living without Waiver supports
- 340:100-5-22.3. Authorization for community residential supports
- 340:100-5-22.4. Residential options for Homeward Bound class members
- 340:100-5-22.5. Supported living services
- 340:100-5-23. Specialized foster care contracted by individuals **[REVOKED]**
- 340:100-5-24. Adult Companion Services contracted by individuals **[REVOKED]**
- 340:100-5-24.1. Companion Services/Adult Foster Care contracted by agency **[REVOKED]**
- 340:100-5-24.2. Guidelines for Department staff for Agency Companion/Adult Foster Care Programs **[REVOKED]**
- 340:100-5-25. Service authorization/client services/service provisions/residential services
- 340:100-5-26. Health services
- 340:100-5-26.1. Psychotropic medication
- 340:100-5-26.2. End-of-life issues
- 340:100-5-27. Skilled nursing services
- 340:100-5-28. Community health services **[REVOKED]**
- 340:100-5-29. Monitoring for dyskinesia
- 340:100-5-30. Adult day care
- 340:100-5-32. Medication administration
- 340:100-5-33. Medication events

**PART 5. INDIVIDUAL PLANNING**

- 340:100-5-50. Principles of individual planning
- 340:100-5-51. Individual assessment
- 340:100-5-52. The Personal Support Team (Team)
- 340:100-5-53. The Individual Plan (Plan)
- 340:100-5-54. Planning for obstacles
- 340:100-5-55. Person-centered assessment **[REVOKED]**
- 340:100-5-56. Risk assessment
- 340:100-5-57. Protective intervention plan
- 340:100-5-57.1. Reporting and monitoring the use of restrictive or intrusive procedures or emergency interventions
- 340:100-5-58. Prohibited procedures

### PART 3. SERVICE PROVISIONS

#### **340:100-5-15. Developmental Disabilities Services Division (DDSD) case manager activities**

Each person receiving waiver services through DDSD has a case manager who ensures that individual needs are met through linkage, assessment, brokerage, advocacy, and monitoring activities. The case manager assists service recipients in gaining access to needed medical, social, educational, and other services and supports. The case manager:

- (1) completes or arranges for necessary assessments to identify service recipient needs;
- (2) has overall responsibility for the development and updating of the Individual Plan (IP) in accordance with OAC 340:100-5-50 through 340:100-5-58 and Plan of Care;
- (3) describes service options in sufficient detail to assure that the service recipient, or parent or guardian, as applicable, is able to make an informed choice regarding services;
- (4) coordinates and monitors services being delivered to determine their effectiveness in meeting the needs of the service recipient;
- (5) has the authority to implement approved services prescribed in the IP and to access emergency or crisis services as defined by policy; and
- (6) documents findings in the Client Contact Manager (CCM). ■ 1

#### **INSTRUCTIONS TO STAFF**

##### **1. The Client Contact Manager (CCM) is maintained as the official client record.**

- (1) Case managers complete and update information as necessary in accordance with the CCM User Manual.**
- (2) Case managers maintain necessary documentation to describe the justification, frequency, and intensity of services authorized in the Plan of Care. Reasons for changes are also documented.**
- (3) Contact notes are maintained to document contact with, or on behalf of, the service recipient including:**

- (A) follow up to ensure the interests of the service recipient are pursued;**
  - (B) status of each outcome or action step included in the Individual Plan (IP);**
  - (C) advocacy on behalf of the service recipient;**
  - (D) provision of information to ensure informed choice and service recipients' freedom of choice of providers;**
  - (E) efforts to coordinate services;**
  - (F) case manager attendance at meetings related to the service recipient;**
  - (G) action to assist in maintaining or reinstating eligibility for Medicaid and other benefits;**
  - (H) interim Personal Support Team (Team) meetings if documentation is not maintained in an alternative format such as addendum to the Individual Plan (IP);**
  - (I) incidents, significant events or changes, or health changes, and any necessary action taken to address these;**
  - (J) activities related to the assessment and monitoring of services, health, and welfare of the service recipient, or problem resolution process as defined in OAC 340:100-3-27(b);**
  - (K) Team review of intrusive procedures in accordance with OAC 340:100-5-26(f); and**
  - (L) Team review of the use of psychotropic medications in accordance with OAC 340:100-5-26.1.**
- (4) Contact notes must be completed no later than the 10<sup>th</sup> of the month following the month in which the contact occurred.**
- (5) The contact note date is the date the contact actually occurred, not the date the note is written.**

**340:100-5-26. Health services**

(a) **Purpose.** Persons receiving Developmental Disabilities Services Division (DDSD) services receive equal access to the quality and the range of health care services that are available to all people. Services are provided according to applicable state and federal statutes, Oklahoma Department of Human Services (OKDHS) rules, and recommendations made by the service recipient's Personal Support Team (Team).

(b) **Scope and applicability.** This Section applies to all persons who receive residential services funded or licensed by DDSD or Home and Community-Based Waiver (HCBW) services, and to all providers of services funded or licensed by DDSD or HCBW.

(1) DDSD health services are secured based on the individual's need and on service requests by the service recipient, his or her parents, spouse, or guardian, or Team, as specified by the Individual Plan (IP).

(2) Services outside the scope of programs funded by OKDHS or the Oklahoma Health Care Authority (OHCA) are provided contingent upon available resources.

(3) Oklahoma State Department of Health (OSDH) recommendations for immunizations, communicable disease testing, universal precautions, and infection control practices are used to prevent the transmission of communicable diseases.

(4) DDSD staff and contract agents implement procedures to maintain and improve the health of each service recipient, including procedures related to:

(A) providing emergency medical intervention including initiation of first aid, cardio-pulmonary resuscitation (CPR), and accessing emergency service systems;

(B) preventing disease;

(C) aging; and

(D) following physician orders.

(5) When health needs exceed the scope of DDSD services, the service recipient is referred to an appropriate licensed community health care setting.

(6) DDSD staff and contract agents acknowledge the right of the individual, next of kin, legal guardian, or physician to execute an advance directive made in

accordance with Section 3101.1 of Title 63 of the Oklahoma Statutes, or a Do-Not-Resuscitate Order (DNR) made in accordance with, Section 3131.1 of Title 63, of the Oklahoma Statutes.

(c) **Assessment.** Requirements for health related assessments and related record keeping are contained in this subsection.

(1) Each service recipient or legal guardian identifies a primary care physician or provider from available resources. Specialty consultation and services are obtained when needed.

(2) Each recipient of residential services has an annual physical examination. The physician's report of the annual physical examination, documentation of medical visits, and reports of all other health-related assessments are maintained in the home record.

(d) **Physical status review (PSR).** Requirements for the PSR are contained in this subsection.

(1) The service recipient's primary care physician, nursing, and health care assessments identify the need for health care services.

(2) The case manager ensures Form DDS-7, Physical Status Review, is initially completed for each service recipient.

(3) The service recipient's health care needs are addressed by the Team, using Form DDS-7.

(A) Form DDS-7 is a review tool that objectively identifies a service recipient's functional ability to attend to activities of daily living based on past and present health history and current treatment modalities.

(B) The PSR assesses the service recipient's needs in the areas of:

(i) functional abilities, such as:

(I) eating;

(II) ambulation;

(III) transferring;

- (IV) toileting; and
- (V) days missed at day program due to illness;
- (ii) behaviors, including:
  - (I) self-abuse;
  - (II) aggression toward others and property;
  - (III) use of mechanical restraints;
  - (IV) use of emergency chemical restraints; and
  - (V) use of psychotropic medication(s);
- (iii) physiological needs, such as:
  - (I) gastrointestinal conditions;
  - (II) seizures;
  - (III) anticonvulsant medication use;
  - (IV) skin breakdown;
  - (V) bowel function;
  - (VI) nutrition; and
  - (VII) treatments;
- (iv) safety considerations, such as:
  - (I) injuries; and
  - (II) falls;
- (v) frequency of service, including:
  - (I) physician visits and nursing service;

(II) emergency room visits; and

(III) hospital admissions.

(C) The interviewer who completes Form DDS-7 is trained to complete the form.

(D) To complete Form DDS-7, the interviewer communicates with the service recipient or someone who knows the service recipient's medical history, current trends in overall health and behavior, daily care needs, medical or nursing treatments, the past year's medical incidents, emergency room visits, hospitalizations, and medication regimen.

(4) Form DDS-7 is completed annually, no more than 60 days prior to the annual Team meeting.

(5) Immediate action is taken to provide any emergency interventions required in a situation of acute health deterioration.

(6) When a significant change in function or health treatment occurs, which requires additional staff training or health care services, the Team completes a new Form DDS-7 and revises the IP as necessary.

(7) The PSR is the Team's mechanism to identify a health care level based on the service recipient's health status.

(A) A registered nurse (RN) employed by DDSD assesses the responses documented by the interviewer, formulates a raw score, and computes the health care level, based on specific criteria.

(i) At Level I, the service recipient ordinarily has no body system compromised. The service recipient is assisted or has the ability to access the health care system.

(ii) At Level II, the service recipient ordinarily has a chronic condition, but the health status is stable.

(iii) At Level III, the service recipient ordinarily has two or more chronic co-existing conditions with no occurrences within the past year.

(iv) At Level IV, the service recipient ordinarily has two or more existing health conditions which require close observation for symptoms and require specialized health training.

- (v) At Level V, the service recipient ordinarily meets all the criteria for Level IV and has health needs that require licensed nursing treatment one or more times daily.
- (vi) At Level VI, the service recipient ordinarily has several existing health issues that are unstable and require treatment by a licensed nurse more frequently than every two hours over a 24-hour period.
- (B) Based on the health care level, the DDSD RN develops recommendations for staff health training, level of nursing supports, and the level of nursing monitoring to be delivered.
- (i) At Level I, the annual PSR is ordinarily the only nursing service needed.
- (ii) At Level II, the nurse is involved as a consultant to the Team.
- (iii) At Level III, the nurse is involved as a consultant to the Team, to promote good communication, staff training, and preventive planning.
- (iv) At Level IV, nursing services are provided according to the service recipient's needs and ordinarily do not exceed four hours of licensed nursing time in a 24-hour period.
- (v) At Level V, nursing services are provided according to the service recipient's needs and do not ordinarily exceed eight hours of licensed nursing time in a 24-hour period.
- (vi) At Level VI, nursing services are provided according to the service recipient's needs and ordinarily do not exceed 24 hours of licensed nursing time in a day.
- (8) After a health care level is identified, the Team establishes health care service needs and staff health training needs.
- (9) If the Team has questions or requires more information regarding a health care level, an informal resolution process is initiated.
- (A) The area manager or designee reviews all requests and consults with members of the Team to reach consensus on the level of licensed nursing training or service provision required. If consensus is not reached, the Team moves to the step described in (c)(9)(B) of this Section.

(B) The area manager, RN supervisor, and medical director meet to review cases for nursing in excess of 12 hours in a 14 day period, or for need of conflict resolution.

(C) If consensus is still not reached, the case manager notifies the service recipient of OKDHS fair hearing procedures. [OAC 340:2-5]

(e) **Planning.** Requirements for planning to meet the service recipient's health care needs are contained in this subsection.

(1) The Team identifies desired health care outcomes during the Team process.

(2) Health issues identified through health care evaluations and assessments which have an impact on the service recipient's life are incorporated and integrated by the Team into the IP through goals and objectives.

(3) Plans for health care needs are developed in terms of individual outcomes, not units of clinically specific service.

(4) When plans for health care needs or implementation strategies are developed involving discipline-specific services, a representative from that discipline participates in at least a consulting role.

(f) **Planning for invasive or intrusive procedures.** Team review requirements for proposed invasive or intrusive procedures are contained in this subsection.

(1) Any invasive, intrusive, or intensive professional service or procedure is subject to a review by the Team, including participation from any other service provider as appropriate.

(2) The Team's review of an invasive, intrusive, or intensive service or procedure includes discussion, prior to implementation, of the proposed service or procedure, and of possible alternatives.

(3) Invasive or intrusive procedures subject to a review by the Team comprise both scheduled and emergency procedures including major surgery which:

(A) will produce a significant change in daily function or health;

(B) might require additional staff training or health care services; and

(C) include, but are not limited to:

- (i) tracheotomy;
- (ii) orthopedics;
- (iii) gastrostomy;
- (iv) jejunostomy;
- (v) multiple dental extractions;
- (vi) amputation; or
- (vii) consideration of permanent sterilization.

(4) An invasive, intrusive, or intensive professional service or procedure which is implemented on an emergency basis is subject to review by the Team as soon as possible, but within five working days. Emergency procedures subject to review include, but are not limited to emergency:

- (A) surgery; or
- (B) behavioral intervention including:
  - (i) mechanical restraint; or
  - (ii) chemical restraint.

**(g) Health care coordination.** Requirements governing coordination of health care are contained in this subsection.

(1) The Team identifies a health care coordinator (HCC) for the service recipient to ensure the implementation and coordination of health care services. The HCC:

- (A) is an individual who has an overview of the service recipient's health care needs and lifestyle;
- (B) may be the service recipient, a member of the service recipient's family, a foster parent, companion, member of the residential provider staff, or other person who is familiar with the service recipient's needs;
- (C) is trained by DDSD staff;

- (D) serves as a health care facilitator and follows all rules in this Section;
- (E) documents that health concerns are acted upon, monitored, communicated, and that staff are trained;
- (F) accompanies the service recipient to the physician and communicates to the physician the reason the service recipient is seen;
- (G) keeps the physician advised of medical status and data regarding any target symptoms;
- (H) communicates any physician's order obtained during such visit to the core Team members and other service providers as appropriate; and
- (I) presents Form DDS-5, Referral Form for Examination or Treatment, to the physician at the time of the visit.
  - (i) Form DDS-5 is completed by the HCC prior to the visit including:
    - (I) the service recipient's name, case number, appointment date and time, date of birth, address, phone number, name of physician or medical facility referred to, name of case manager, and legal representative;
    - (II) the service recipient's current medication and treatment;
    - (III) allergies specifying medication, food, and environmental allergies; and
    - (IV) the specific reason(s) the service recipient is being seen for the medical visit.
  - (ii) The HCC requests the physician to complete a short written summary of the findings.
    - (I) Form DDS-5 or documentation completed by the physician includes a diagnosis or findings, recommendations, and treatments.
    - (II) The physician signs and dates the documentation.
  - (iii) The original of Form DDS-5 is maintained by the physician, one copy is kept in the home record, and one is sent to the case manager.

- (2) If the HCC is employed by an agency or contract provider, the employer

develops and implements a procedure to ensure appropriate backup if the HCC is unable, for whatever reason, to perform these duties.

(h) **Implementation.** Implementation procedures for health care strategies are provided in this subsection.

(1) When a service recipient receives physician-prescribed nursing services, written nursing implementation strategies are developed and monitored by the contract nurse.

(2) Staff are trained and carry out implementation strategies addressing health care outcomes.

(3) Adequate current medical and program information is maintained in the home record by the residential provider and is available for review by authorized staff of OKDHS.

(i) **Evaluation and monitoring.** Requirements for evaluation and monitoring are contained in this subsection.

(1) Medication reviews are completed by the HCC each month utilizing Form DDS-6, Medication Review, and include:

(A) the service recipient's name, provider, phone number, date of review, case number, and case manager;

(B) any changes in medication during the month, such as increases, decreases, additions, or discontinuations;

(C) any prn (as needed) medication usage;

(D) non-prescription medication use.

(i) Non-prescription medications taken by mouth or taken in suppository form are included in this monthly review.

(ii) Non-prescription medications administered via sprays, creams, ointments, drops, transdermal patches, or lozenges are not included in the HCC's monthly Form DDS-6, but use of these medications is monitored through routine health care visits;

(E) description of any changes, possible side effects, or physical signs or

symptoms experienced during the month;

(F) a summary of medication incidents occurring during the month; and

(G) a recommendation, if any, for referral to an independent pharmacological review.

(2) The original Form DDS-6 is kept in the home record, one copy is sent to the case manager, and one copy remains available for the independent referral process.

(3) The DDSD case manager makes a referral for a pharmacological review by an independent clinical pharmacist or physician: ■ 1

(A) upon the request of a Team member or a clinician participating with the Team;

(B) when the review performed by the case manager and the assigned nurse determines that referral to an independent clinical pharmacist or physician is indicated. The case manager and nurse perform a review if the service recipient:

(i) receives five or more medications, prescription or non-prescription; or

(ii) has unusual physical sign(s) or symptom(s) during the month in review which are not resolved through other medical interventions; or

(C) if the service recipient:

(i) uses a prn medication routinely for more than three months;

(ii) takes two or more psychotropic medications; or

(iii) takes more than two anticonvulsant medications used for a seizure disorder.

(4) If the service recipient continues to meet the criteria listed in subparagraphs (A), (B), or (C) of paragraph (3) of this subsection, the case manager and DDSD nurse annually, or more frequently, if necessary, complete a review of the service recipient's condition. If a pharmacological review is clinically indicated, the case manager requests a pharmacological review in conjunction with the annual IP.

(5) For the purpose of monitoring and evaluation, designated DDSD personnel have access at all times to the service recipient's medical and programmatic information.

(6) If the person receives DDSD services but has no case manager, the provider contacts the DDSD area manager or designee for assistance in requesting an independent pharmacological review.

### **INSTRUCTIONS TO STAFF**

- 1. Developmental Disabilities Services Division (DDSD) currently has a contract through which pharmacological reviews are provided.**



**SUBCHAPTER 17. EMPLOYMENT SERVICES****PART 1. GENERAL EMPLOYMENT EXPECTATIONS**

- 340-100-17-1. Scope and applicability of employment services
- 340-100-17-2. Overview of employment services
- 340-100-17-3. Selection of a primary vocational provider **[REVOKED]**
- 340-100-17-4. Data collection in Vocational Services **[REVOKED]**

**PART 3. STATE-FUNDED EMPLOYMENT (SHELTERED WORKSHOP) SERVICES**

- 340:100-17-10. General state-funded employment (sheltered workshop) expectations
- 340:100-17-11. Changing vocational providers **[REVOKED]**
- 340:100-17-12. Termination of state funded employment (sheltered workshop) services to a service recipient
- 340:100-17-13. Physical plant expectations for state-funded employment services (sheltered workshops)
- 340:100-17-14. Personnel expectations for state-funded employment (sheltered workshops)
- 340:100-17-15. Requirements for agencies providing state-funded employment (sheltered workshop) services
- 340:100-17-16. State-funded employment (sheltered workshop) reimbursement and therapeutic leave
- 340:100-17-17. Billing for state-funded employment (sheltered workshop) services

**PART 4. COMMUNITY INTEGRATED EMPLOYMENT SERVICES**

- 340-100-17-25. Community integrated employment (CIE) services

**PART 5. OTHER STATE FUNDED VOCATIONAL SERVICES**

- 340-100-17-30. Other state funded vocational services



## PART 1. GENERAL EMPLOYMENT EXPECTATIONS

### 340:100-17-1. Scope and applicability of employment services

The employment needs of service recipients are addressed through the prescription and implementation of services directed toward the service recipient's entry into the work force.

- (1) The service recipient and a desired family member, representative, or legal guardian have an active role in identifying employment needs.
- (2) All service recipients receiving employment services meet eligibility requirements as established by the Oklahoma Department of Human Services (OKDHS) or the Oklahoma Health Care Authority (OHCA).
- (3) All provider agencies meet the criteria established by federal and state regulations.
- (4) Specific employment needs are determined through the team process and are documented in the Individual Plan (IP). The services provided are those necessary to meet needs identified in the IP.
- (5) Employment services are coordinated with all other services provided to the service recipient.
- (6) Reimbursement for employment services is provided under established rates or contract provisions approved by the Oklahoma Commission for Human Services or OHCA, within program capacities as determined by budgetary constraints.
- (7) Programs are monitored on a regular basis to ensure compliance with the Fair Labor Standards Act (FLSA), as amended, and applicable contract conditions, rules, and regulations. Documentation is maintained as a basis for contract renewal.
- (8) Provider agencies are informed of, and provided an opportunity to correct, deficiencies which may result in the imposition of sanctions, which may include contract termination and have the right to appeal actions taken by the Developmental Disabilities Services Division (DDSD) with which they disagree in accordance with OAC 340:100-3-27.2.



**340:100-17-2. Overview of employment services**

(a) In the past, people receiving services were usually either fully employed, idle, or involved in nonproductive activities. There are many employment service options available. The options given in this subsection are not a continuum, but are prioritized as most desirable by people with and without disabilities. Provider agencies assess each service recipient in maximizing employment options.

(1) The optimum goal is full-time employment at prevailing wage in business or industry at an occupation of the service recipient's choice with natural supports. If prevailing wage is not available, then employment is at minimum wage with or without paid supports.

(2) If a service recipient cannot secure enough work hours through a single job of the service recipient's choice, then two part-time jobs or a job that is not the service recipient's first preference may need to be sought to equal a full-time job.

(3) If a fully integrated placement is not currently available, employment of the service recipient's choice in an enclave in a business or industry, with or without paid supports, is an option.

(4) If there are no paid jobs to be found, temporary unpaid training or volunteer service in accordance with United States Department of Labor regulations, with or without paid supports, may be an option for the purpose of resume building or job exploration, or temporary participation in real work in a center-based setting can be obtained.

(b) The provider agency makes available those supports needed, within the scope of the contract for services, for the service recipient to achieve employment.

(c) Employment services are prescribed in accordance with this Subchapter and OAC 340:100-3-33.1.



**PART 3. STATE-FUNDED EMPLOYMENT (SHELTERED WORKSHOP) SERVICES****340:100-17-10. General state-funded employment (sheltered workshop) expectations**

(a) Access to state-funded (sheltered workshop) employment services is contingent upon sufficient resources and a determination of eligibility of the service recipient based upon criteria as established in OAC 340:100-3-1. A person is not eligible for state-funded employment services if the person:

(1) receives Home and Community-Based Services funded by the Oklahoma Health Care Authority; or

(2) resides in a private intermediate care facility for persons with mental retardation (ICF/MR).

(b) State-funded (sheltered workshop) employment services are provided by private agencies that have a current contract with the Oklahoma Department of Human Services (OKDHS).

(c) State-funded (sheltered workshop) employment services serve eligible persons with developmental disabilities who are 16 years of age or older. Individuals between the ages of 16 and 21 who have not completed their eligibility for services provided through Individuals with Disabilities Education Act (IDEA) may receive state-funded employment services during times when school is not in session, if not participating in an Individual Education Program (IEP) that includes extended school year services through their school system.

(d) The provider agency ensures that service recipients participate in meaningful work-related activities for the entire service day, five hours per day, unless determined otherwise by the service recipient's Team and justified in the Individual Plan (IP).

(e) State-funded (sheltered workshop) employment services include:

(1) evaluation;

(2) training;

(3) supportive assistance; and

(4) paid employment.

(f) The services allow the service recipient to engage in meaningful work or participate in training activities which are age appropriate, work related, and consistent with the service recipient's IP.

(1) The work day is devoted to paid employment, evaluation, or specific job task activities for which the service recipient is remunerated in accordance with the United States Department of Labor Wage and Hour regulations and the Fair Labor Standards Act.

(2) During periods in which no paid work is available for service recipients, despite the good faith efforts of the provider to secure such work, the employment provider agency ensures that each service recipient participates in training activities which are age appropriate, work related, and consistent with the IP. Such activities may include, but are not limited to:

(A) resume development and application writing;

(B) work attire selection;

(C) job interview training and practice;

(D) job safety and evacuation training;

(E) personal or social skills training; and

(F) stamina and wellness classes.

(3) Activities that do not contribute to the service recipient's work experience, skills, or knowledge are not appropriate services.

(g) Sheltered Workshop providers comply with Part 1 of this Subchapter.

(h) The provider agency maintains documentation available for review that documents:

(1) the service recipient's:

(A) legal name;

(B) case number or Social Security number;

(C) date of birth;

(D) progress toward outcomes;

(E) wages earned; and

(F) hours worked;

(2) the type of service provided; and

(3) date(s) of service delivery.



**340:100-17-12. Termination of state funded employment (sheltered workshop) services to a service recipient**

(a) An employment provider may terminate state funded sheltered workshop services for the:

- (1) service recipient's safety;
- (2) safety of other service recipients; or
- (3) service recipient's chronic and consistent violation of workplace rules.

(b) Termination occurs only after:

- (1) systematic programmatic supports to resolve the problem(s) have proven unsuccessful; and
- (2) the termination has been discussed by the service recipient's Team.

(c) Termination of services must be consistent with the provider agency's policies regarding terminations and due process.

(d) Termination of employment services to a service recipient requires proper notification.

(1) The service recipient and legal guardian or advocate are notified in writing of specific violations and of the provider agency's grievance procedure.

(A) Termination of employment services is preceded by a minimum written notice of 30 days.

(B) The 30-day notice requirement does not apply when:

- (i) an emergency termination is mandated by the service recipient's health care needs; or
- (ii) the termination is necessary due to imminent risk to the lives or health of other service recipients as documented in the service recipient's record.

(2) Termination occurs only after reasonable attempts have been made to resolve the issue(s). Attempts to reconcile concerns are documented in the service recipient's record.

(e) Terminations or proposed terminations may be reviewed by the Oklahoma Department of Human Services (OKDHS) to determine compliance with this Section.

**340:100-17-13. Physical plant expectations for state-funded employment services (sheltered workshops)**

(a) The physical facilities present no hazards to the safety and welfare of service recipients and assure a degree of comfort sufficient to ensure the well-being of service recipients.

(b) Ventilation is provided, and the air is circulated to assure an environment that does not jeopardize the health or safety of service recipients.

(c) The premises have the general appearance of similar businesses.

(d) The premises are kept:

(1) clean;

(2) neat; and

(3) free from accumulated rubbish, weeds, ponded water, or other characteristics of a similar nature, which would create a health hazard.

(e) The physical facilities comply with all applicable Occupational Safety and Health Administration (OSHA) and United States Department of Labor regulations.

(f) The physical facilities are accessible to service recipients and comply with the requirements of the Architectural Barriers Act of 1968, the Uniform Accessibility Standards and their implementing regulations in Subpart 101-19 of Part 101 of Title 41 of the Code of Federal Regulations, the Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973.



**340:100-17-14. Personnel expectations for state-funded employment (sheltered workshop)**

(a) The agency providing state-funded employment (sheltered workshop) services employs sufficient personnel who are appropriately qualified and trained to provide the essential employment services to service recipients as described in each Individual Plan (IP).

(b) There is one person who is administratively responsible for the entire program.

(c) All staff have completed the required training as specified by OAC 340:100-3-38 as well as additional specific training requirements identified in the service recipients' IPs.

(d) Service recipients do not supervise other service recipients.



**340:100-17-15. Requirements for agencies providing state-funded employment (sheltered workshop) services**

(a) State-funded employment services provider agencies comply with all applicable United States Department of Labor rules and regulations that govern the employment of workers with disabilities under special certificates.

(b) Within the first 30 days of service delivery, the provider agency ensures that all service recipients have an individualized employment assessment represented in the Individual Plan (IP) specifying short term and long term employment outcomes and action steps. The IP is reviewed and updated at least annually.

(c) The provider agency has a clearly articulated mission statement and promulgates policy and procedures consistent with the Oklahoma Department of Human Services (OKDHS) policies regarding:

- (1) services and programs;
- (2) service recipient rights;
- (3) grievances and appeals;
- (4) involuntary discharge and due process;
- (5) confidentiality;
- (6) abuse and neglect prevention and reporting; and
- (7) advocacy.



**340:100-17-16. State-funded employment (sheltered workshop) reimbursement and therapeutic leave**

(a) Agencies providing state-funded employment (sheltered workshop) services for eligible service recipients receive a flat daily rate approved by the Oklahoma Commission for Human Services.

(1) The provider agency may receive prorated reimbursement as recommended by the service recipient's Team and documented in the Individual Plan (IP) for service recipients who are unable to work five hours per day. If a service recipient is unable to participate a full five hours, other eligible service recipients can fill the balance of the work day.

(2) State-funded employment services for eligible service recipients must be included in the service recipient's IP.

(3) Payment is only disbursed following the delivery of authorized services to eligible service recipients.

(b) Each service recipient is allowed 26 days per year of therapeutic leave without reduction in agency funding.

(1) A maximum of 16 days of therapeutic leave may be used for:

(A) holidays, up to a maximum of 12 days per state fiscal year; and

(B) service recipient or family initiated vacations.

(2) The remainder of each service recipient's leave days may be used for:

(A) service recipient medical concerns, illnesses, doctor or therapy appointments, or injuries.

(i) When a service recipient is absent more than five consecutive days and therapeutic leave is billed, a Team meeting must be held to determine whether the service recipient's employment program should be suspended to avoid exhausting all of the service recipient's therapeutic leave.

(ii) Service recipients are encouraged to schedule appointments outside of employment hours;

(B) severe weather conditions;

(C) other conditions that threaten the safety or welfare of service recipients and staff; or

(D) service recipient refusal to attend. When a service recipient refuses to attend for three consecutive days, the Team must identify and address related issues before additional billing is authorized.

(c) In extraordinary situations, the Oklahoma Department of Human Services (OKDHS) may approve up to 20 additional days for prolonged medical conditions as recommended by the service recipient's Team.

(1) Requests for additional days for prolonged medical conditions are submitted to designated Developmental Disabilities Services Division (DDSD) staff for approval.

(2) The request for additional days for prolonged medical conditions must be specific to the service recipient and include:

(A) the name of the service recipient;

(B) the specific reason for the leave request;

(C) the number of extended medical leave days requested;

(D) supporting documentation, such as physician report or Team minutes; and

(E) the signature of the provider agency case manager or program coordinator.

(3) The DDSD area manager or designee mails a written response of approval, denial, or request for additional information within five days of receipt of the request.

(4) Providers cannot request more hours or days of therapeutic leave than the service recipient(s) was scheduled to work.

(d) If a service recipient has to stay home because the provider does not have adequate staff, therapeutic or extended leave is not authorized.

**340:100-17-17. Billing for state-funded employment (sheltered workshop) services**

(a) To receive payment, the provider agency submits to the appropriate Developmental Disabilities Services Division (DDSD) area office:

(1) Form DDS-44, Monthly Attendance Record;

(2) Form DDS-45, Sheltered Workshop Claims Work Sheet; and

(3) a cover sheet such as Form ADM-12, Claim Form, or an agency-initiated invoice that includes the information listed in subsection (b) of this Section.

(b) The claims documents listed in subsection (a) must be complete and specifically document each service recipient's:

(1) legal name;

(2) case number;

(3) Social Security number;

(4) date of birth; and

(5) type, amount, rate, and date(s) of service delivery.

(c) The DDSD area office attempts to reconcile claims that are incomplete or lacking supporting documentation. If unsuccessful, the DDSD area office mails the claim back to the provider agency indicating what documentation or corrections are needed.

(d) Claims for services rendered to eligible service recipients must be submitted within 90 calendar days of the provision of services. Supporting encumbrances may be canceled upon a lapse of six months from the actual provision of services.



## **PART 4. COMMUNITY INTEGRATED EMPLOYMENT SERVICES**

### **340:100-17-25. Community integrated employment (CIE) services**

(a) Community integrated employment services promote independence through paid work and training activities. CIE services allow service recipients to engage in gainful integrated employment. CIE services are:

(1) delivered in integrated settings in the community by contracted providers; and

(2) provided to eligible individuals 18 years of age or older who are not:

(A) eligible for reimbursement by the Oklahoma Health Care Authority (OHCA) through waiver-funded employment services; or

(B) residing in a private intermediate care facility for persons with mental retardation (ICF/MR).

(b) Access to CIE services is contingent upon sufficient Oklahoma Department of Human Services (OKDHS) resources and written determination of eligibility as described in OAC 340:100-3-1.

(c) The provider agency may use, prior to placement, up to 20 hours for assessment and up to 40 hours for job development.

(d) After the placement, the provider agency provides, as needed, job site training, technical assistance to the employer, job adaptation, participation in Team meetings, benefits planning, and transportation to and from the work site. These services are reimbursed when the job coach is with the service recipient.

(e) The provider agency ensures that the service recipient is paid in accordance with the United States Department of Labor (USDOL), Wage and Hour Regulations for work performed.

(f) The provider agency ensures that the service recipient's employment plan includes specific employment outcomes and action steps.

(g) CIE services include reimbursement for securing individual gainful employment, individual follow-along, and group placements.

(1) The provider agency must secure gainful employment in a job paying at least minimum wage for service recipients, in accordance with the current contract for CIE

services.

(2) Follow-along services are available to service recipients who were successfully placed in CIE services or who completed stabilization in the Department of Rehabilitation Services supported employment program during the prior contract year. Reimbursement for follow-along services cannot exceed amounts specified in the contract for CIE services.

(3) The provider agency may provide integrated group placements of two or more service recipients in gainful integrated group employment and claim in accordance with the contract for CIE services. The group placements may pay minimum wage or above or commensurate wages in accordance with USDOL wage and hour regulations. Group placements cannot exceed eight individuals.

(h) The provider agency ensures that all CIE services are provided by job coaches who have completed training as required in OAC 340:100-3-38.

(i) If the provider agency provides CIE services authorized by the employment plan prior to OKDHS determination of eligibility, and the service recipient is ultimately determined eligible, the provider agency may bill for CIE services rendered prior to OKDHS approval.

(j) The provider agency receives reimbursement for providing CIE services to only one service recipient at a given time. This does not preclude CIE services from being provided to service recipients in group settings. For example, one job coach simultaneously providing CIE services to three service recipients for three hours may only claim three units of reimbursement, not nine.

(k) Payment for CIE services is only disbursed following the delivery of authorized CIE service to eligible service recipients.

(1) To receive payment, the provider agency submits to the DDSD area office a claim for CIE services rendered and any supporting documentation required by OKDHS. Claims may be submitted on the provider agency's invoice or an ADM-12, Claim Form, and must include the:

(A) service recipient's legal name;

(B) service recipient's case number;

(C) service recipient's date of birth;

(D) service recipient's Social Security number; and

(E) category, amount, rate, and date(s) of CIE service delivered to the service recipient.

(2) The provider agency maintains documentation available for review that documents:

(A) the service recipient's:

(i) legal name;

(ii) case number or Social Security number;

(iii) date of birth;

(iv) progress toward outcomes;

(v) wages earned; and

(vi) hours worked;

(B) the type of CIE service provided; and

(C) date(s) of CIE service delivery.

(3) Claims for reimbursement of CIE services must be submitted within 90 calendar days of service provision. Supporting encumbrances may be cancelled upon a lapse of six months from the actual provision of CIE services.